



PATIENT

Maggie Gansel

SPECIES

Canine

BREED

Labradoodle

SEX

Spayed female

AGE

14 years

WEIGHT

27.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Salas

HOSPITAL NAME

Tenafly VC

REFERRING VET

Dr. Salas

INVOICE

70282

DATE

1/19/26

PRESENTING CLINICAL SIGNS

Abnormal PE/Chem/CBC/UA Results: 14 yr old FS Labradoodle 27 lbs: presented today for work up to help identify- decreased appetite, vomiting, chronic UTI. R pheochromocytoma removed 2 yrs ago. today we performed 3 view full body rads: Vhs=9.5. normal chest and abd. Abd u/s under DTK sedation. submitted vetscreen, CBC, UA with culture if by cysto, and pli add-on. physical exam is normal for geriatric.

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 was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal 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. Slight pyelectasia was noted with cortical remodeling. Mineralization was also noted. The kidneys were subnormal in size and both measured 4.0 cm.

Adrenal Glands

The left **adrenal gland** was 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 0.53 cm at the cranial pole and 0.71 cm at the caudal pole. There was no evidence of return of right adrenal pathology.

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 from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of



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congestion was noted. The gallbladder was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.

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.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Geriatric abdomen with moderate degenerative renal changes.
- Minor excessive gallbladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ursodiol therapy could be justified. Full urinary work-up is warranted if not already performed with blood pressure measurements. If any evidence of UTI is present there may be embedded infection of the pyelectasia of both kidneys. The cause of vomiting is unclear from a structural standpoint. I am most concerned about the long term viability of the kidneys in this patient.



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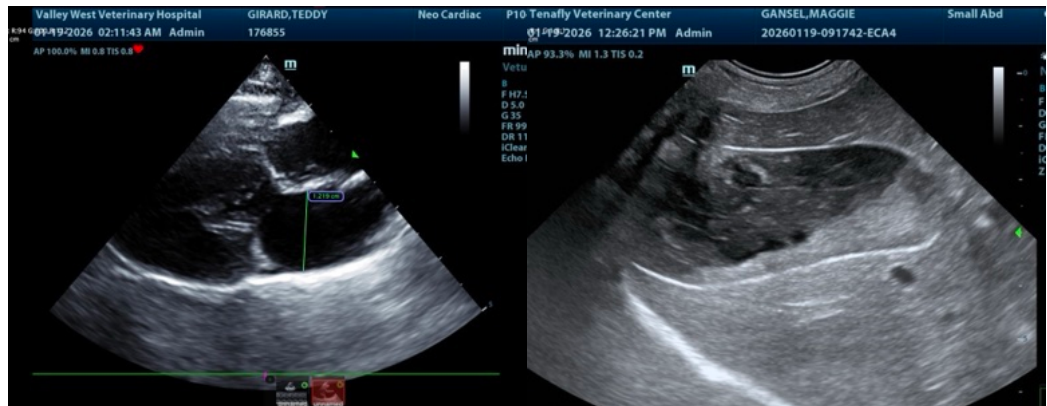
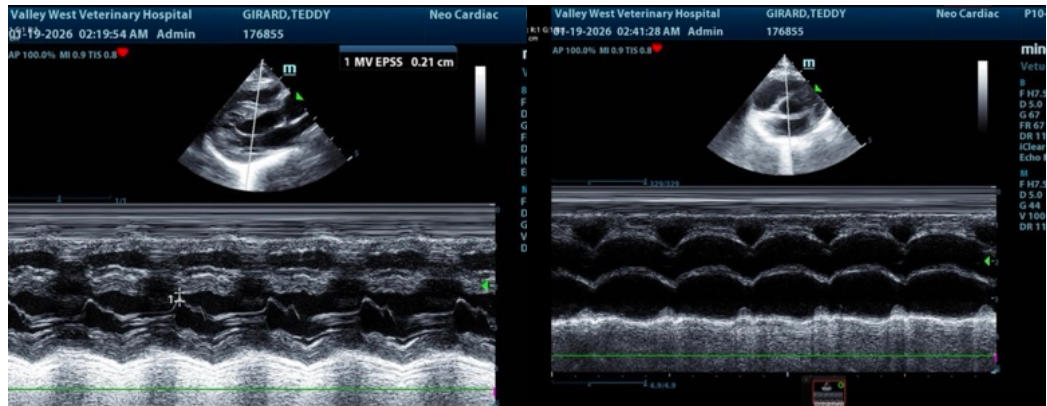
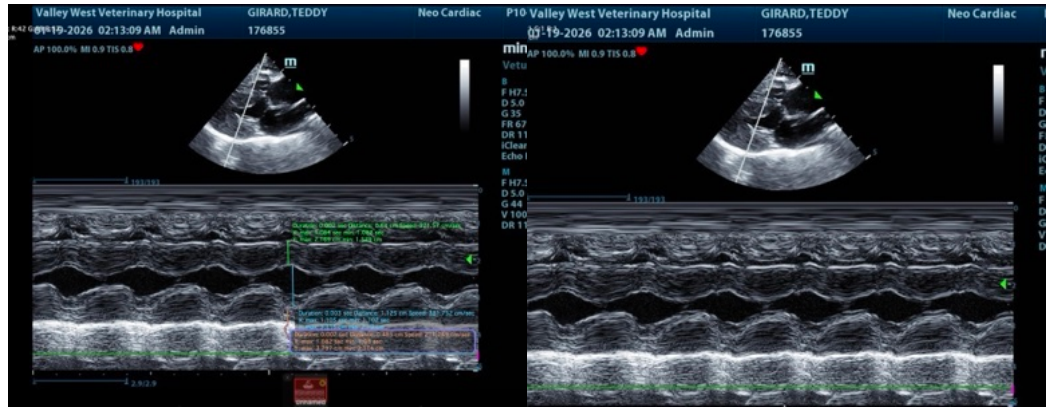
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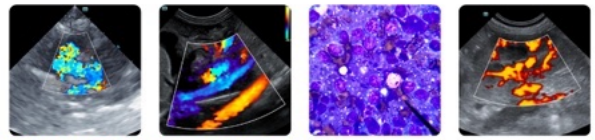
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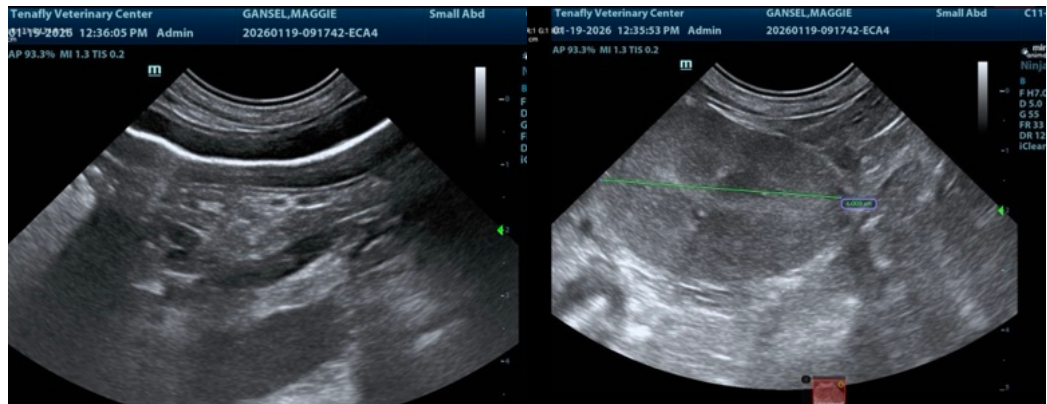
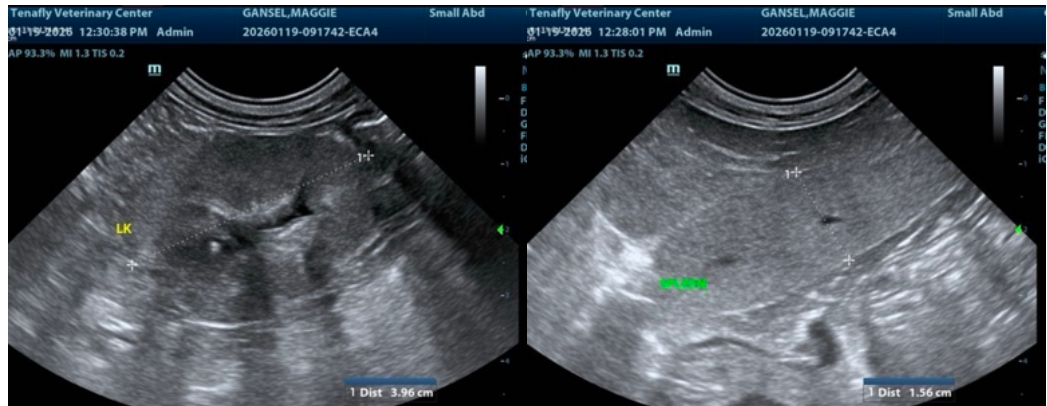
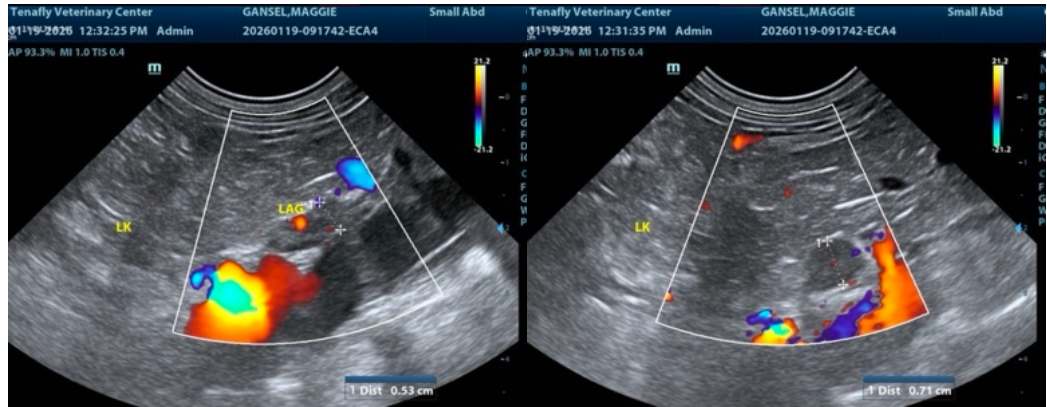
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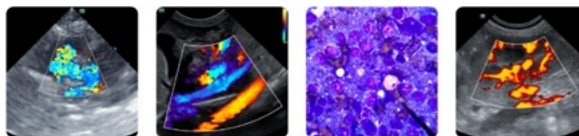
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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