



## PATIENT

Winston Palmer

## SPECIES

Canine

## BREED

Beagle

## SEX

Neutered Male

## AGE

11 Years

## WEIGHT

31.8

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Leslie Buggi, DVM

## HOSPITAL NAME

Akin Hills Pet Hospital

## REFERRING VET

Leslie Buggi, DVM

## INVOICE

72710

## DATE

12/18/25

## PRESENTING CLINICAL SIGNS

History of polyuria, possible polydipsia. Has known polycystic renal dz Urine cortisol was 31mg/dL Historically elevated liver values Hx of onion ingestion in Feb 2025

Abnormal PE/Chem/CBC/UA Results: Cranial abd organ enlargement, tense Grade 3/6 heart murmur

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** presented polycystic cortical changes with significant disruption of architecture. Largest cyst measured 3.4 cm in the left kidney and 2.8 cm in the right kidney. The left kidney measured approximately 6.0 cm and the right kidney measured approximately 6.0 cm yet visualized obliquely.

### 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 0.65 cm.

Portions of the **right adrenal gland** were imaged, no gross 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. 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.

### 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**

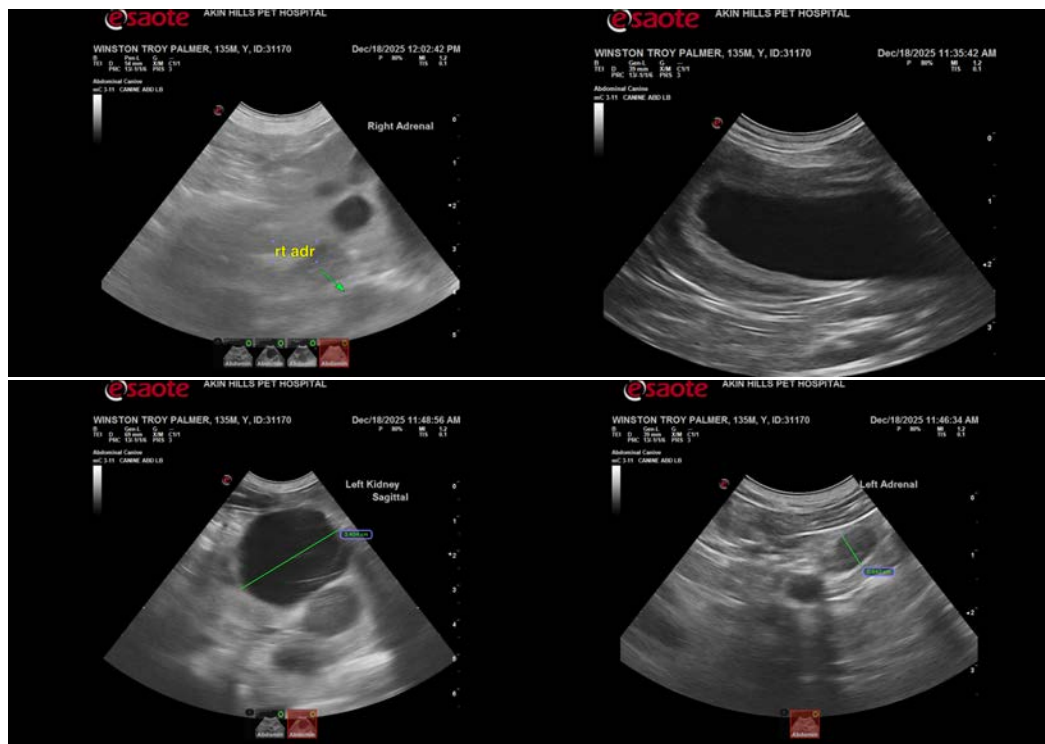
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Severe polycystic kidney disease.
- Mildly thickened urinary bladder.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I'm most concerned about the kidney disease in this patient. The liver appears to be benign. Given the low USG and proteinuria, and the elevated BUN and SDMA, renal support protocol warranted. Blood pressure measurements and renal oriented diet indicated. Prognosis is guarded. Further imaging of the right adrenal warranted if clinical signs support Cushing's, as it was only partially visualized.





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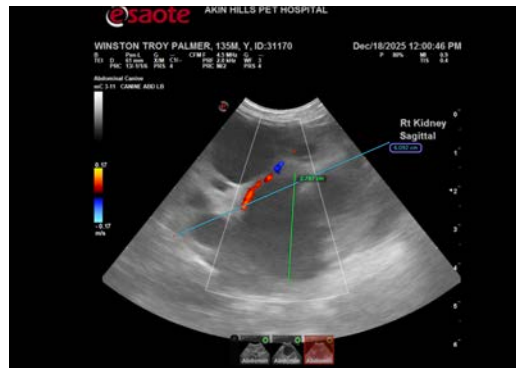
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,  
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