



PATIENT

Sadie Krehoff

SPECIES

Canine

BREED

Labrador Retriever

SEX

Female

AGE

12 Years 6 Months

WEIGHT

65 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Raul Casa-Dolz

HOSPITAL NAME

State Avenue Vet
Clinic

REFERRING VET

Dr. Raul Casa-Dolz

INVOICE

13705

DATE

02/11/26

PRESENTING CLINICAL SIGNS

- Lethargic, Shaking, Needs help to potty
- Was boarded few days ago, not eating Approx 2 days, not drinking as much
- No V/D

Abnormal PE/Chem/CBC/UA Results: LYM 0.29, MCH 24.7, AMYLASE 1513, BLOOD UREA NITROGEN 176, CALCIUM >16, PHOSPHORUS 19.3, CREATININE 13.4, GLUCOSE 124

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. A minimal amount of urine was present at the time of the sonogram.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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. Cortical mineralizations and hypoechoic nodular changes were present. The left kidney measured 5.1 cm in length. The right kidney measured 6.3 cm in length. A hyperechoic medullary rim sign was noted in the kidneys as well likely owing to hypercalcemia. Microcystic cortical changes were present in the kidneys as well as hyperechoic cortical remodeling.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The left adrenal gland measured 0.62 cm width at the caudal pole and 0.53 cm width 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 were noted.

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. 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



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this presentation. The hepatic lymph nodes were unremarkable. The gallbladder was mildly overdistended with suspended and dependent bile.

Gastrointestinal

A minor amount of excessive **gastric** gas was noted along with gastric fluid accumulation. The duodenum was empty. Variable gastric thickening was noted consistent with gastritis.

Pancreas

The **pancreas** presented mildly hypoechoic and swollen with irregular contour.

ULTRASONOGRAPHIC FINDINGS

- Bladder thickening.
- Muscularis hypertrophy of the stomach- likely gastritis, neoplastic criteria was not met within the GI tract.
- Degenerative renal changes with nonspecific medullary rim sign and nodular changes.
- Overdistended gallbladder.
- Hypoechoic pancreas.
- Age-related abdominal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assessment for UTI is indicated. The renal and gastrointestinal presentation in this patient are likely owing to effector organ issues with the hypercalcemia. Concern for long term viability of the kidneys in this patient given the chronic degenerative changes as the kidneys subjectively appear end stage. Hypercalcemia may be owing to renal failure, however, other causes of hypercalcemia such as thoracic neoplasia or parathyroid tumor should be considered. Prognosis long term is guarded to poor depending on eventual response to therapy.

Internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>



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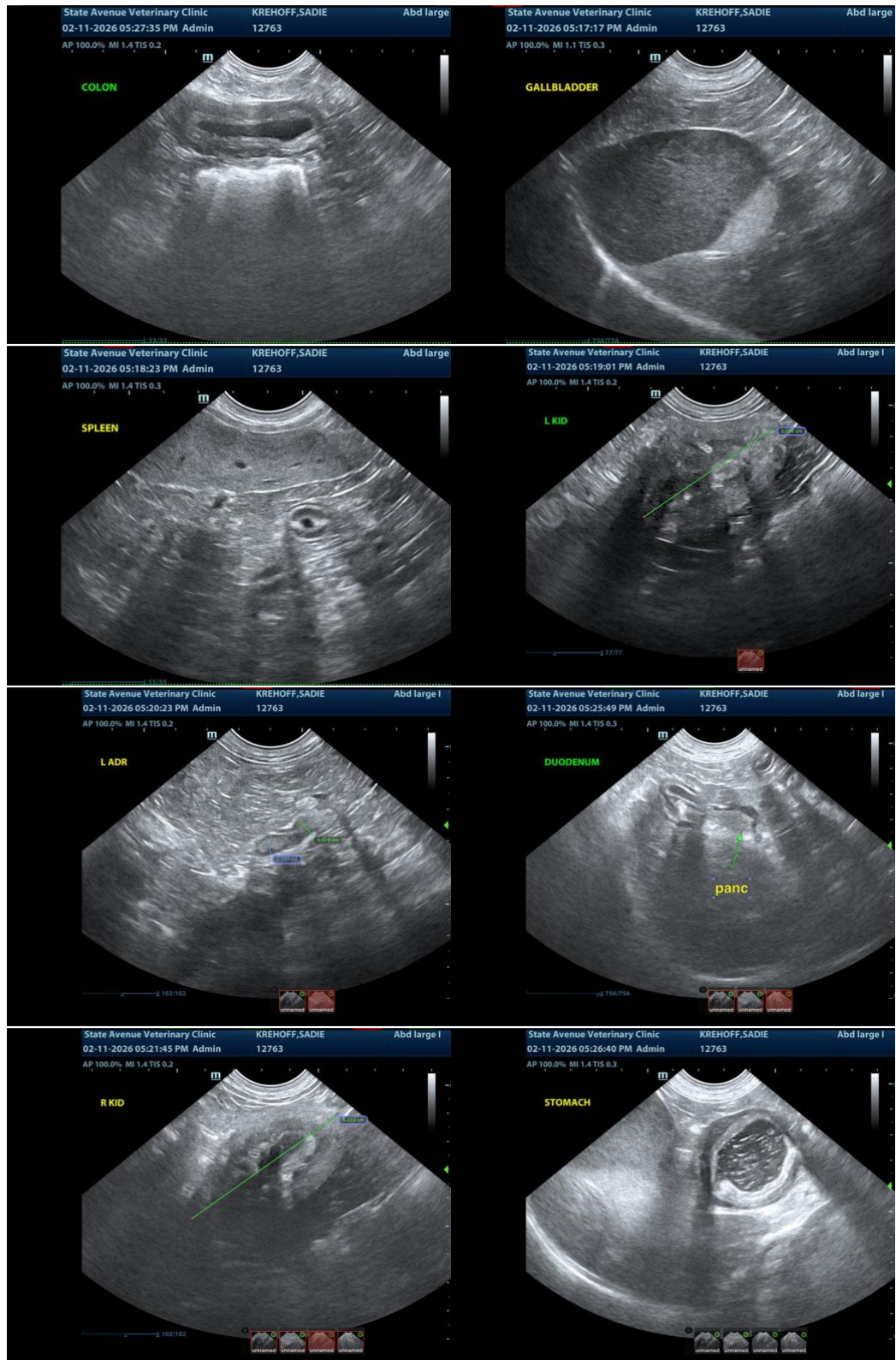
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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