



PATIENT

Cinnamon Cooper

SPECIES

Canine

BREED

Teacup Schnauzer

SEX

Spayed Female

AGE

13 Years 5 Months

WEIGHT

5.2 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Katy

HOSPITAL NAME

Elizabeth AH

REFERRING VET

Kim Allyn, DVM

INVOICE

35559

DATE

1/23/26

PRESENTING CLINICAL SIGNS

- Referred from another clinic for an abdominal ultrasound
- History of bloody urine, frequent urination, and UTIs

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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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. Pinpoint mineralizations were noted. Slight pyelectasia was noted in the right kidney. Pelvic calculi were noted in the left kidney with slight pyelectasia. A grouping of calculi measured 0.43 cm x 0.35 cm. Slight fluid was noted around the left kidney. An anechoic cyst was noted in the left kidney as well. The left kidney measured 3.17 cm. The right kidney measured 3.39 cm. It is likely that this patient recently passed a calculus with renal swelling, secondary free fluid.

Adrenal Glands

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 right adrenal gland measured 1.42 cm x 0.39 cm at the cranial pole and 0.39 cm at the caudal pole. The left adrenal gland measured 1.05 cm x 0.38 cm at the cranial pole and 0.33 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. Hyperechoic lipid plaques were noted in the spleen.

Liver

The **liver** was mildly subnormal in size. The gallbladder and common bile duct were unremarkable.

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



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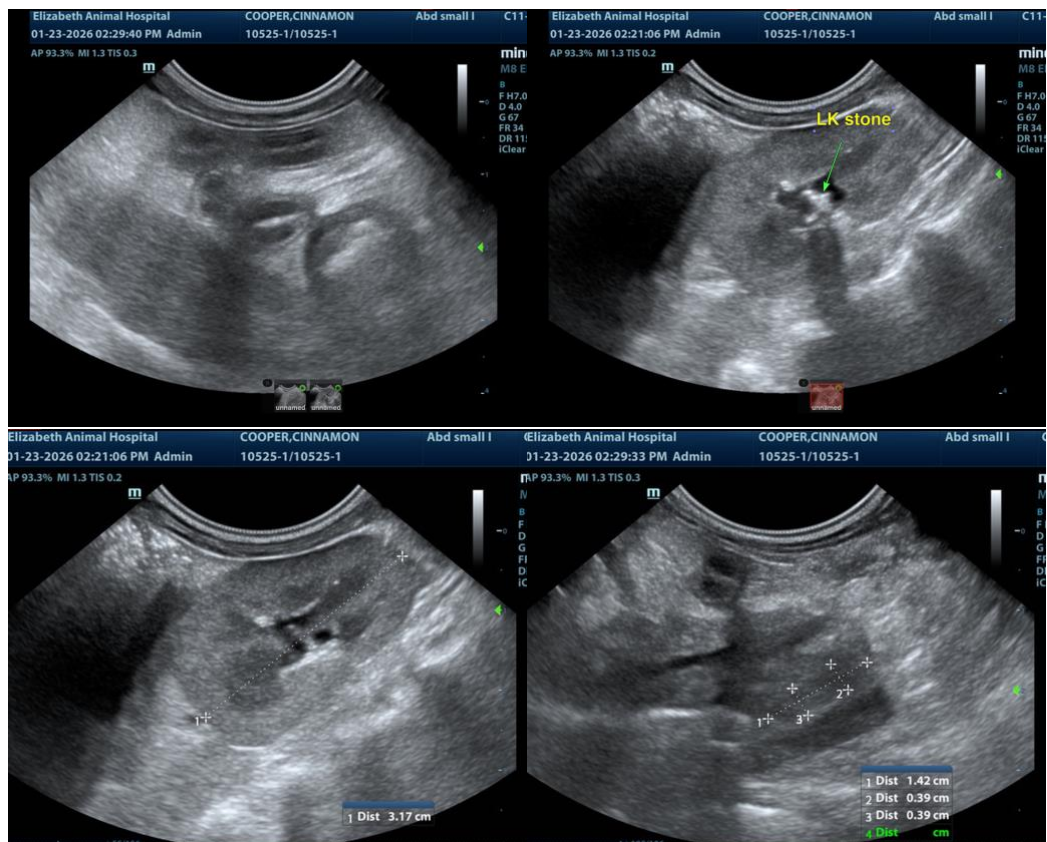
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Left renal pelvic calculi - passage of recent calculi is likely.
- Slight right kidney pyelectasia
- Subnormal liver size - No overt evidence of portosystemic shunting.
- Hyperechoic lipid plaques in the spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Supportive care is warranted. Eventual nephrotomy may be necessary in this patient. Recheck sonogram in one week. Full urinary work up is warranted with urine culture. No evidence of neoplasia. Cannot rule out deep pelvic urethral pathology. If straining to urinate is an issue, then further imaging of the pelvic urethra, possibly under sedation, may be necessary.





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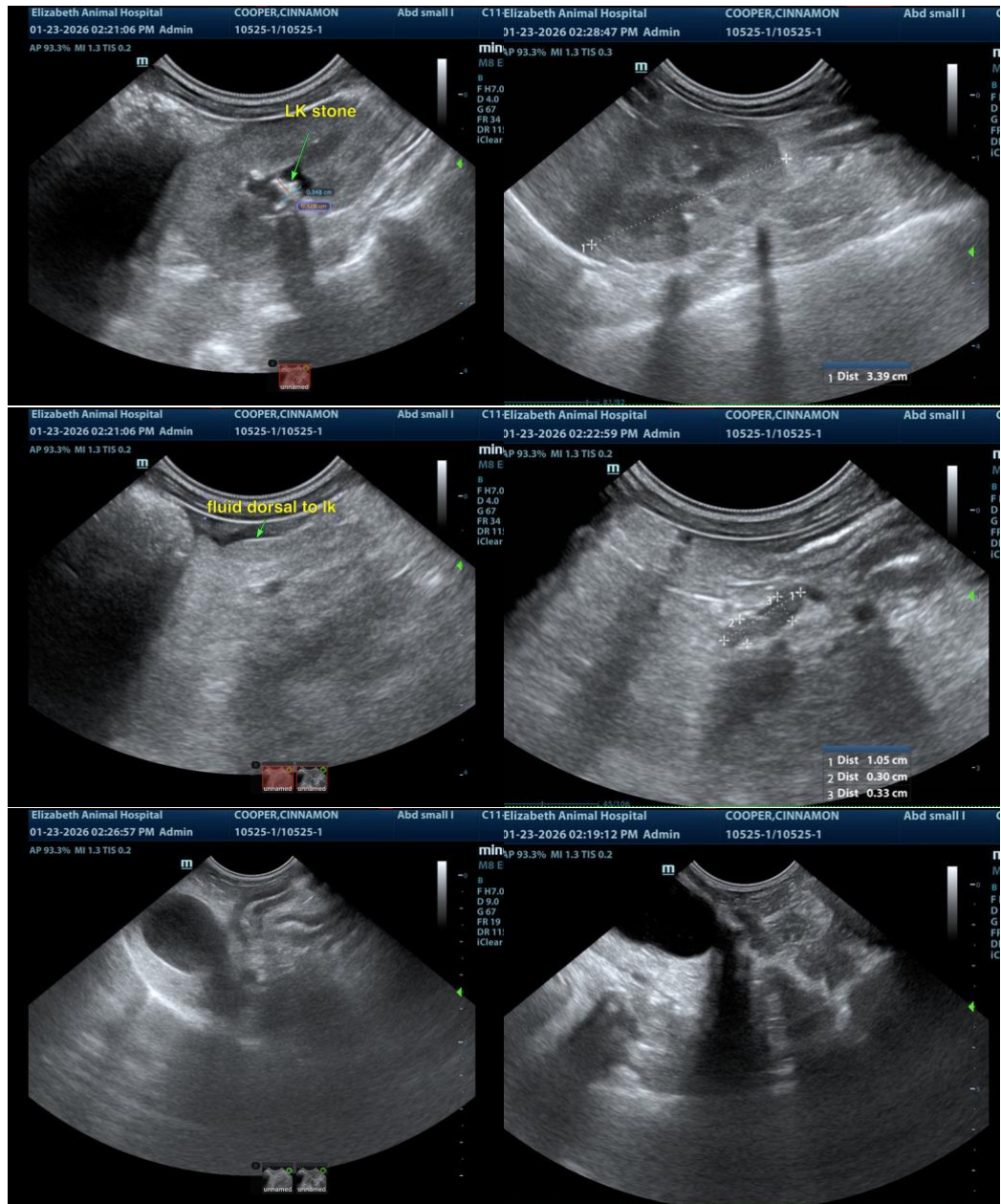
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com
info@SonoPath.com