



**DATE PRESENTING CLINICAL SIGNS**

01/16/26 Patient History: PU/PD, slight hematuria, some element of incontinence likely due to polydipsia. Pet is water seeking. Normal PE

**PATIENT**

Annie Boyle Current Medications: None at this time other than HW px.  
Labwork Results: Labwork attached, reported as: Bloodwork - BUN 35, all else wnl. UA - sp gr. 1.016, RBC 12/HPF, WBC wnl, no evidence of infection. Modified water dep test at home by metering out 3-4 cups of water per day for 5 days, withheld water overnight, 1st am urine sample, sp. gr. 1.016.

**SPECIES**

Canine Date of Previous IntraPet Ultrasound: No previous.  
Sedation: Not required to complete full diagnostic ultrasound.  
Stat Report: STAT requested.

**BREED**

Imaging Performed by: Rachel Brillhart, RDMS.

Labradoodle

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX**

**Urinary System**

Spayed Female

The **urinary bladder**, trigone, and pelvic urethra to a depth of 2.0 cm 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.

**AGE**

01/07/14

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 his age patient. Medullary structure differed distinctly from that of the cortex. Slight pinpoint mineralizations were noted with left kidney pyelectasia measuring 0.47 cm. A slight cortical infarct was noted in the dorsal cortex of the left kidney with no evidence of active inflammation. The left kidney measured 5.0 cm in length. The right kidney measured 5.8 cm in length. The patient may have passed calculus recently, inciting the recent azotemia. Blood flow appeared to be adequate in both kidneys. The right kidney revealed cortical remodeling.

**WEIGHT**

28.9 pounds

**INTERPRETED BY**

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

**Adrenal Glands**

**HOSPITAL NAME**

Chadwell Animal  
Hospital

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 1.51 cm x 0.53 cm width at the caudal pole and 0.52 cm width at the cranial pole. The right adrenal gland measured 1.74 cm x 1.0 cm width at the cranial pole and 0.77 cm width at the caudal pole.

**REFERRING VET**

Dr. Schaupp

**Spleen**

**INVOICE**

13184

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.

### ***Pancreas***

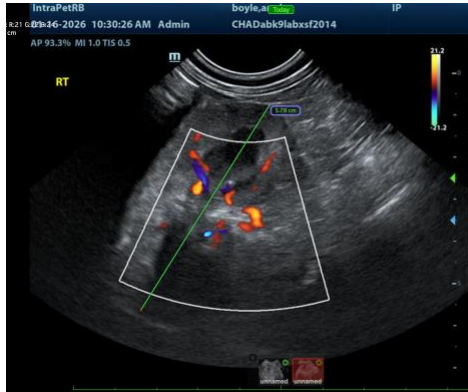
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

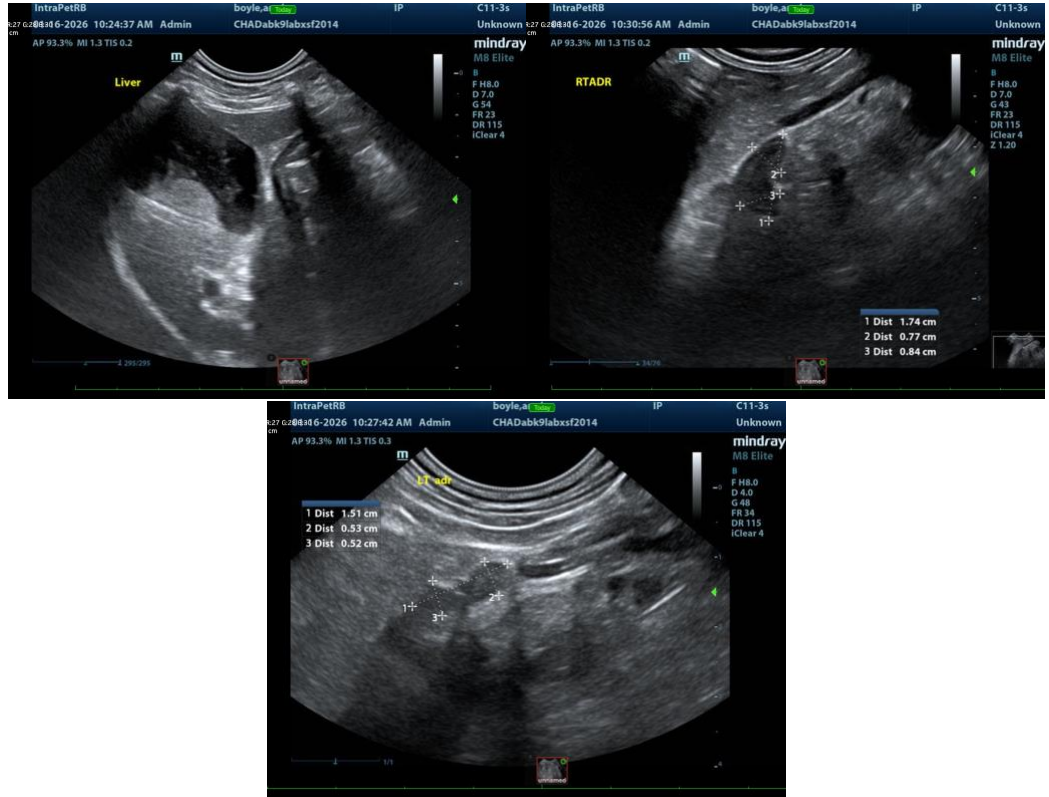
### **ULTRASONOGRAPHIC FINDINGS**

- Structurally unremarkable lower urinary tract for patient's breed and age.
- Minor renal infarction, mineralization and left kidney pyelectasia.
- Age-related pancreatic changes.

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

IV fluid support, supportive care and urine culture are all indicated with reassessment of azotemia. No obstructive disease was noted at the time of the sonogram.





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.

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