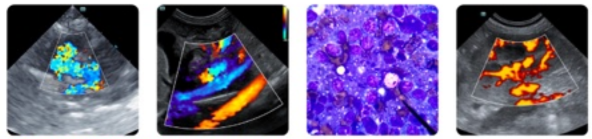


PATIENT
Ernie Sweet

SPECIES
Canine

BREED
Mix

SEX
Neutered male

AGE
7 years

WEIGHT
43.6 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Wilkinson

HOSPITAL NAME
Severna Park VH

REFERRING VET
Dr. Martinelli

INVOICE
70993

DATE
1/27/26

PRESENTING CLINICAL SIGNS

- Persistent hematuria and proteinuria since 1/5/26. No straining or increased frequency. no calculi noted on 2v abdominal rads. Improved but not resolved with NSAIDs. Otherwise asymptomatic
- (1/17/26): UA = RBC >50/hpf; 3+ protein; USG 1.036; pH 6.0 (1/8/26): UA = RBC >50/hpf; 1+ protein; USG 1.031; pH 5.0; UPC 2.2 4Dx: neg x4

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 5.2 cm. The right kidney measured 5.6 cm.

Adrenal Glands

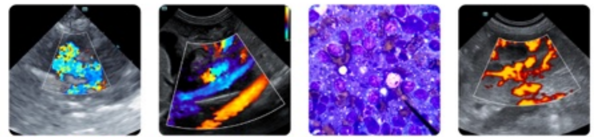
The **left adrenal gland** was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 14.82 x 0.33 cm at the caudal pole and 0.47 cm at the cranial pole. The region of the **right adrenal gland** was imaged with no evidence of pathology.

Spleen

The **spleen** was mildly enlarged with swollen contour and fairly uniform parenchyma. 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.



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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

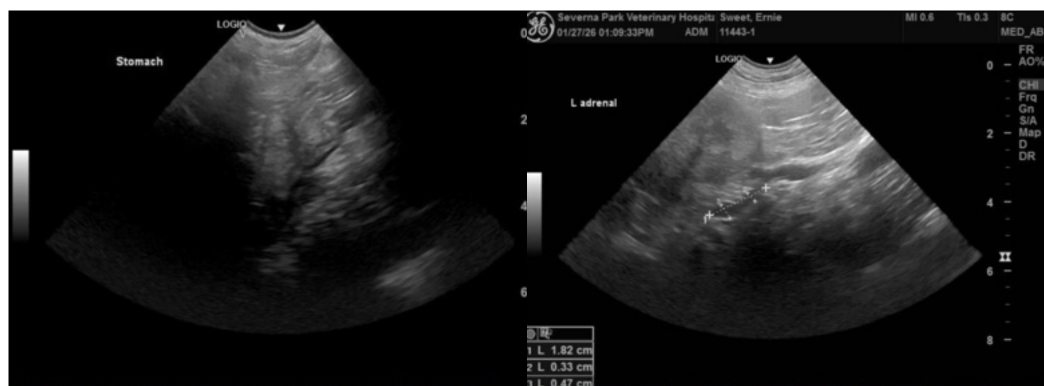
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Mild hypersplenism, reactive.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If any weight loss is an issue then FNA is indicated. Tick borne disease panel and Doxycycline trial can be considered given the idiopathic proteinuria. There was no evidence of significant structural disease.



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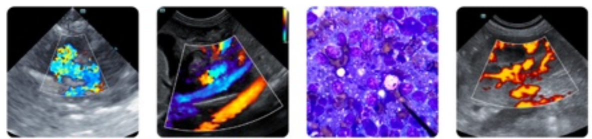

Clinical Sonography & Telecytology

Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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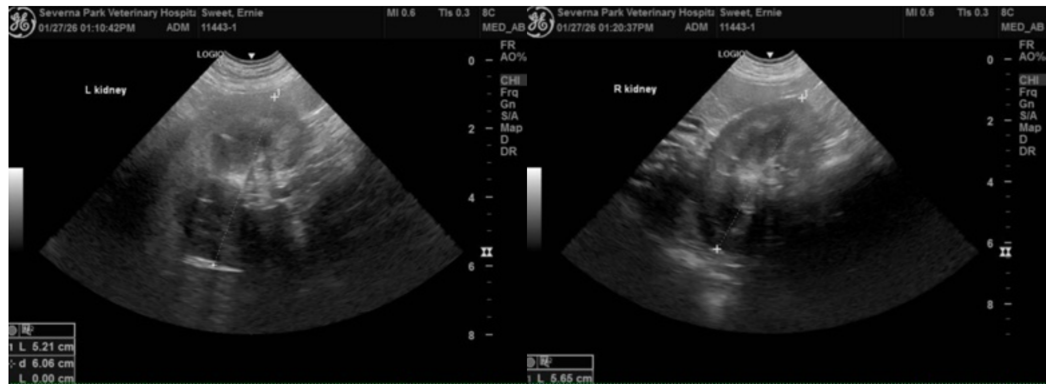

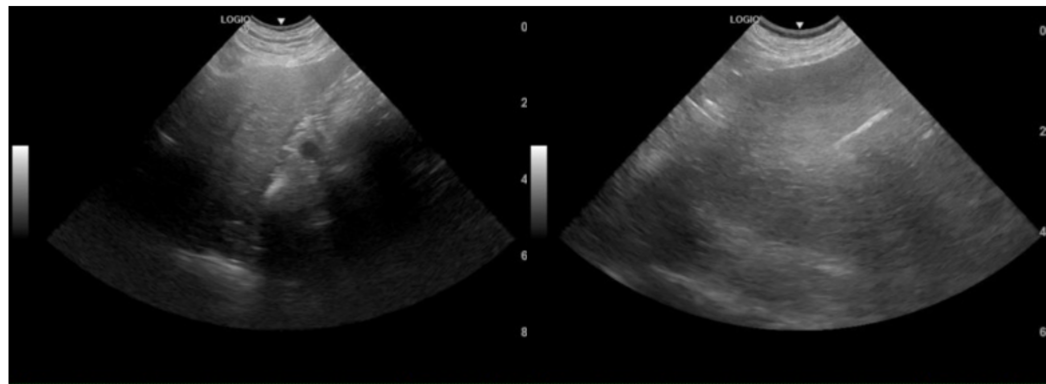

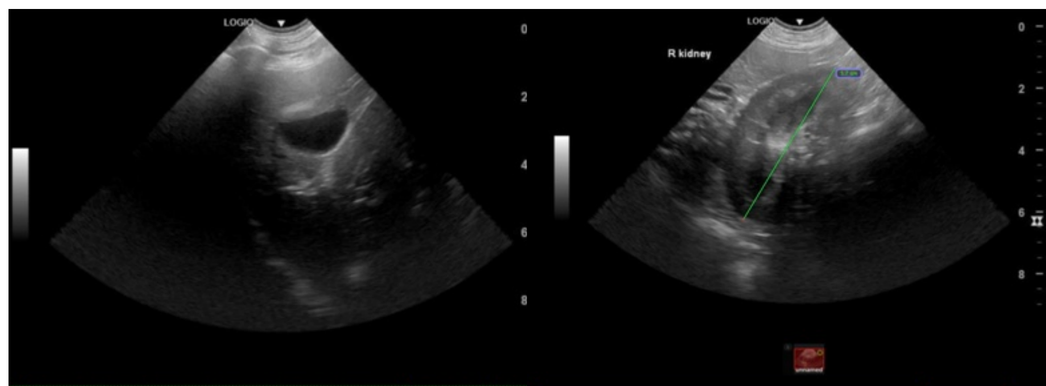

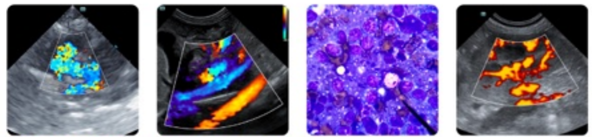

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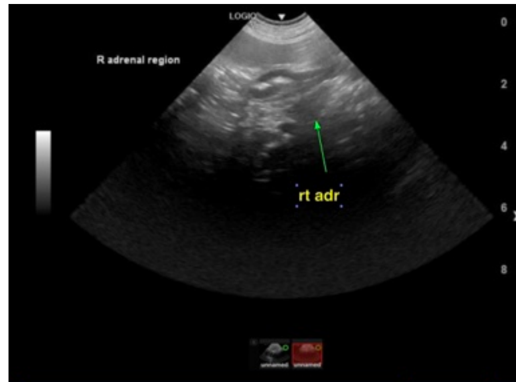

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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