



## PATIENT

Rio Keller

## SPECIES

Canine

## BREED

German Shepherd

## SEX

Neutered Male

## AGE

5 Years

## WEIGHT

96 Pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Ashley Whitesell

## HOSPITAL NAME

Dickson AC

## REFERRING VET

Dr. Ashley Whitesell

## INVOICE

37016

## DATE

5/8/26

## PRESENTING CLINICAL SIGNS

History: Rio has been dripping red/brown urine off and on since he was a puppy (5 years). Blood in the urine has not resolved with antibiotics. Has tried Augmentin 500mg, SMZ 480mg, and SMZ 960mg. Per O, the stomach has always been extended and felt fluid-filled, but currently is firm and extended. Did an ultrasound today of the abdomen, and it was filled with fluid-filled structures that seem to be blood-filled. Did x-rays upon the ultrasound finding, and are sending that out to be reviewed as well. (Will attach X-rays in case they are needed). Did Bloodwork today to be sent as well, waiting on results. Has been on a urine dry food but is not consistent and adds different types of toppers.

Abnormal PE/Chem/CBC/UA Results: Urinalysis on 05/02/2026 WBC: 13/HPF RBC: >50/HPF USG: 1.024 Blood/Hemoglobin: 4+

## 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.

The **left kidney** was normal in size, contour and structure, measuring 8.8 cm.

The **right kidney** presented severe hydronephrosis and hydroureter with echogenic debris.

### *Adrenal Glands*

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

The **left adrenal gland** was slightly enlarged at the caudal pole. The left adrenal gland measured 1.06 cm at the caudal pole and 0.64 cm at the cranial 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*



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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

- Severe hydronephrosis and hydroureter with echogenic debris in the right kidney
- Slightly enlarged left adrenal gland

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the ureteral stricture was unclear; however, the left kidney appears to be structurally viable. No overt neoplastic process is noted. This may be a congenital lesion that has exacerbated. CT with contrast could be considered for further definition or exploratory surgery with expectation towards right nephrectomy and right ureterectomy in this patient. CT with contrast would be ideal for surgical planning, as the bladder and right ureteral dilation were coalesced and confluent, and one structure could not be differentiated from the other. Surgical resolution is essential.





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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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