



PATIENT

Trixie Bathgate

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Spayed female

AGE

14 years

WEIGHT

12.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Brittney Beigel

HOSPITAL NAME

Bayside Animal
Medical Center

REFERRING VET

Kathryn Buchanan

INVOICE

70343

DATE

1/21/26

PRESENTING CLINICAL SIGNS

- hx of Polydypsia and falling off bed twice onto hardwood in last week. Weight loss of 1 pound. BW pending
- Radiographic Findings: concern for loss of serosal detail - with diffuse intermittent small mineralized opacities
- P was fasted for US scan, received 50mg of gabapentin this AM

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 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 and no evidence of pelvic dilation was present. The left kidney measured 4.8 cm. The right kidney measured 5.32 cm.

Adrenal Glands

The right **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 right adrenal gland measured 0.54 cm at the cranial pole and 0.48 cm at the caudal pole. The left adrenal gland was slightly mineralized, yet was normal in size and contour. The left adrenal gland measured 0.52 cm at the caudal pole and 0.54 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. Occasional, hyperechoic lipid plaque was noted on the spleen and is not pathological. 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



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clinically significant at this time. An occasional, hypoechoic nodule was noted and measured up to 1.15 cm. Vascular and biliary tracts were of normal volume and no evidence of 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 **pancreas** appeared unremarkable; however, low-grade inflammation cannot be ruled out or amylase and lipase deriving from non-pancreatic tissues.

ULTRASONOGRAPHIC FINDINGS

Slightly mineralized left adrenal gland, not clinical.

Minor nodular changes in the liver, not likely pathological.

Gallbladder sludge, not to the level of mucocele formation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver can be considered for further definition. Ursodiol therapy would be indicated as a preventative in this patient, yet the liver is not likely a primary player in the clinical history. Given the patient's history EKG or Holter monitor may be appropriate. Full CNS and orthopedic exam are recommended. There was no overt evidence of visceral disease responsible for the clinical signs. The changes are largely expected for this age, breed and species.



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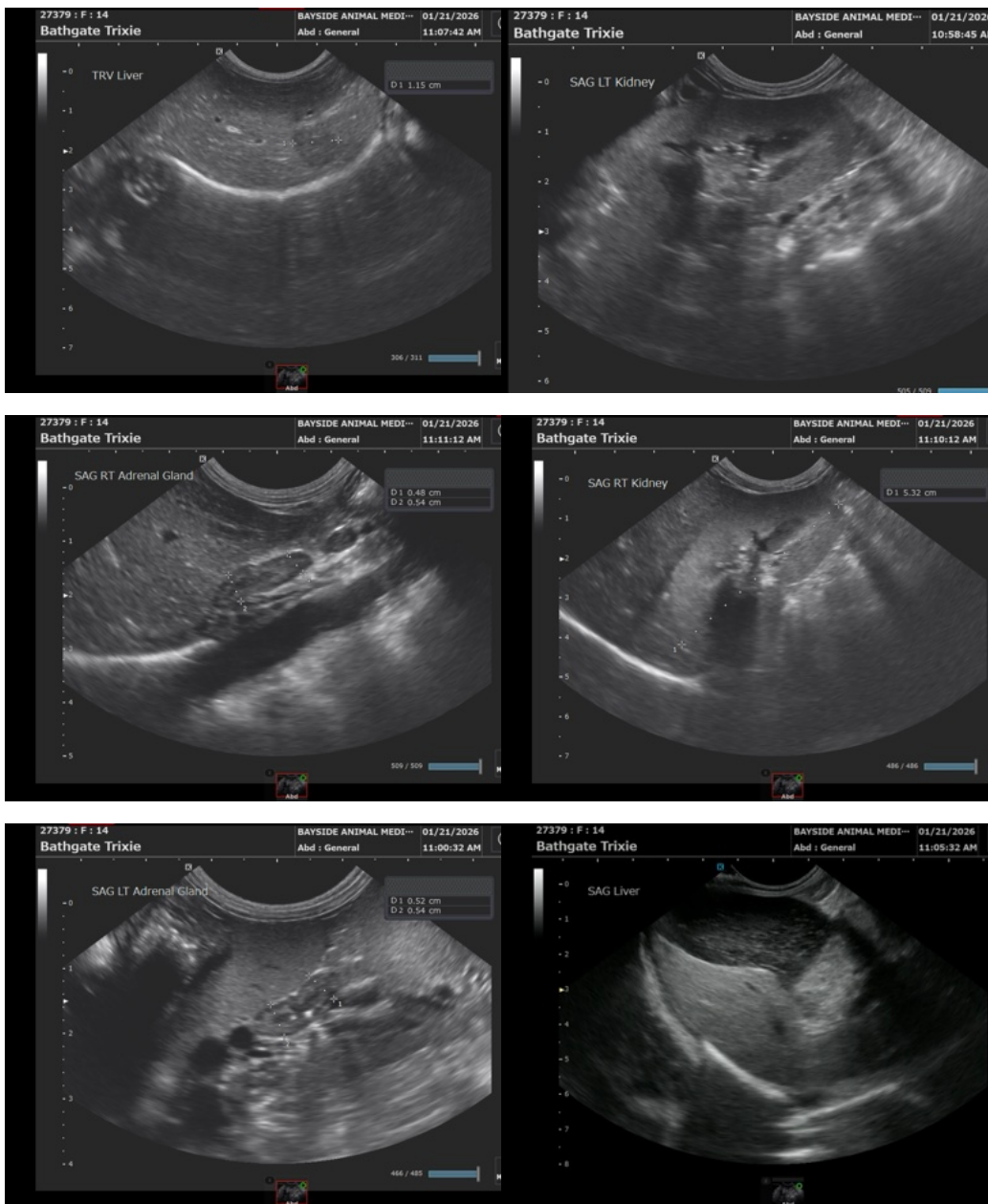
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com