



## PATIENT

Roxanne Glowacki

## SPECIES

Canine

## BREED

Doberman ix

## SEX

Spayed female

## AGE

11 years

## WEIGHT

64.1 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Mazzochette

## HOSPITAL NAME

Airpark AH

## REFERRING VET

Dr. Mazzochette

## INVOICE

68680

## DATE

11/13/25

## PRESENTING CLINICAL SIGNS

History: \*\*Sedated with butorphanol, low dose Dexdomitor, low dose ketamine for scan\*\* Incidental hypercalcemia and azotemia noted on routine senior bloodwork, repeatable on bloodwork 1 month later. Hx of chronic lymphocytic plasmocytic colitis diagnosed with colonoscopy/biopsies and surgical excision of colorectal polypoid adenoma in 2020, has been asymptomatic since then after multiple years on a hydrolyzed diet. Multiple year history of PU/PD/polyphagia with increased panting, ALKP has been chronically elevated Progressive weight loss over the past few months, 8lb in 8months. Poor mobility due to severe hip dysplasia/OA and L CCL tear.

Abnormal PE/Chem/CBC/UA Results: 10/31/25: CBC NSF other than increased nRBCs (6 per 100 WBC) Chem: SDMA 20, Creat 2.7 (increased from 2.2 in September), BUN 63 (increased from 54 in Sept) Calcium 13.0 (increased from 12.2 in September), Phosphorus normal at 4.4 ALKP 2225 Lipase 1181 UA from September: USG 1.022 (first AM urine), mild proteinuria 100mg/dL, otherwise NSF T4 1.7, FT4 0.8 4dx/fec neg 3 view chest rads today - NSF

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder** revealed an accumulation of small calculi measuring 1.3 cm. They were non-obstructive at the time of the sonogram. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction and appeared 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 right kidney measured 7.4 cm. The left kidney measured 7.2 cm. Blood flow to the kidneys appeared to be adequate on Power Doppler assessment.

The left renal lymph node was slightly enlarged and cystic. This is not pathological and measured 1.5 cm.

### 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 3.1 x 1.36 cm at the cranial pole and 0.66 cm at the caudal pole. The left adrenal gland measured 3.66 x 0.68 cm at the caudal pole and 0.59 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. 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.



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## 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 clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes 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. The mesenteric lymph node was enlarged and cystic measuring 2.0 x 1.0 cm. This is not overtly pathological.

## 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

- Benign abdomen with mild to moderate degenerative renal changes.
- Small bladder calculi.
- Enlarged, cystic mesenteric lymph node.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The kidneys do not appear end stage. The patient has likely passed calculus recently. However, other causes of renal insult should be considered.

Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.



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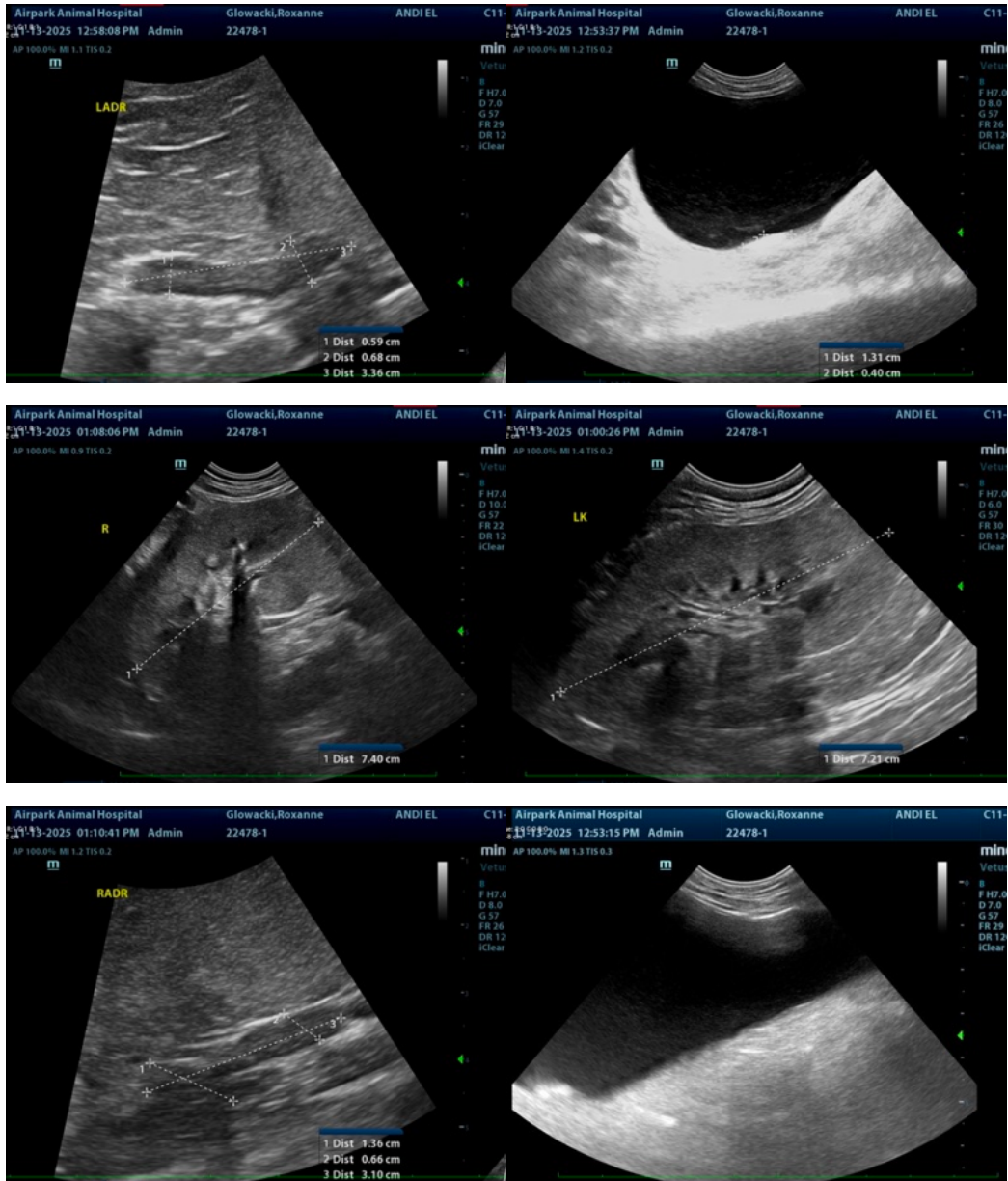
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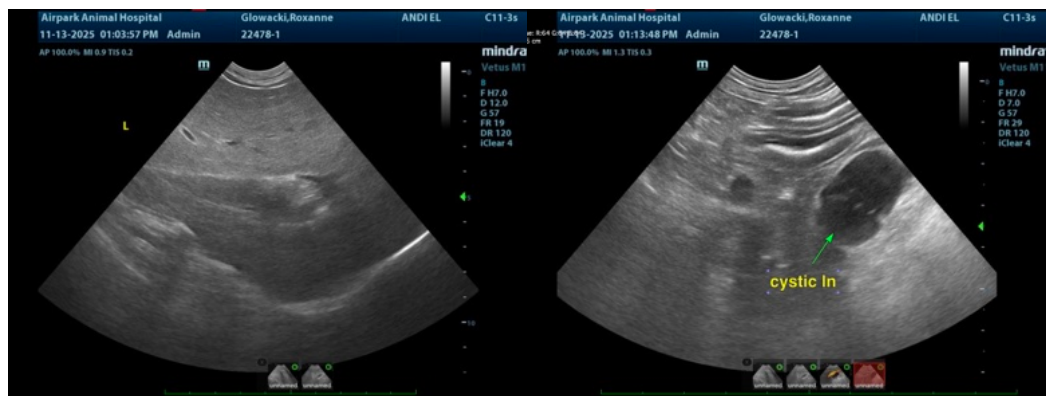
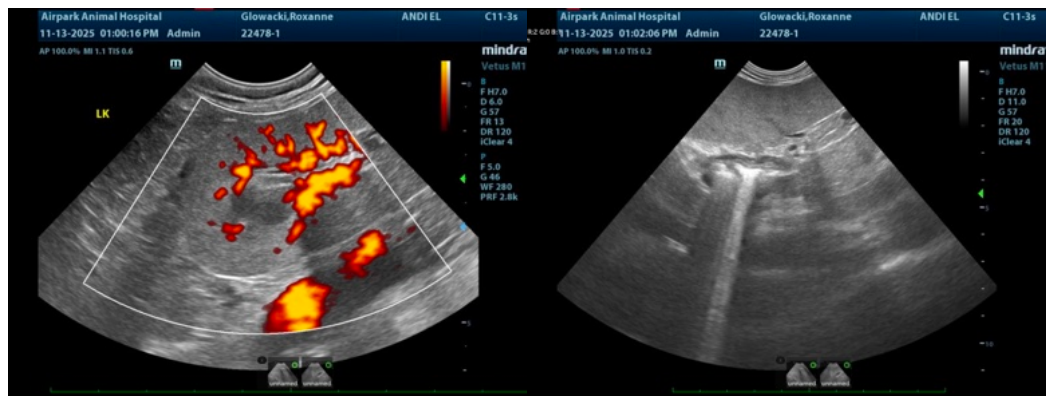
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

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