



## PATIENT

Bernard Murray

## SPECIES

Canine

## BREED

Dachshund Mix

## SEX

Male

## AGE

8 Years

## WEIGHT

23.5

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Jalawarjit  
Randhawa

## HOSPITAL NAME

St. Francis VH

## REFERRING VET

Dr. Jalawarjit  
Randhawa

## INVOICE

37081

## DATE

5/11/26

## PRESENTING CLINICAL SIGNS

History: There is prostatomegaly. Painful while defecating. Abnormal PE/Chem/CBC/UA Results: Creatinine 2.7 0.5 - 1.8 mg/dL BUN 54 7 - 27 mg/dL ALT 155 10 - 125 U/L.

## LIMITED ULTRASONOGRAPHIC EXAMINATION

The **prostate** was enlarged (4.5 cm in width) with hypoechoic edema striations noted. The prostate was fairly uniform otherwise. This change is most consistent with BPH with possible some level of prostatitis. Minor cystic changes were noted. No overt evidence of abscessation.

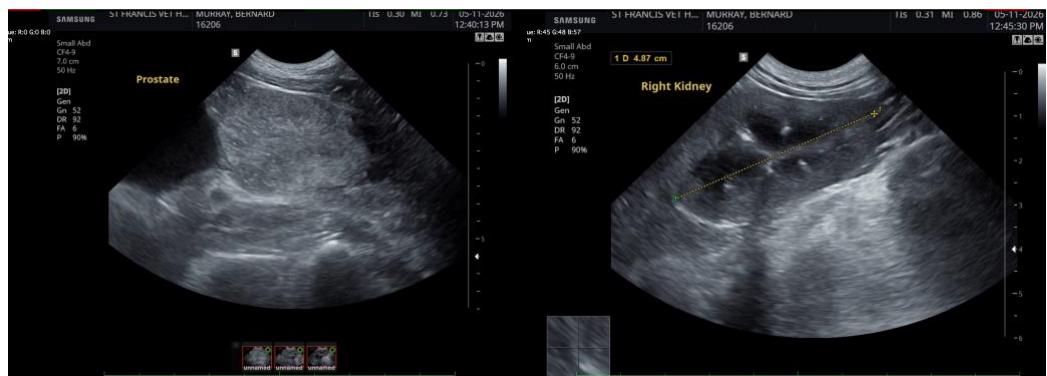
The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex. The right kidney measured 5.2 cm. The left kidney measured 5.0 cm in length. Slight mineralizations were noted in the kidneys. A pelvic calculus was noted in the right kidney, measuring 0.42 cm. A pelvic calculus was noted in the left kidney, measuring 0.47 cm.

## ULTRASONOGRAPHIC FINDINGS

- Minor degenerative renal changes with nephrolithiasis, nonobstructive
- Concurrent prostatitis is likely

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The azotemia in this patient may be secondary to a combination of issues, such as passage of calculi, yet no obstructive disease was noted at the time of the sonogram. Recommend IV fluid support to treat the azotemia, followed by neutering, ultrasound guided drainage and culture of any of the cystic component of the prostate, as well as FNA could be considered, yet I do not suspect neoplasia. The degenerative changes in the kidneys are minor, therefore, subacute insult is suspected, such as calculus passage. Toxin or infectious agents should also be considered.





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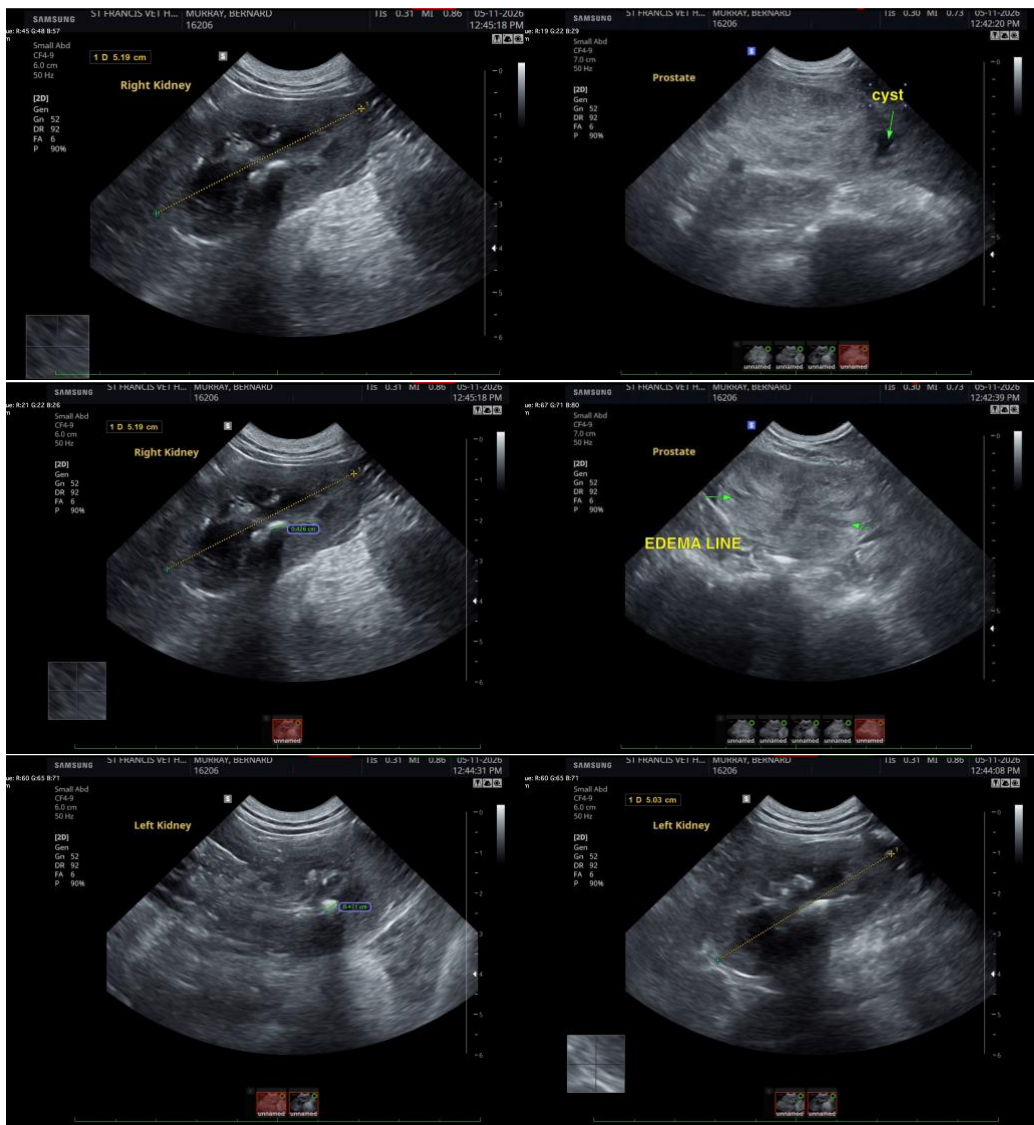
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,  
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[info@SonoPath.com](mailto:info@SonoPath.com)