



## PATIENT

Alli Blanchard

## SPECIES

Canine

## BREED

Australian Shepherd

## SEX

Spayed Female

## AGE

12 Years

## WEIGHT

43 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Kathleen Laux

## HOSPITAL NAME

Rondout Valley  
Veterinary Associates

## REFERRING VET

Dr. Kathleen Laux

## INVOICE

72496

## DATE

12/10/25

## PRESENTING CLINICAL SIGNS

Not been eating well and vomiting. Had a cystotomy 12 days ago and removed several stones. Also losing weight. Has a long history of vomiting easily and diarrhea, but the food that used to work for her she is now not eating and is vomiting it up now.

Abnormal PE/Chem/CBC/UA Results: NSF

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder** presented a relatively uniform thickening of the cranioventral and craniodorsal mucosae with micropolypoid mucosal changes without involvement of the submucosae. Apical bladder wall measured 1.3 cm. The urine presented some echogenicity consistent with suspended debris. No evidence of urethral pathology was present. This presentation is most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out without histopathological review but is not overtly suspected based on this pattern. Cystocentesis and urine culture +/- pathological review of urine cytology would be warranted. No overt calculi were present at this time.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. Right kidney measured 6.2 cm. Left kidney measured 5.15 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. Left measured 1.8 cm x 0.50 cm at the cranial pole and 0.43 cm at the caudal pole.

The region of the **right adrenal gland** was imaged, no evident pathology.

### 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.

### 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. Minor gallbladder sand noted.

### 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



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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.

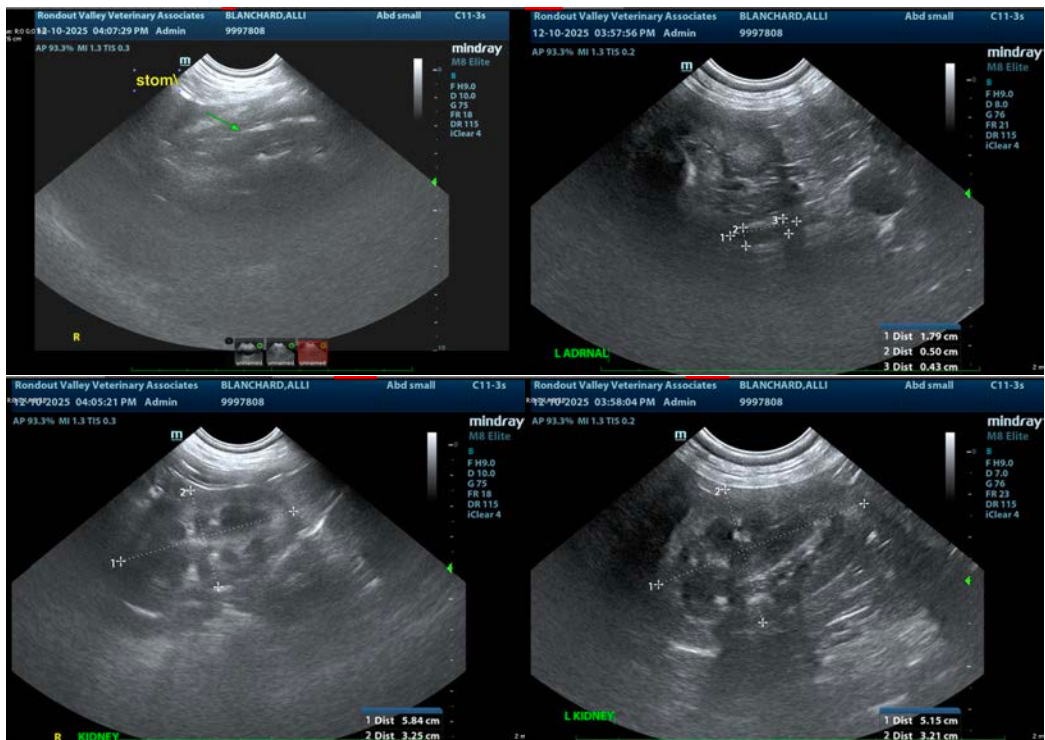
**ULTRASONOGRAPHIC FINDINGS**

- Cystitis bladder pattern, unremarkable abdomen otherwise.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No overt evidence of gastritis or direct cause of hyporexia/anorexia. GI protectant protocol could be considered empirically. However, other causes of hyporexia such as orthopedic pain, CNS or thoracic disease should be considered.

BRAF testing and cytospin of a free catch urine sample +/- cystocentesis indicated to assess for UTI. Mild potential for carcinoma. Bladder wall thickening appears potentially resectable if necessary. If bladder wall biopsies were assessed at cystotomy, then they should be evaluated to assess for underlying carcinoma. Bladder wall should be monitored carefully. Follow up sonogram recommended in 3-4 weeks.





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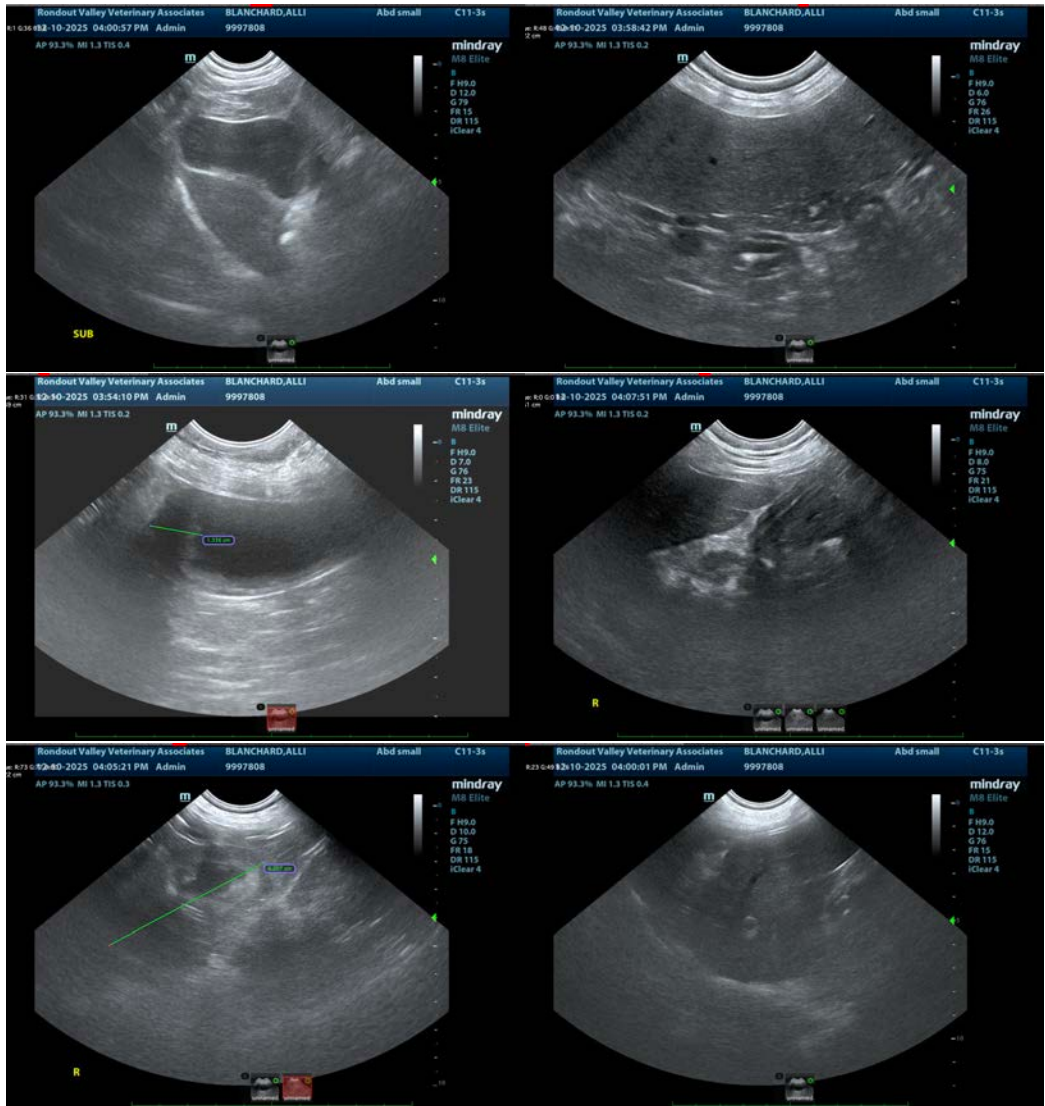
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com  
[info@SonoPath.com](mailto:info@SonoPath.com)