



PATIENT

Cooper Deets

SPECIES

Canine

BREED

Cockapoo

SEX

Intact Male

AGE

3 Months 3 Weeks

WEIGHT

3.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Trionfetti VMD

HOSPITAL NAME

Blue Pearl Wyomissing

REFERRING VET

Conestoga Animal
Hospital

INVOICE

15172

DATE

05/13/26

PRESENTING CLINICAL SIGNS

AUS to further evaluate consistent urinary leakage, evaluation for ectopic ureter vs other congenital issue. Will urinate outside with a good stream when intentionally urinating. Otherwise, dribbles urine throughout the day, abdomen is wet all the time, wears a diapers. No hematuria. No improvement with Clavamox.

Abnormal PE/Chem/CBC/UA Results: AXR-1 view: no uroliths noted in bladder. Kidneys are uniform shape and position. Low serosal detail due to age. Rest of abdominal rad normal CBC: Hct 41%-n, plts 414-H, mild lymphocytosis, remainder NSF Chem: TP 4.9 L, Alb 3.2-n, Glob 1.7-n, ALP 134 mild H, ALT/AST-normal, normal BUN/Cr/SDMA, Phos 9.1 H (puppy) T4: 2.1-n UA: USG: 1.035, pH 5.5, trace pro, WBC 2-3/hpf, remainder NSF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented normal thicknesses and normal tone. No uroliths or sediment were visualized, and anechoic urine was present.

The **left kidney** presented normal in size, contour and structure. Left ureter and left kidney appear to be intact and functional.

The **right kidney** revealed severe hydronephrosis and generalized enlargement measuring 8.2 cm. The right ureter was dilated, bypassing the trigone with maximum dilation measuring 0.85 cm. Appears to be entering into the distal pelvic urethra approximately 2.0 cm past the cystourethral junction. The ectopic ureter was power doppler negative, confirming ureteral origin.

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 1.25 cm x 0.22 cm width at the cranial pole and 0.26 cm width at the caudal pole. The right adrenal gland measured 1.07 cm x 0.35 cm width at the cranial pole and 0.26 cm width 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



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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

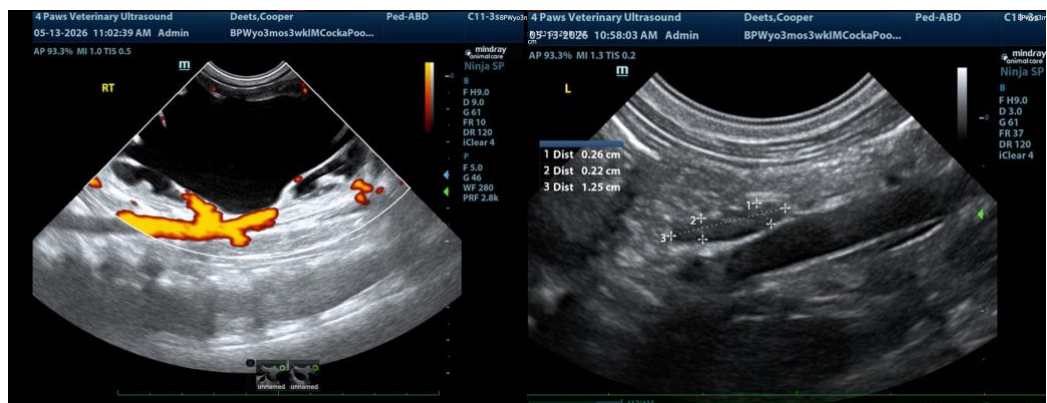
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Right ectopic ureter and severe hydronephrosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

It is doubtful that the right kidney is of functional value in this patient. However, this would be based on contrast CT, yet minimal visible cortical parenchyma is present. Right nephrectomy/ureterectomy may be the best option in this patient. However, this would be based on CT evaluation and contrast. Surgical consult is warranted based on CT and ultrasound results.





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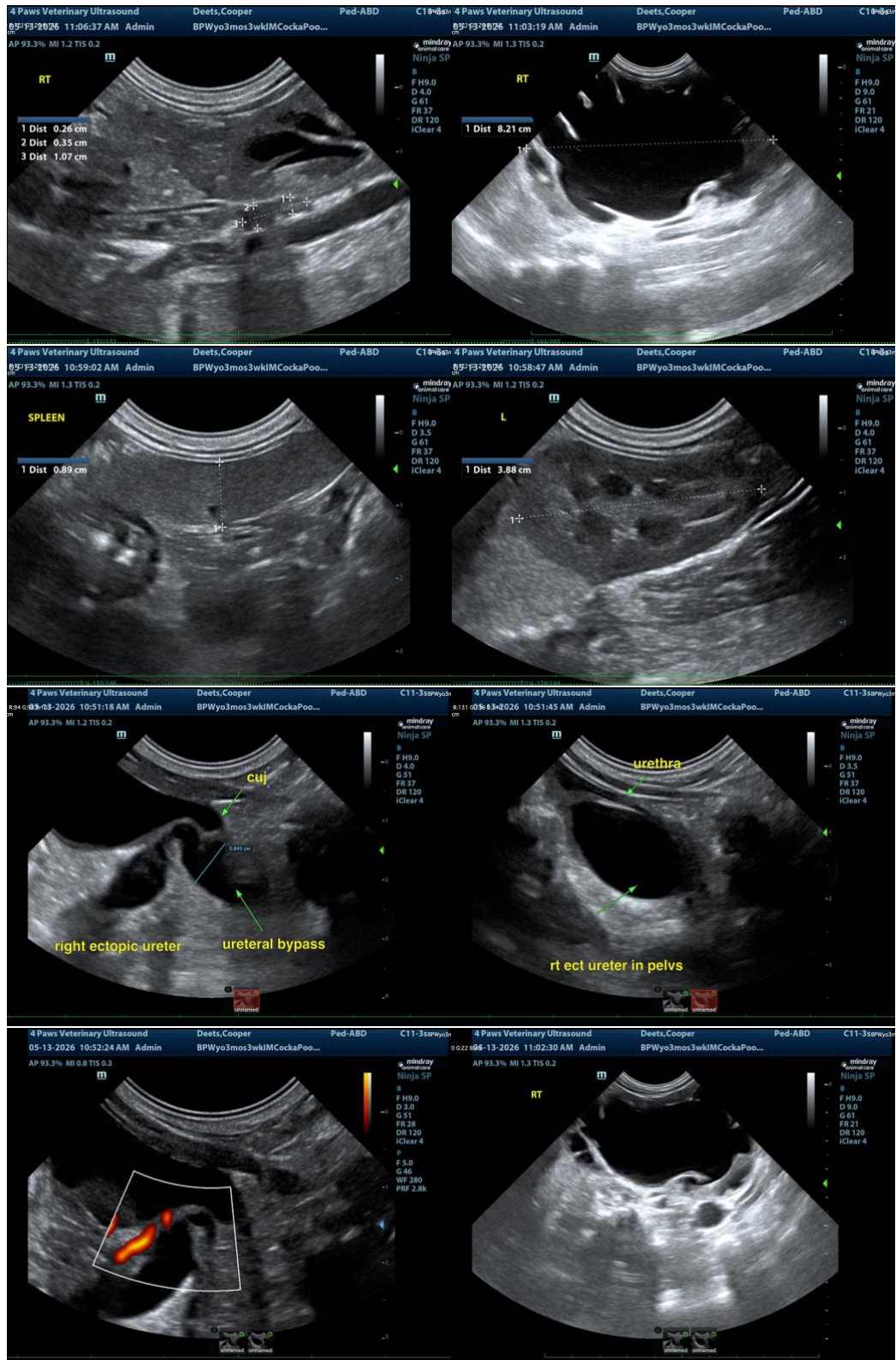
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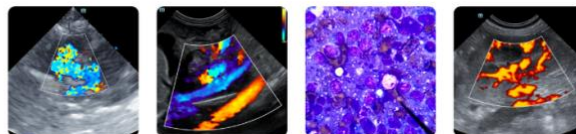
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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