



PATIENT

Olive Barna

SPECIES

Canine

BREED

French Bulldog

SEX

Spayed Female

AGE

9 Years

WEIGHT

21.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (Canine &
Feline), Cert. IVUSS

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Four Corners AH

REFERRING VET

Dr. Anderson

INVOICE

36192

DATE

3/10/26

PRESENTING CLINICAL SIGNS

- Urinating blood clots
- Has been on 2 courses of antibiotics, starts urinating blood once off antibiotics
- Had an in house ultrasound of bladder no abnormal findings
- Rads to R/O stones, no stones present at time
- Meds: Gaba as needed, Thyro tab 0.7 mg 1/2 tab po SIDm also recently started urinary diet
- Abnormal PE/Chem/CBC/UA Results: UA results from 2/11/26: WBC 0-2, RBC 6-10, Mod. Rods 9-40/HPF, all other BW w/ in Normal limits.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and trigone presented normal thicknesses and normal tone. No uroliths or sediment were visualized and anechoic urine was present. Ureteral papillae were normal. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction. The proximal urethra was unremarkable, yet some slight heterogenous tissue changes were noted in the urethra. The iliac trifurcation was unremarkable. Uterine stump was unremarkable.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 this age patient. Medullary structure differed distinctly from that of the cortex, and no evidence of pelvic dilation was present. The right kidney measured 4.8 cm. The left kidney measured 4.8 cm.

Adrenal Glands

A **left adrenal gland** nodule (0.85 cm x 0.5 cm) was noted at the caudal pole. The left adrenal gland measured 1.77 cm x 0.43 cm at the cranial pole and 0.65 cm at the caudal pole.

The **right adrenal gland** was slightly enlarged yet uniform. The right adrenal gland measured 1.8 cm x 0.93 cm at the cranial pole and 0.61 cm at the caudal pole. No evidence of vascular invasion.

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



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The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular tracts were of normal volume and no evidence of congestion was noted. Mild overdistention and some striations of bile was noted in the gallbladder.

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.

Pancreas

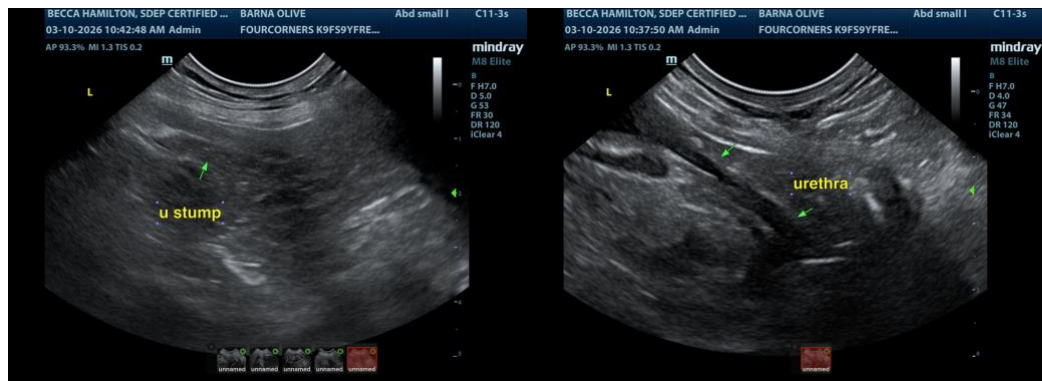
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation, then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

- Low grade immature gallbladder mucocele likely medically manageable.
- Prominent adrenals with nodule on the left
- Slight heterogenous tissue changes in the urethra
- Age-related renal, hepatic, and pancreatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ursodiol therapy is indicated over a 6–8-week period. If clinical signs persist despite medical management, then cystoscopy is indicated. Management for UTI is warranted and recheck sonogram in 4 weeks. Examination of the vaginal vestibule for predisposing issues or potential neoplastic process that may be further caudal than the visible pelvic urethra sonographically. If any evidence of adrenal disease, endocrinopathy or hypertension are present, then adrenal work up is indicated.





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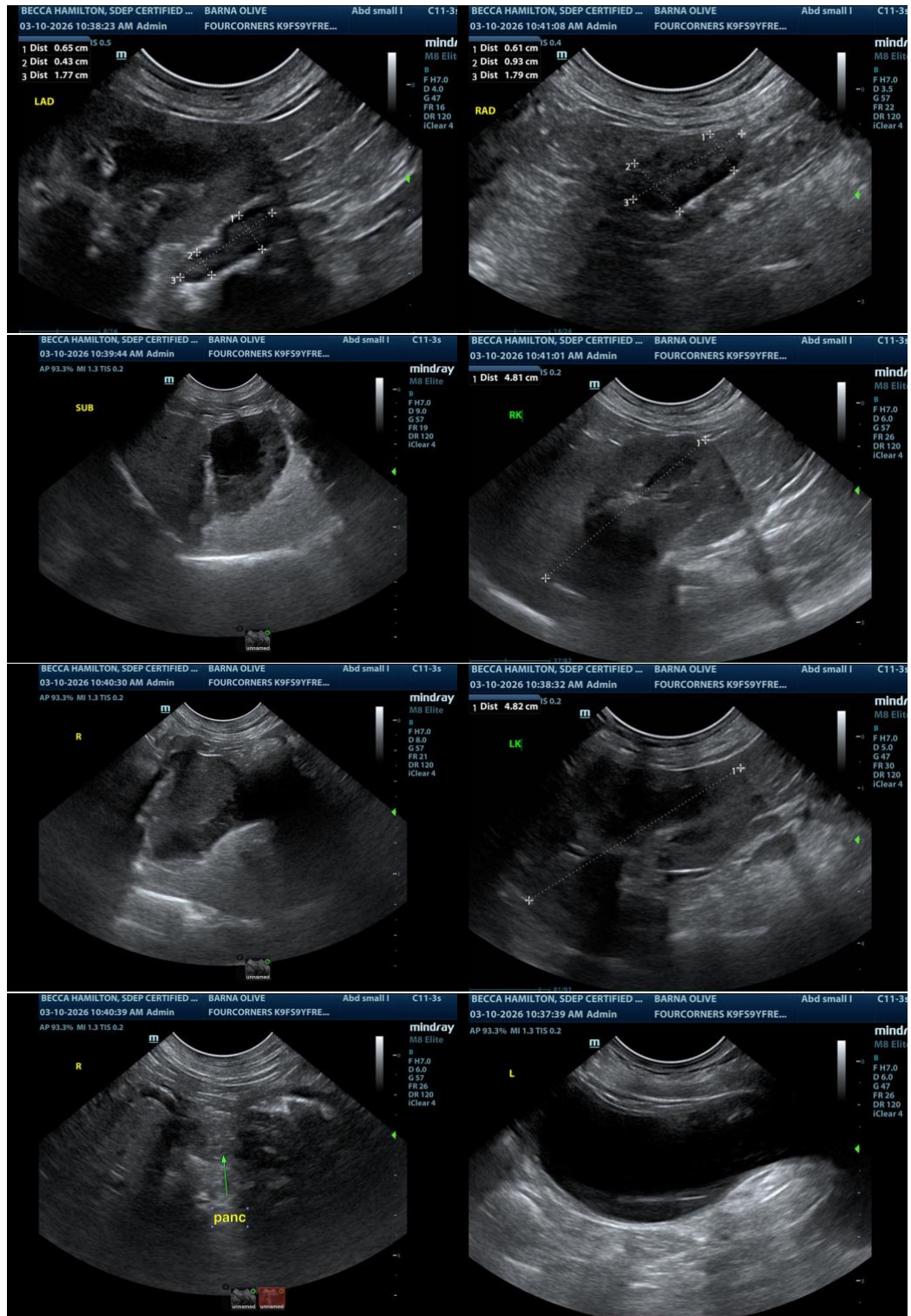
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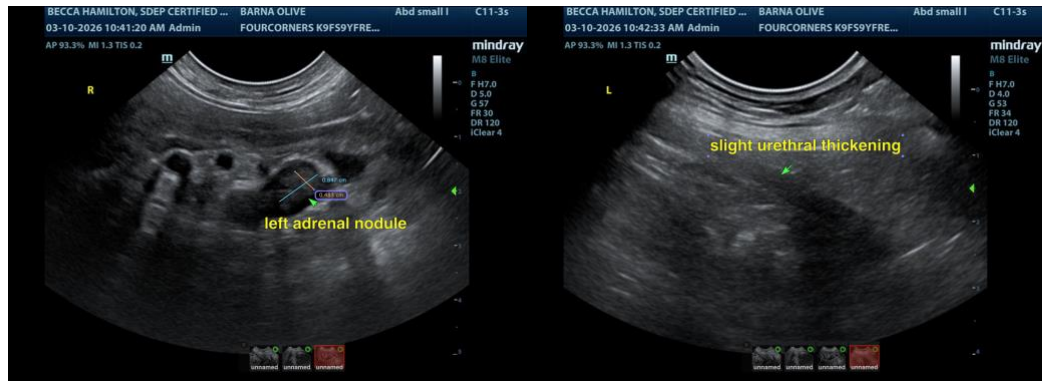
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

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