



## PATIENT

Sandy Sloane

## SPECIES

Canine

## BREED

Mix

## SEX

Spayed female

## AGE

14 years

## WEIGHT

29 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Michelle Roche

## HOSPITAL NAME

Fredon AH

## REFERRING VET

Dr. Grau

## INVOICE

68304

## DATE

11/4/25

## PRESENTING CLINICAL SIGNS

History: weight loss, diarrhea, on veteryl 60mg for cushings  
BCS 2.5/9, weak, cataracts, dental wear and tartar, decreased CP both hind SDMA 15, ALKP 345

## 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. Minor apical polypoid change measuring 0.67 x 0.6 cm. 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 5.95 cm. The right kidney measured 4.5 cm.

### *Adrenal Glands*

A **left adrenal gland** mass was noted and measured 3.2 cm at the cranial pole and 1.0 cm at the caudal pole. The right adrenal gland was not visualized.

### *Spleen*

The **spleen** revealed a hyperechoic mass at the cranial pole measuring 3.9 cm with attenuating sound beam. This is consistent with connective tissue or stromal tumor. Multiple, hyperechoic splenic nodules were noted throughout the spleen.

### *Liver*

The **liver** revealed lobar biliary calculi and was non-obstructive at the time of the sonogram. The gallbladder was 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.



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## Pancreas

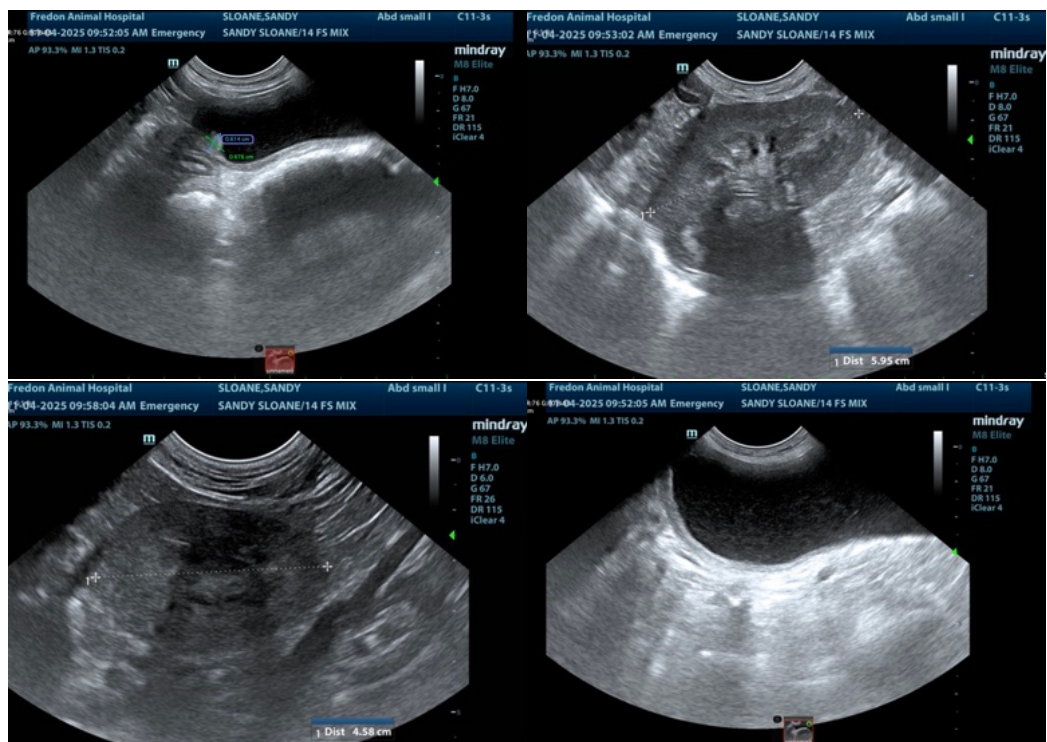
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

- Polypoid cystitis. Bladder debris.
- Splenic mass.
- Left adrenal mass.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Work-up for UTI is indicated. I recommend abdominal CT in this patient. The left adrenal gland is likely a carcinoma, pheochromocytoma or adenoma is possible. Further imaging of the right adrenal gland under sedation or CT evaluation for surgical planning would be ideal. Serial blood pressure measurements are indicated. Eventual splenectomy and left adrenalectomy is indicated depending upon the imaging results of the right adrenal gland.





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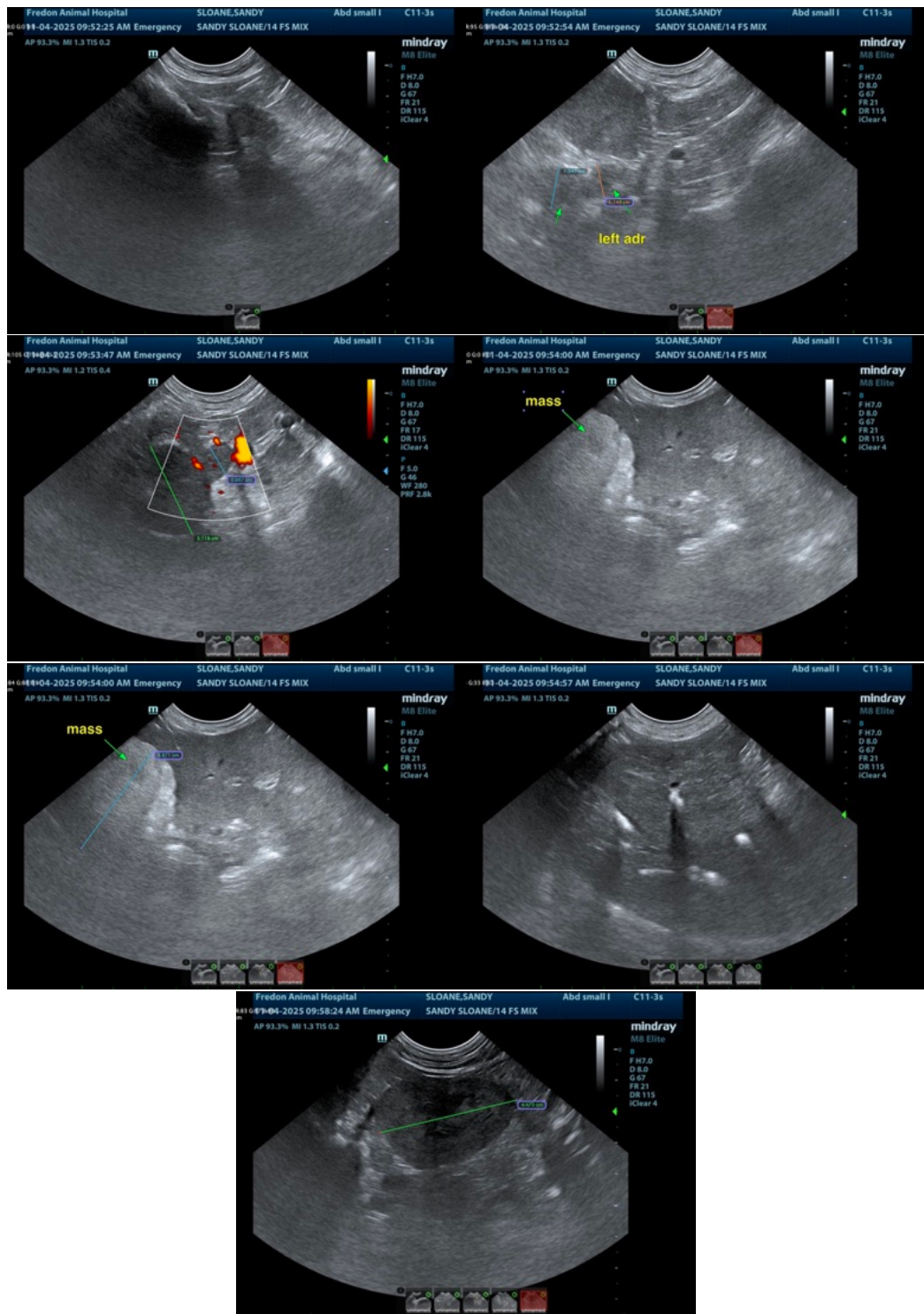
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology



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**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](mailto:info@SonoPath.com)