



DATE PRESENTING CLINICAL SIGNS

1/30/26

Patient History: Not eating on and off since dental procedure in Sept. 2025. Mild azotemia pre dental, PU/PD due to increased ALP and non-diagnostic LDDST.

PATIENT

Buddy Thomas

Current Medications: Cerenia as needed. Last inj given 1/27/26, Metronidazole finished 12/28/26

Labwork Results: Labwork attached, reported as: mild azotemia, elevation in ALP

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: STAT requested.

Imaging Performed by: Rachel Brillhart, RDMS.

SPECIES

Canine

BREED

Poodle

SEX

Neutered Male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a calculus measuring 0.60 cm. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

The residual prostate measured 5.0 mm.

AGE

10/10/10

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. Mineralization noted in both kidneys. Right kidney measured 3.35 cm. Occasional microcystic cortical change noted in the kidneys. Left kidney measured 3.5 cm.

WEIGHT

15.8 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

Adrenal Glands

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins were noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. Left measured 2.1 cm x 0.82 cm at the caudal pole and 0.64 cm at the cranial pole. The right adrenal gland measured 1.8 cm x 0.78 cm at the caudal pole and 0.78 cm at the cranial pole.

HOSPITAL NAME

Festival Veterinary
Clinic

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 were noted.

REFERRING VET

Dr. Lomax

INVOICE

72605

Liver

The **liver** was enlarged with coalescing hypoechoic nodular changes and swollen contour. The diaphragm was deviated. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **gastrointestinal tract** was largely unremarkable with minor mucosal speckling. The stomach was empty. No evidence of foreign bodies or neoplastic criteria. Some areas of small intestine appeared to be spastic and hyperperistaltic.

Pancreas

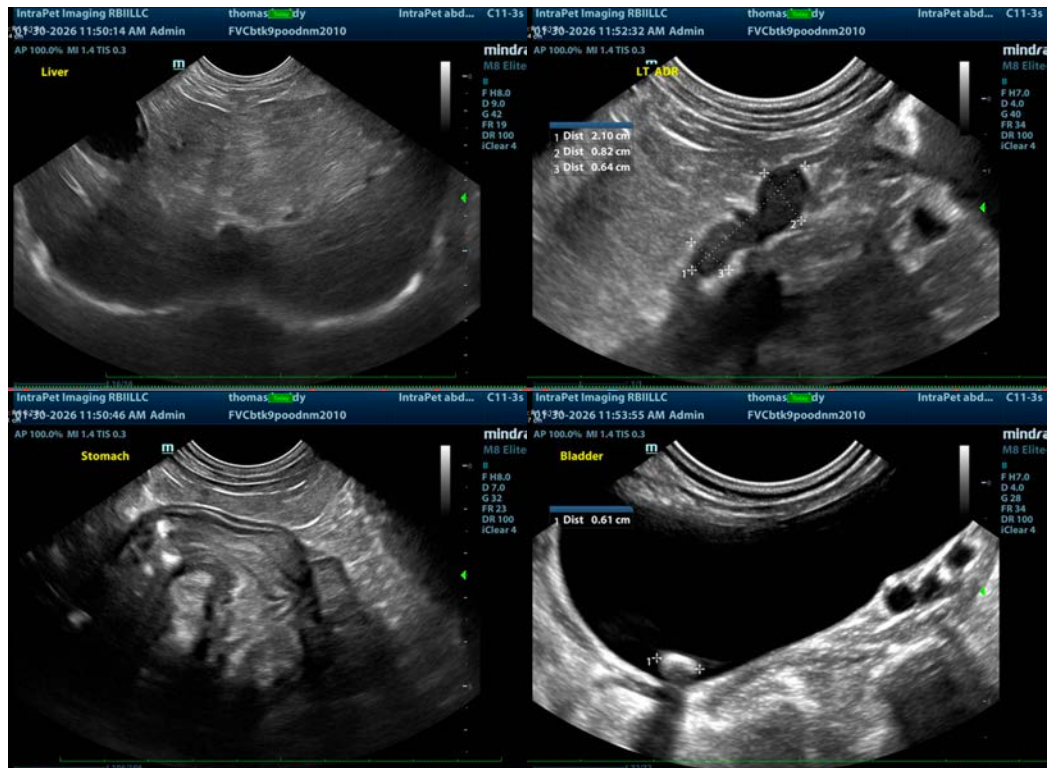
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain 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.

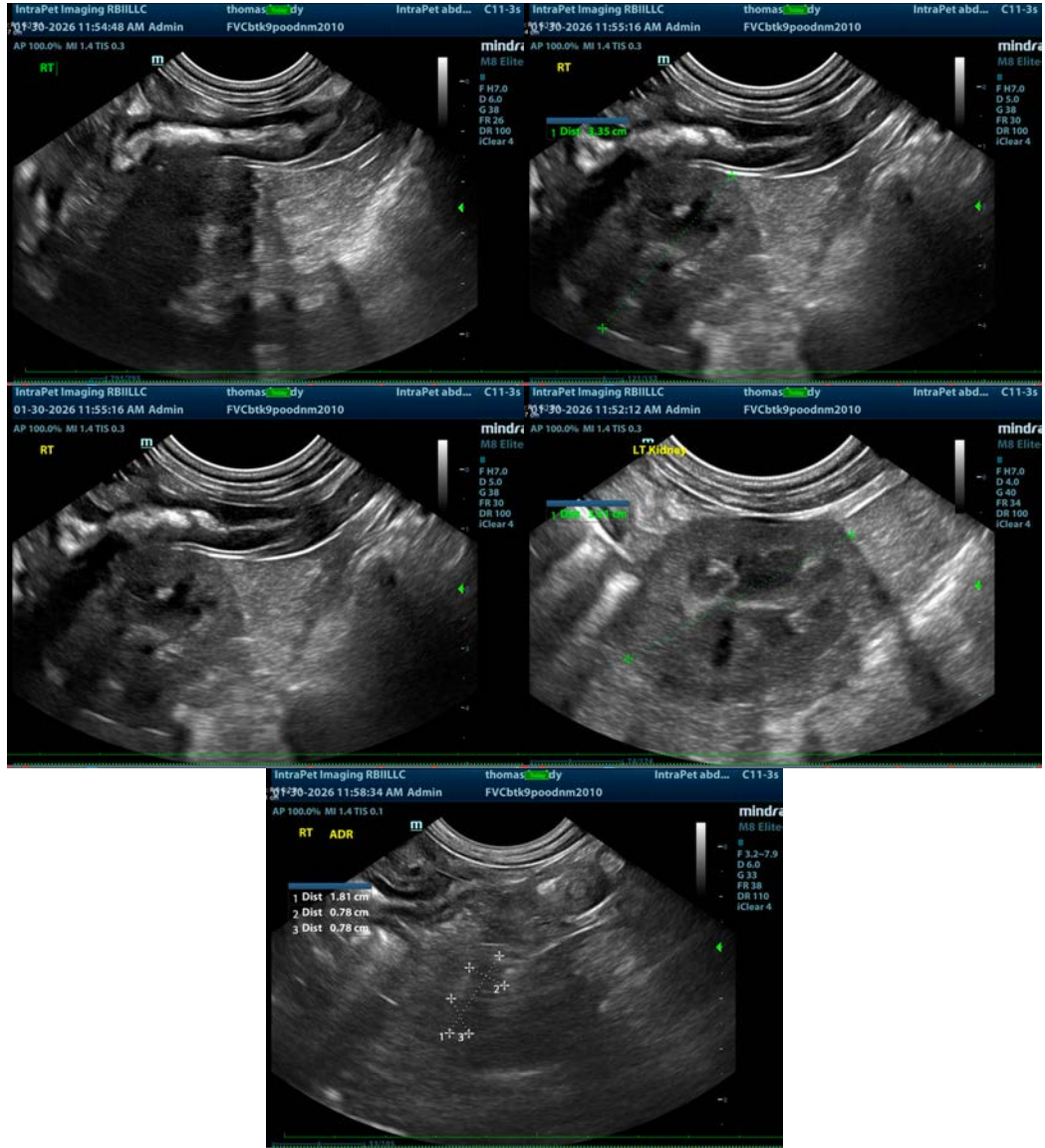
ULTRASONOGRAPHIC FINDINGS

- Bladder calculus.
- Bilateral adrenal hypertrophy.
- Non-specific enteritis pattern.
- Age related hepatic changes with nodular hyperplasia pattern.
- Age related renal changes with mineralization.
- Age related pancreatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the patient was episodic in its clinical signs, there is a possibility that the bladder calculus was passed from the kidneys, and clinical signs derived from that event. Supportive care should prove effective. Other causes of anorexia such as orthopedic pain, CNS or thoracic disease should be considered. The adrenals were slightly enlarged. If all parameters are present such as USG persistently < 1.020 , the patient appears cushingoid, and urine cortisol to creatine ratios are elevated, the PDH should be managed.





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.

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