



**PATIENT**

Marley Collins

**SPECIES**

Canine

**BREED**

Mix

**SEX**

Neutered male

**AGE**

9 years

**WEIGHT**

69 lbs

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP (CFM), Cert.  
IVUSS, CEO of  
SonoPath.com

**IMAGING PERFORMED BY**

Chloe Lowe

**HOSPITAL NAME**

Mount Olive VH

**REFERRING VET**

Dr. Logan

**INVOICE**

77655

**DATE**

5/18/26

**PRESENTING CLINICAL SIGNS**

History: Changes in urination. Straining, increase urination. X-rays, no stones. Exam is WNL. UA blood, 2+ protein, increased squamous epithelial cells.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** presented concentric, polypoid, mineralized thickening creating a mass that continued into the pelvic urethra obstructing the left ureter. The left ureter was dilated at 1.0 cm and continued proximally to the left renal pelvis.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 5.15 cm. The left kidney measured 7.0 cm with mild pyelectasia (1.0 x 1.4 cm) and slight hydroureter. An anechoic cyst was noted at the cranial pole of the left kidney measuring 2.9 cm. Blood flow appeared adequate to the kidneys.

Minor, heterogenous prostatic changes were noted, yet the prostate itself was fairly normal and measured 1.0 cm.

**Adrenal Glands**

The **left adrenal gland** was mildly enlarged, heterogenous and swollen measuring 2.71 x 1.2 cm at the cranial pole and 0.8 cm at the caudal pole. The **right adrenal gland** was normal in size and contour measuring 2.37 x 1.35 cm at the cranial pole and 0.5 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 was 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.



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**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**

Obstructive bladder mass with left hydroureter and left hydronephrosis.

Incidental left renal cyst.

Age related right renal changes.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Referral for oncological intervention and stent placement is indicated. BRAF testing is indicated and/or free catch urine sample with cytospin to assess for abnormal cells. The iliac lymph nodes do not appear affected. There is a strong concern for carcinoma with obstructive pattern to the left ureter and mild left hydronephrosis.





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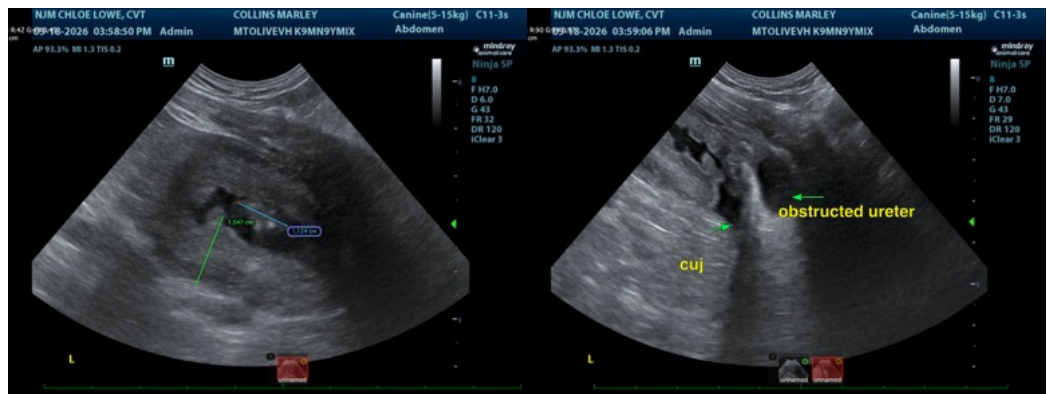
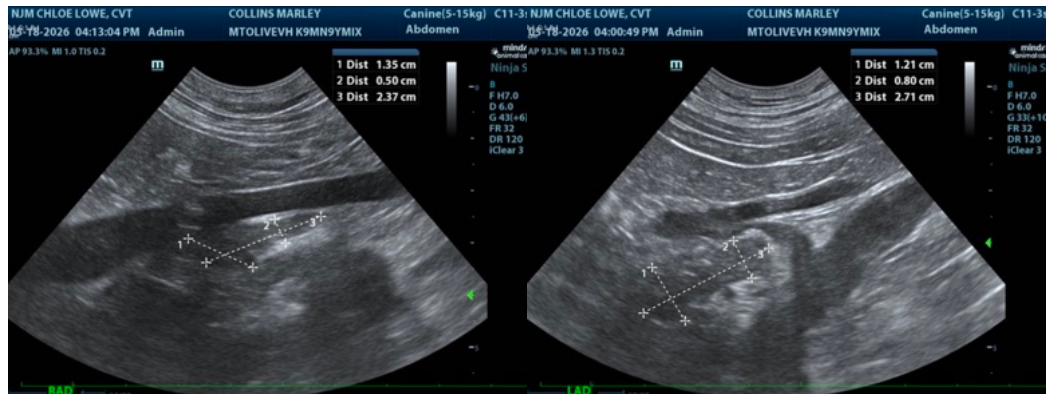
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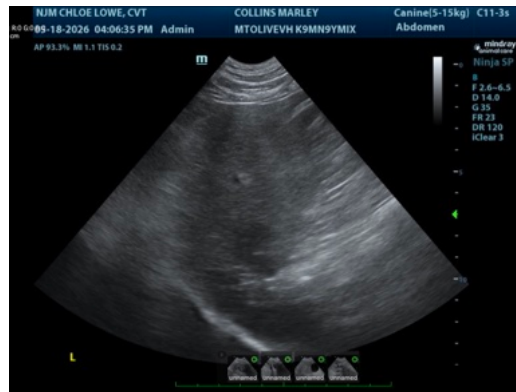
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

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