



## PATIENT

Joy Noone

## SPECIES

Canine

## BREED

Labrador Retriever Mix

## SEX

Spayed Female

## AGE

9 Years

## WEIGHT

74.5

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Carlos Abdul-Chani

## HOSPITAL NAME

Byram Animal Hospital

## REFERRING VET

Dr. Maria Cruz

## INVOICE

14242

## DATE

03/11/26

## PRESENTING CLINICAL SIGNS

- Anemic, weakness, hematuria, lethargy. R/O abdominal neoplasia
- Current Meds: Tribissen 960 mg BID

Abnormal PE/Chem/CBC/UA Results: SGOT - 78 / Lipase - 393 CBC = WBC - 16.4 / RBC - 4.7 / HgB - 11.9 / HCT - 32 ON 3/10/2026 ; HCT - 24 on 3/11/2026 Abnormal UA: Results not in yet.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder** itself was unremarkable other than suspended debris. However, the deep pelvic urethra revealed a slight tissue proliferation and focal areas of mineralization initiating approximately .5 cm distal from the cystourethral junction. There is strong concern for emerging carcinoma or urethritis.

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 7.92 cm in length. The right kidney measured 7.3 cm in length.

### Adrenal Glands

Both **adrenal glands** were 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. The left adrenal gland measured 2.67 cm x 0.64 cm width at the cranial pole and 0.82 cm width at the caudal pole. The right adrenal gland measured 2.33 cm x 1.04 cm width at the cranial pole and 0.57 cm width at the caudal 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 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



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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**

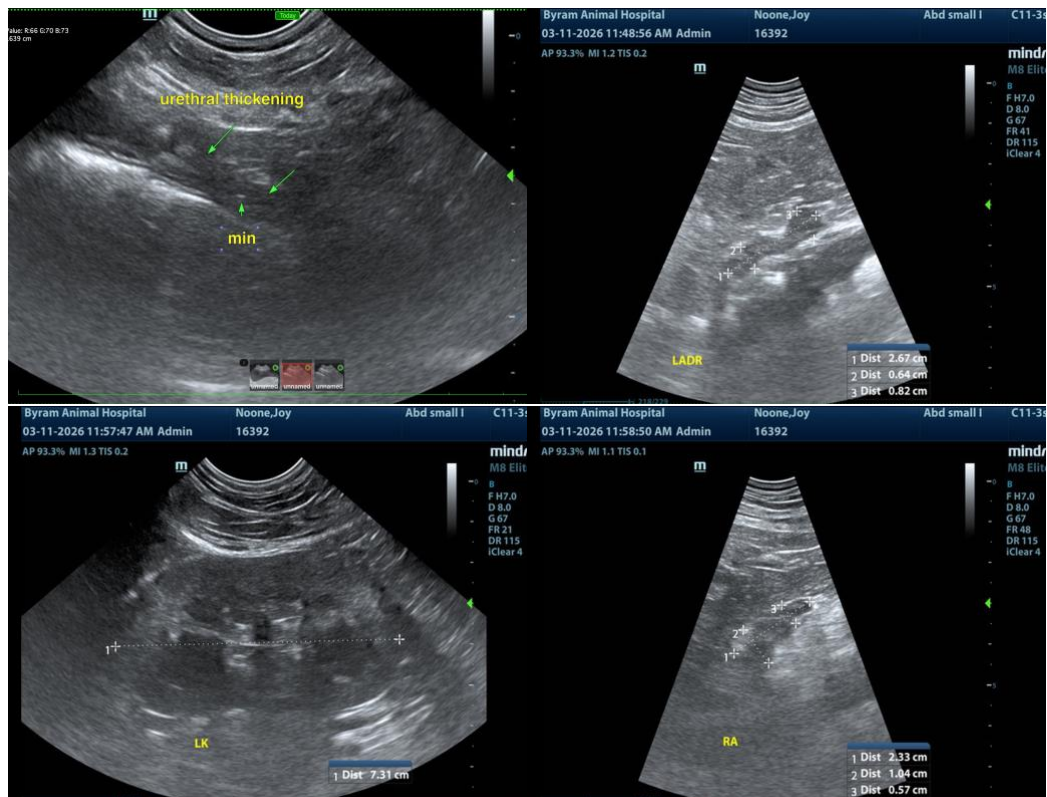
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Suspect urethral tumor.
- Urinary bladder debris.
- Age-related abdominal changes otherwise.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Cystoscopy would be ideal. BRAF testing is indicated for further imaging with high resolution linear probe may prove fruitful and for further definition. Cytospin of free catch urine sample is recommended to assess for carcinoma versus urethritis.





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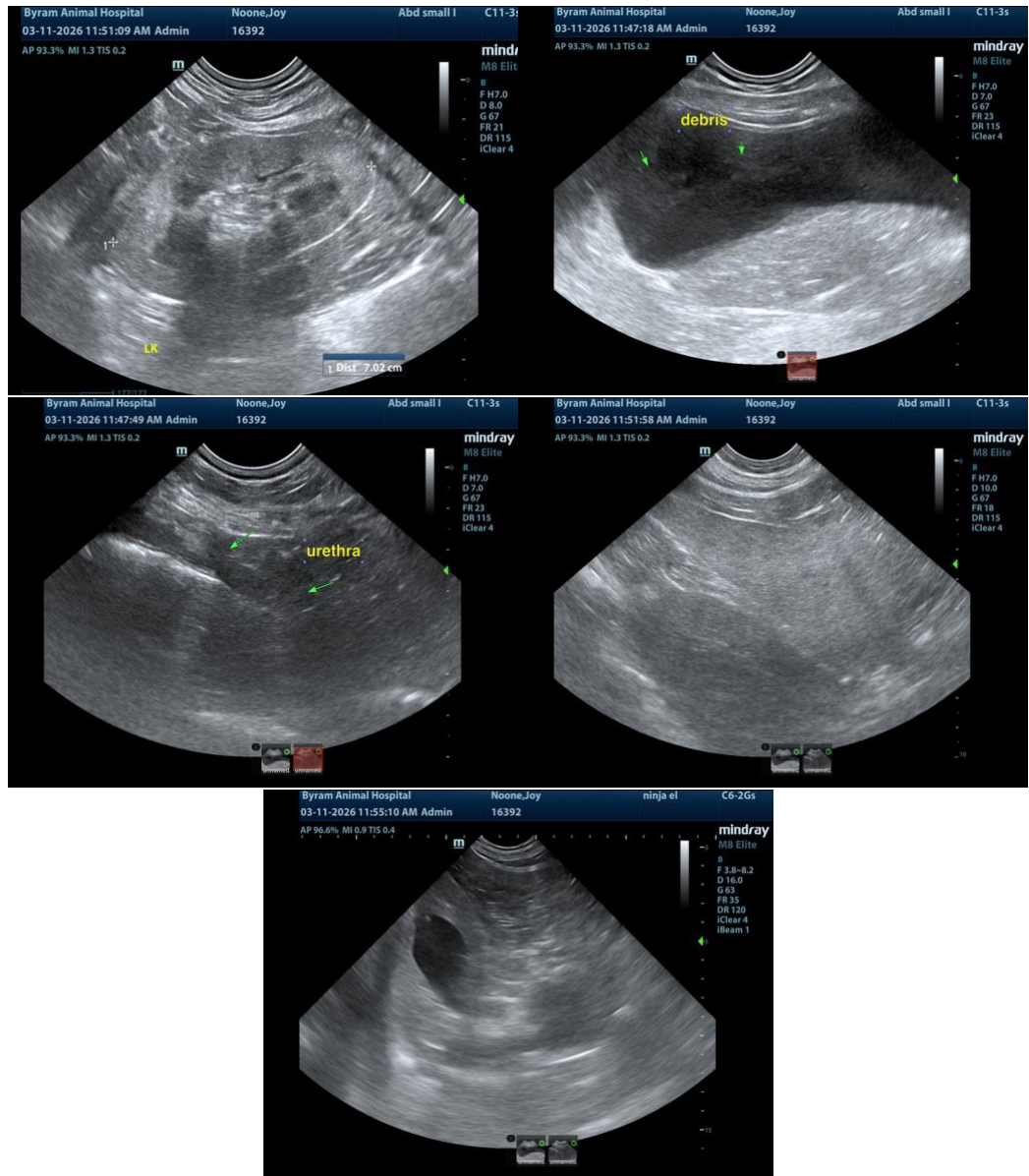
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,

CEO, Owner, Founder -- SonoPath.com

[info@SonoPath.com](mailto:info@SonoPath.com)



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