



## PATIENT

Gambler Kutschera

## SPECIES

Canine

## BREED

Toy Poodle

## SEX

Neutered Male

## AGE

13 Years 8 Months

## WEIGHT

3.24 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Sarah Colborne

## HOSPITAL NAME

Riverside Small AH

## REFERRING VET

Dr. Sarah Colborne

## INVOICE

36060

## DATE

2/28/26

## PRESENTING CLINICAL SIGNS

- Seen Feb 3rd for PU/PD, urinary incontinence - Has resolved since then
- Resting cortisol - Normal
- Repeat Lytes today: WNL

Abnormal PE/Chem/CBC/UA Results: CBC - Largely unremarkable aside from very mild thrombocytosis (similar to last BW in 2023) Chemistry -Mild elevated SDMA, renal values normal (Creat 101, Urea 9.7). Markedly elevated ALP (1034), mild ALT elevation (131). Moderate hyperkalemia (6.5mmol/L) Na:K LOW at 22, mild hypochloremia 102mmol/L. Marked hypercholesterolemia (19mmol/L T4 - 6.7 (low) UA results: USG 1.022, pH . Moderate proteinuria (100gm/dL). Otherwise inactive sediment. NEGATIVE for glucose. No evidence of UTI. Poss occ hyaline casts. UPCR results: UPC = 1.4 UPC

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

A small **urinary bladder** calculus/sand granule was noted, measuring 0.2 cm, and a separate calculus measuring 0.27 cm. The urine was anechoic otherwise.

The **left kidney** revealed multiple calculi, infarcts and remodeling. The calculi were corticomedullary and pelvic yet nonobstructive at the time of the sonogram. The left kidney measured 2.85 cm.

A 0.56 cm pelvic calculus was noted in the **right kidney**. Slight pyelectasia, cortical infarcts, and remodeling were also noted. The right kidney measured 3.4 cm. A cortical cyst was noted in the right kidney as well. Minor microcystic changes were noted.

### *Adrenal Glands*

Both **adrenal glands** appeared subjectively swollen yet measurably normal. Potential emerging PDH may be an issue in this patient. The right adrenal gland measured 0.4 cm at the caudal pole and 0.35 cm at the cranial pole. The left adrenal gland measured 0.39 cm at the caudal pole and 0.41 cm at the cranial pole.

### *Spleen*

The **spleen** was normal size and contour with multifocal areas of hemosiderin plaques or mineralization, not pathological.

### *Liver*

The **liver** revealed a uniform vacuolar hepatopathy pattern. The mid liver revealed a hypoechoic 0.48 cm nondisruptive nodule, a less discrete 1.5 cm nondisruptive nodule in the left lateral liver, and a hyperechoic nodule in the left lateral liver, all of which appear subjectively benign. Minor gallbladder polyps and slight striating bile were 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 demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.



**PATIENT**

*Pancreas*

Gambler Kutschera

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.

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

Toy Poodle

- Subjectively benign hepatopathy with undefined nodular changes
- Small bladder sand
- Moderate degenerative renal changes with cortical cyst, infarcts and moderate renal calculi (nonobstructive)
- Mineralized spleen or hemosiderin plaques, not pathological
- Subjectively swollen yet measurably normal adrenal glands- potential emerging PDH may be an issue in this patient.

**SEX**

Neutered Male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

13 Years 8 Months

The liver changes are likely benign, however, should be ideally sampled with ultrasound guided 25-gauge FNA or monitored. If all cushingoid signs are present and urine specific gravity is persistently <1.020, then work up for PDH is indicated. Note that the kidneys appear to be approximately 50-60% compromised, may be embedding bacteria within the calculi and chronic changes. The patient is likely passing calculi periodically. Given the azotemia, 72 hour IV fluid protocol is warranted to correct any azotemia that may be present.

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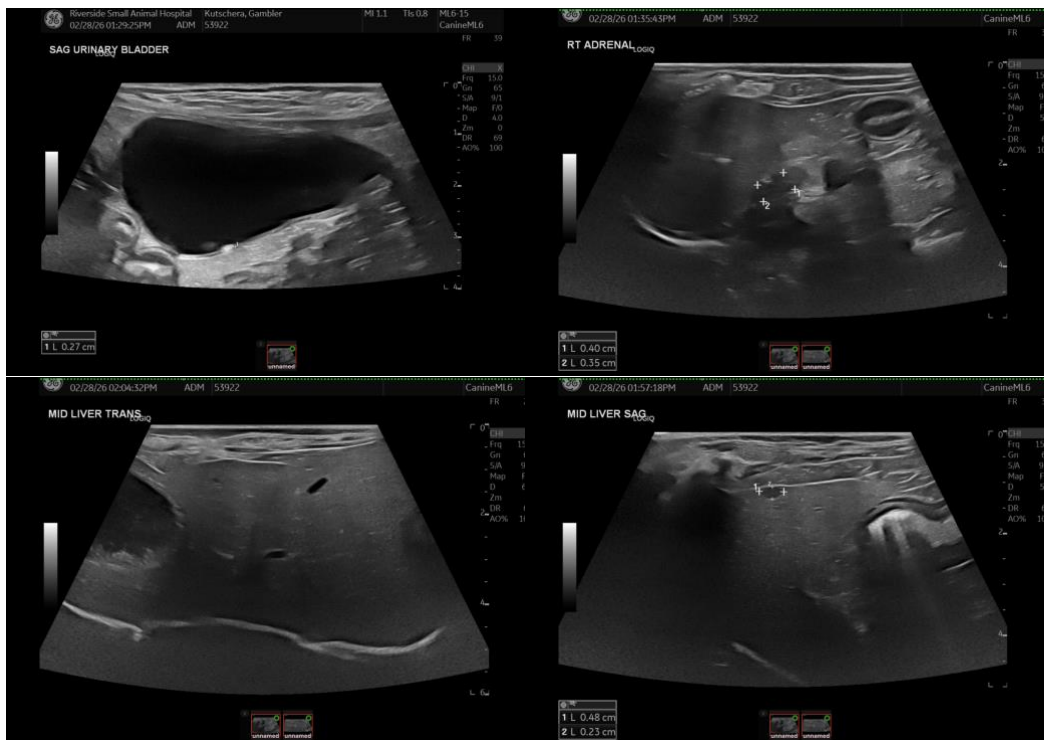
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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