



PATIENT

Maya Glennon

SPECIES

Canine

BREED

Pug

SEX

Spayed Female

AGE

13

WEIGHT

17

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr. Salazar

INVOICE

13968

DATE

02/25/26

PRESENTING CLINICAL SIGNS

- Hyperkalemic wobbly only turning L on PE blind OS historic retinal detachment
- Current meds: Clavamox

Abnormal PE/Chem/CBC/UA Results: K 7.3 ALT 175 WBC 17.4 BUN 30 rest WNL Base line Cortisol 2.34

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 2.0 cm 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. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **kidneys** presented with moderate dystrophic change with mineralization. Irregular contour and moderate degenerative structures. Cortical infarcts were noted bilaterally. The left kidney measured 3.74 cm in length. The right kidney measured 3.02 cm in length.

Adrenal Glands

The **left adrenal gland** was slightly swollen and uniform measuring 1.9 cm x 0.77 cm width at the caudal pole and 0.65 cm width at the cranial pole.

The **right adrenal gland** was imaged without evident pathology yet not overtly visualized and may be subnormal in size.

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 moderate 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

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and



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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.

Pancreas

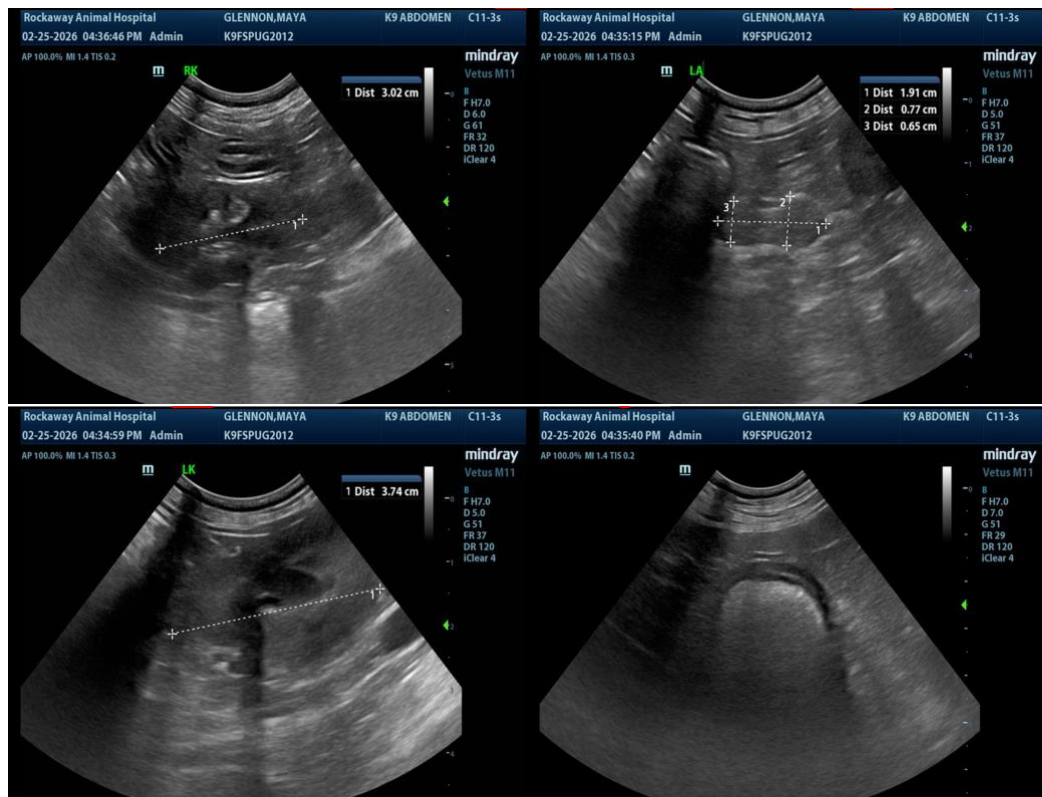
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Moderate degenerative renal changes with calculi.
- Slightly swollen left adrenal gland.
- Partially full stomach.
- Age-related hepatic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Blood pressure measurements given the retinal detachments if not already performed. ACTH stimulation test is warranted to assess for Addison's given the low normal baseline cortisol. I am concerned about long-term viability of the kidneys. Urine culture is indicated if inflammatory sediment is present. No evidence or suspicion for neoplasia.





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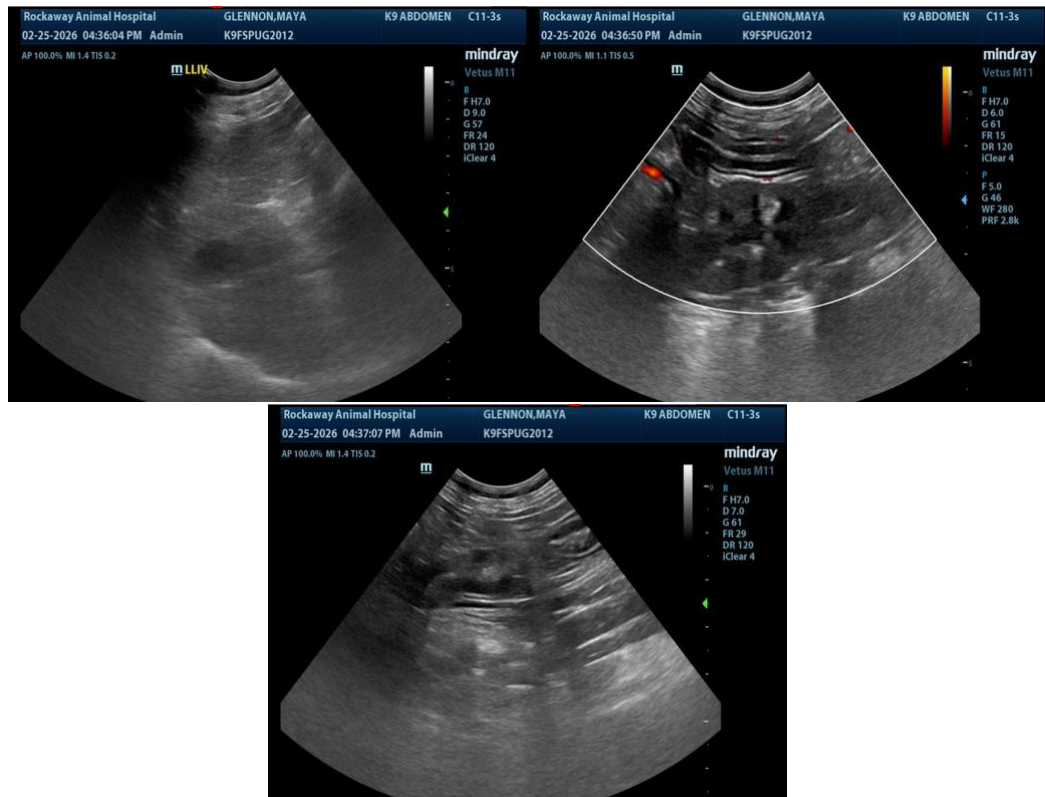
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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