



## PATIENT

Max Garcia

## SPECIES

Canine

## BREED

Golden Retriever

## SEX

Intact Male

## AGE

6 Years

## WEIGHT

35 kg

## INTERPRETED BY

Eric Lindquist, DMV,  
DABVP (CFM), Cert.  
IVUSS

## IMAGING PERFORMED BY

Michael Schacher

## HOSPITAL NAME

Emergency  
Veterinarians of Idaho

## REFERRING VET

Taylor Veterinary  
Hospital

## INVOICE

72778

## DATE

2/6/26

## PRESENTING CLINICAL SIGNS

About 3 days, patient has been having trouble standing, lethargic, decrease in food and water intake. P has been vomiting bile. Some blood in the stool, and urinated 2/5/26 once arrived at TVH. O states p couldn't have gotten into anything, however, rDVM stated p could have a salt toxicity. Transfer from Taylor vet - concern for aspiration pneumonia, severe hyperchloremia (>140) and hypernatremia (>180). BUN 40, BP: 140/64 (89). Cortisol: 5.4 (mildly elevated). TT4: 1.2 (low normal)

Radiographs - Ventrally distributed pulmonary abnormalities can reflect aspiration pneumonia. Pulmonary hemorrhage is considered less likely. There are no visible esophageal abnormalities (e.g. megaesophagus) at this stage. Unremarkable abdomen. Moderate bilateral hip dysplasia, worse on the right side. Bilateral muscular disuse atrophy affecting the pelvic limb, which can be secondary to the hip dysplasia.

Abnormal PE/Chem/CBC/UA Results: Imagyst - occasional WBC, occasional bilirubin crystal, occasional non-hyaline cast, very rare cocci/rod Critical Care 4am - Na >180, Cl >140, BUN 50, creat 1.6

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder** presented a moderate amount of suspended debris with overdistention.

The prostate was mildly heterogeneous, relatively normal in size at 3.2 cm. Slight irregular contour noted and a mild amount of remodeling.

The iliac trifurcation was unremarkable.

The **right kidney** was swollen. The renal pelvis was dilated to 2.1 cm x 0.65 cm. The right ureter was dilated. Right ureter measured 0.90 cm in width. The right kidney measured approximately 7.5 cm.

The **left kidney** was mildly swollen and revealed pyelectasia of 0.80 cm x 2.4 cm. Left hydroureter noted at 0.97 cm. The left ureter was followed distally with undulating contour, appeared to be hyperperistaltic. The cause of ureteral obstruction was not evident. It may be owing to stricture or other obstruction distally. The right kidney measured approximately 7.5 cm.

### Adrenal Glands

The **left adrenal gland** was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. Left measured 0.70 cm.

The **right adrenal gland** was not seen.

### Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.



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## Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

## Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

## Pancreas

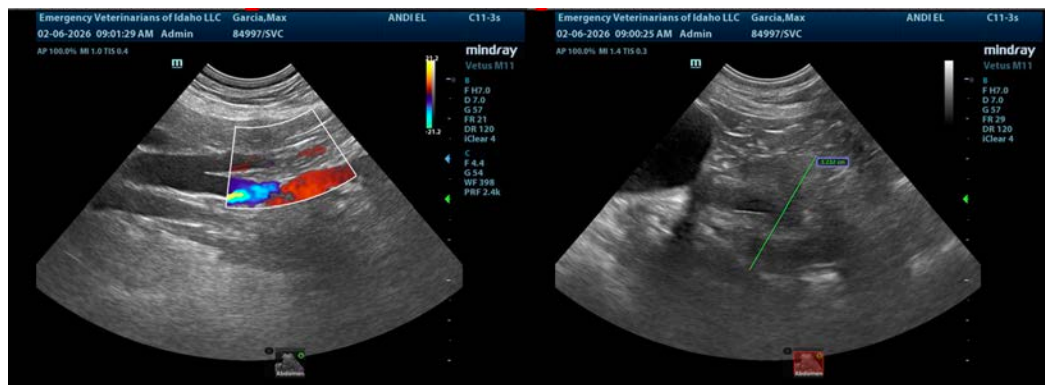
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

- Bilateral hydroureter of unknown cause and bilateral renal pyelectasia.
- Moderate suspended urinary bladder debris.
- Minor BPH prostate.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exact cause of obstruction was not evident. further imaging of the ureters distally between the tapering dilation and the urinary bladder and prostate indicated. Grossly, the prostate appears to be unremarkable. Urine culture and sensitivity indicated. Structurally the GI tract appears unremarkable. Recommend focusing on the urinary tract in this patient. IV fluid support and potential urinary catheterization would be appropriate. Contrast CT would be ideal for further definition.





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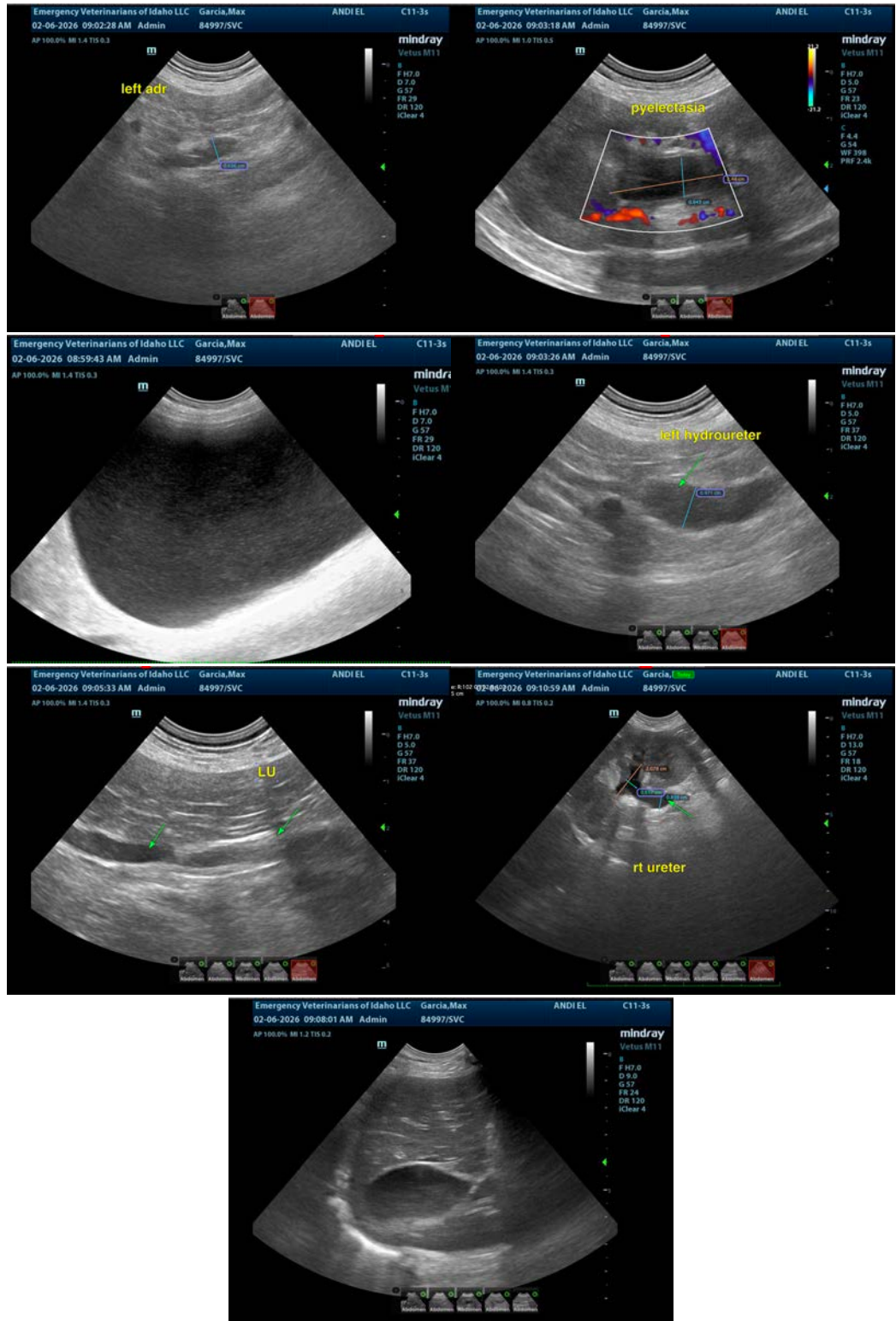
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

**Eric Lindquist**, DMV, DABVP(CFM), Cert. IVUSS,  
CEO, Owner, Founder -- SonoPath.com  
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