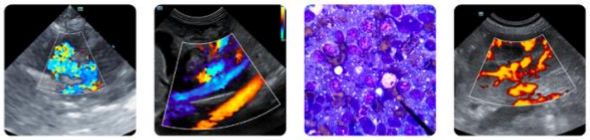


PATIENT

Bandit Beaudet

SPECIES

Canine

BREED

Shih Tzu X

SEX

Neutered Male

AGE

5 Years

WEIGHT

6.1 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gudrun Gunther

HOSPITAL NAME

New Frontier AMC

REFERRING VET

Dr. Gudrun Gunther

INVOICE

37083

DATE

5/11/26

PRESENTING CLINICAL SIGNS

History: Clinically patient is back to his normal self.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

Degenerative changes in the **kidneys** appeared mild at this point. The right kidney measured 3.18 cm. Slight mineralizations were noted in the right kidney. The left kidney was persistently swollen, measuring 4.2 cm. Pyelectasia was noted, measuring 2.1 cm x 1.23 cm. there is some mild enhanced fat noted around the caudal aspect of the left kidney, however, no evidence of significant inflammation. This may be secondary to prior inflammatory episodes. The left ureter was slightly dilated to 0.15 cm and appears to be strictured without overt calculus, approximately 2.3 cm from the renal pelvis.

Adrenal Glands

Both **adrenal glands** were 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. The left adrenal gland measured 1.4 cm x 0.24 cm. The right adrenal gland measured 1.24 cm x 0.64 cm at the cranial pole and 0.39 cm at the caudal pole.

Spleen

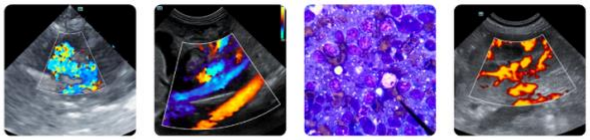
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or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

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.



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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.

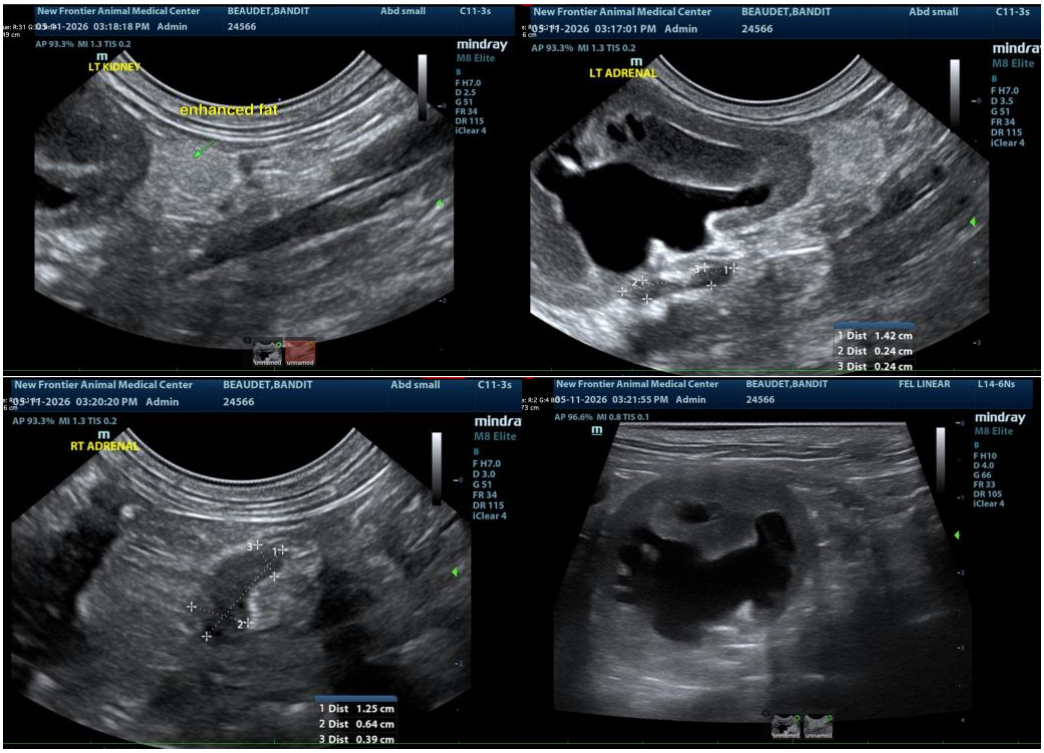
ULTRASONOGRAPHIC FINDINGS

- Strictured left ureter with persistent moderate hydronephrosis of the left kidney. 90% resolved inflammatory pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Regarding inflammation and free fluid around the left kidney, and splenic changes, these all appear to be resolved. The residual aspect is the persistent pyelectasia. Scarring of the renal pelvis is likely the underlying cause. There are some echogenic changes, however, I do not believe an overt calculus is present. Decompression of the left kidney with potential stent placement could be considered.

Referral for stent placement would likely be the next best step, however, CT with contrast would be ideal for further definition. If no intervention is to occur, with only medical management, recommend recheck sonogram in approximately 2-3 weeks as long as inflammatory sediment is quiet in the urine and patient is clinically stable.



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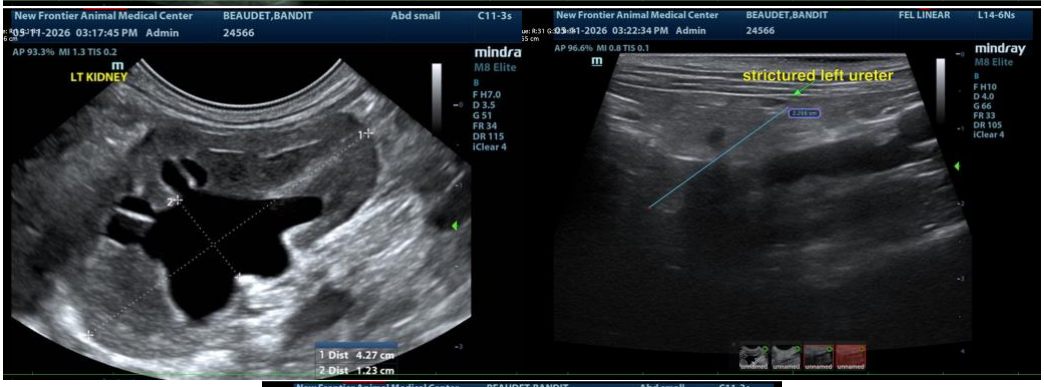

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com