



PATIENT

Happy Kim

SPECIES

Canine

BREED

Dachshund

SEX

Spayed Female

AGE

12 Years 8 Months

WEIGHT

16.7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Paul Kim

HOSPITAL NAME

Ridgefield Park Animal
Hospital

REFERRING VET

Dr. Paul Kim

INVOICE

72464

DATE

1/24/26

PRESENTING CLINICAL SIGNS

Patient came in for hematuria for 2 days. Hx of kidney stone & UTI. Currently on Royal Canin Urinary SO.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented mild apical ventral wall thickening, measuring up to 0.40 cm at moderate repletion. Suspended debris noted.

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight pinpoint mineralizations noted in both kidneys. Right kidney measured 5.19 cm. Left kidney measured 4.95 cm.

Adrenal Glands

The **right adrenal gland** was slightly mineralized, measuring 1.37 cm x 0.57 cm.

The **left adrenal gland** was normal in size and contour, measuring 1.8 cm x 0.60 cm.

Spleen

The **spleen** presented a hypoechoic nodule at the mid cranial body without disruption of architecture, measuring 0.52 cm. The spleen was folded upon itself cranially.

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

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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 subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.



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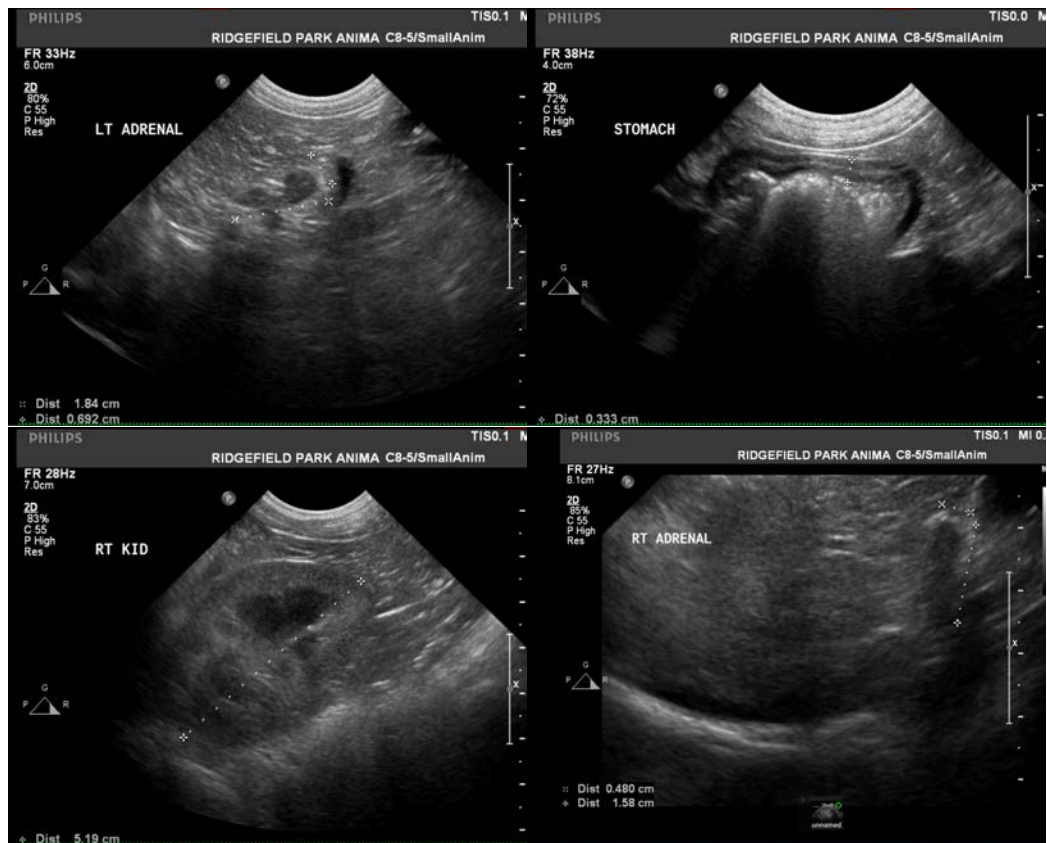
1/24/26

ULTRASONOGRAPHIC FINDINGS

- Minor bladder thickening, non-specific.
- Slight pinpoint renal mineralizations.
- Slightly mineralized right adrenal gland.
- Folded spleen with hypoechoic nodule.
- Age related pancreatic remodeling.
- Full stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant pathology. I cannot rule out deep urethral pathology. However, underlying UTI, coagulopathy, passage of renal calculi are also possible, yet no evidence of obstructive disease noted at this time.





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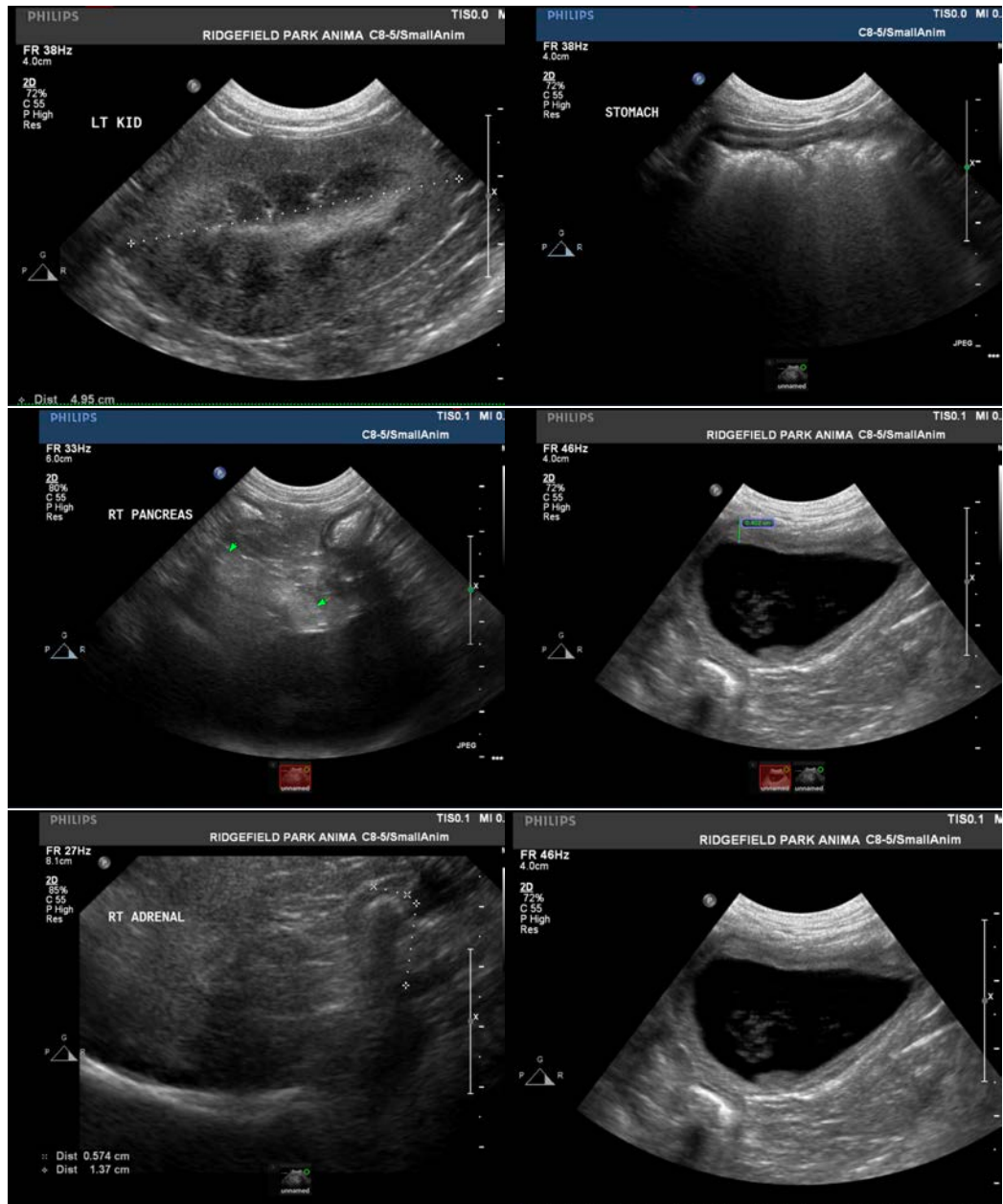
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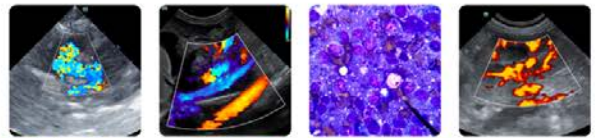
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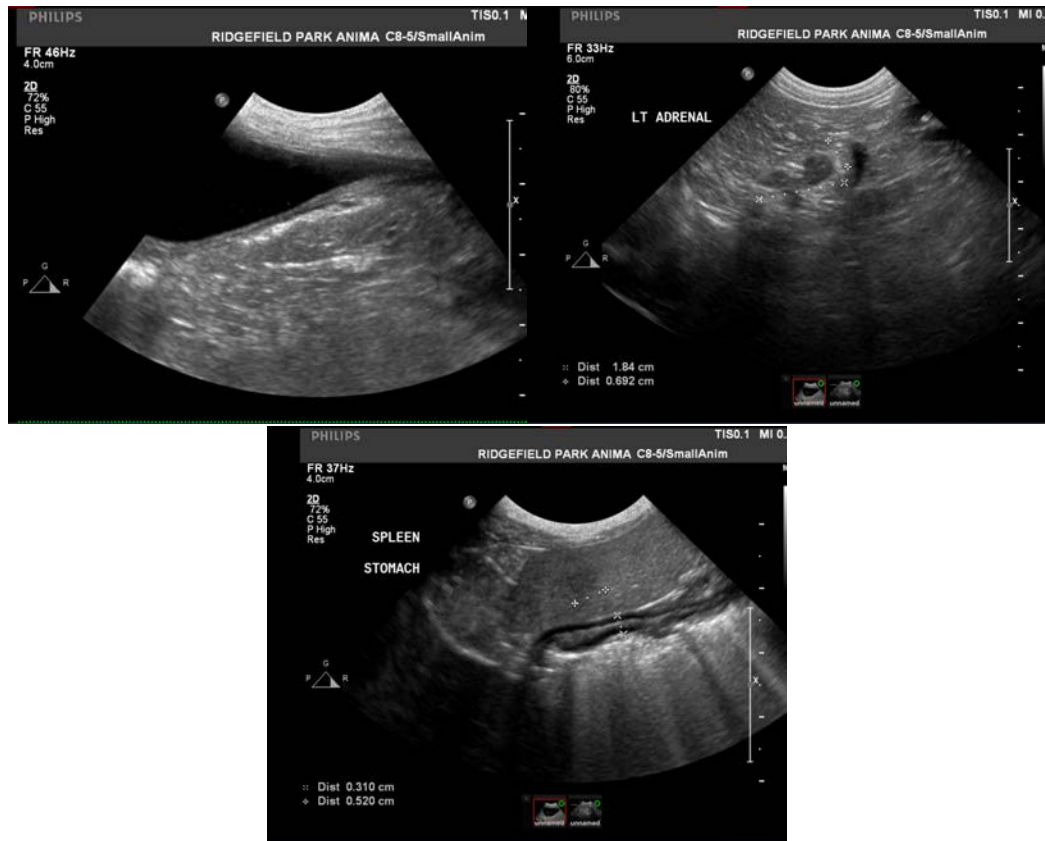
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
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