



PATIENT

Muffy Radley

SPECIES

Canine

BREED

Yorkie x

SEX

Spayed Female

AGE

13 Years

WEIGHT

3.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Carlie Koltek, RVT

HOSPITAL NAME

Tuxedo Animal
Hospital

REFERRING VET

Dr. Trindade

INVOICE

73661

DATE

3/13/26

PRESENTING CLINICAL SIGNS

Stable IRIS stage 2 CKD patient. Has lost BCS and weight (was 3.9kg in Jan 2025, now 3.2kg). Good appetite, no V/D. Current meds: Amlodipine 0.625mg SID, enalapril 2.5mg BID. Current diet: Hills KD, low fat diet when panc flares up. Looking for reason for panhypoproteinemia (PLN, PLE, or other possible neoplastic conditions)

Abnormal PE/Chem/CBC/UA Results: T:37.9 HR:120bpm RR normal CBC/CHEM/UA (Feb 2026): RBC $4.8 \times 10^{12}/L$ (5.8 - 8.9) HCT 0.37 L/L (0.41 - 0.6) HGB 122 g/L (146 - 217) Retic 19.2 K/ μ L (21 - 140) Retic HGB 28.4 (23.8 - 28.3 pg) SDMA 23 μ g/dL (0 - 14) TP 50 g/L (55 - 75) ALB 25 g/L (27 - 39) GLOB 25 g/L (24 - 40) UPCR 0.9 (0-0.20) Cystatin B (Urine) 705 ng/mL (0 - 99) QPLI and T4 WNL 4dx neg U/A: USG 1.030, pH 5.5, protein 2+, hyaline casts avg BP: 147mmHG

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra 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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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. Mineralization noted in both kidneys, non-obstructive. Left kidney measured 2.7 cm. Right kidney measured 2.8 cm. Trace pyelectasia noted in both kidneys.

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. Left measured 0.52 cm at the caudal pole and 0.57 cm at the cranial pole. Right measured 0.56 cm at the caudal pole and 0.59 cm at the cranial pole.

Spleen

The **spleen** presented mild uniform enlargement and was folded upon itself cranially, not pathological.

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. Coalescing gallbladder polyps noted, a grouping of which measured approximately 1.5 cm, not pathological. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.



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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

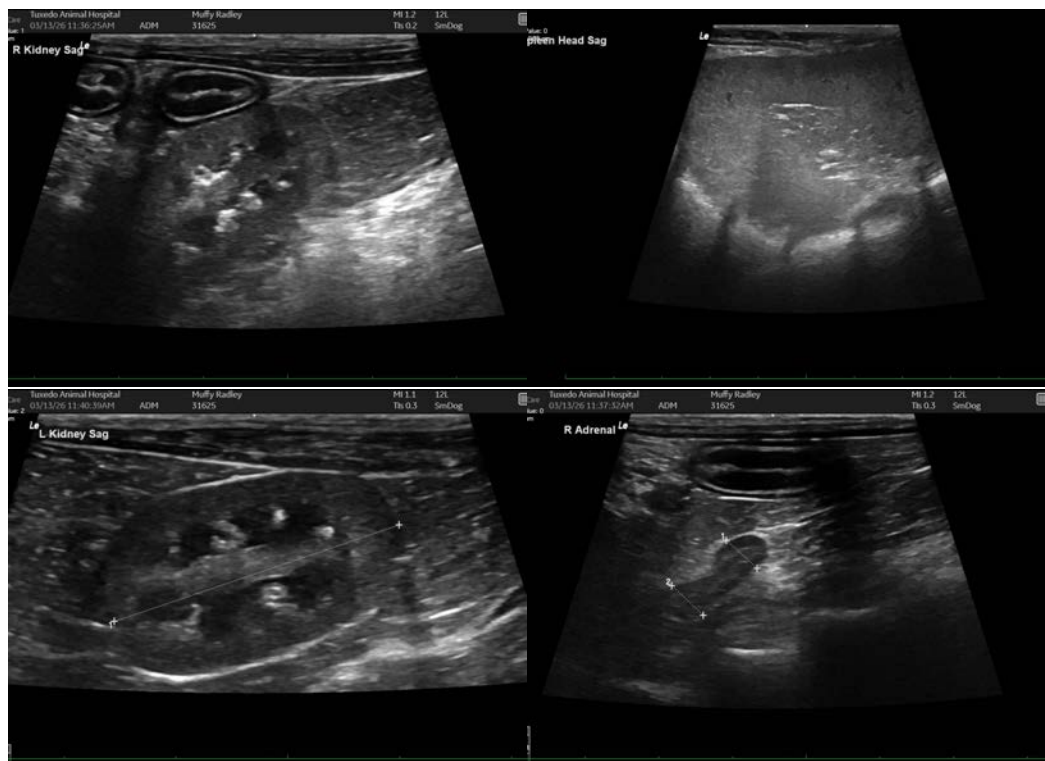
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Moderate degenerative renal disease, non-specific, with pinpoint mineralizations and trace pyelectasia.
- Mildly enlarged, folded spleen.
- Vacuolar hepatopathy pattern.
- Gallbladder polyps, not pathological.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The renal presentation may be periodically exacerbated by passage of small calculi, yet no obstructive disease noted at this time. Degenerative changes do not appear subjectively end stage at this point. Managing hypertension, hydration, any evidence of infection indicated as well as renal oriented diet.





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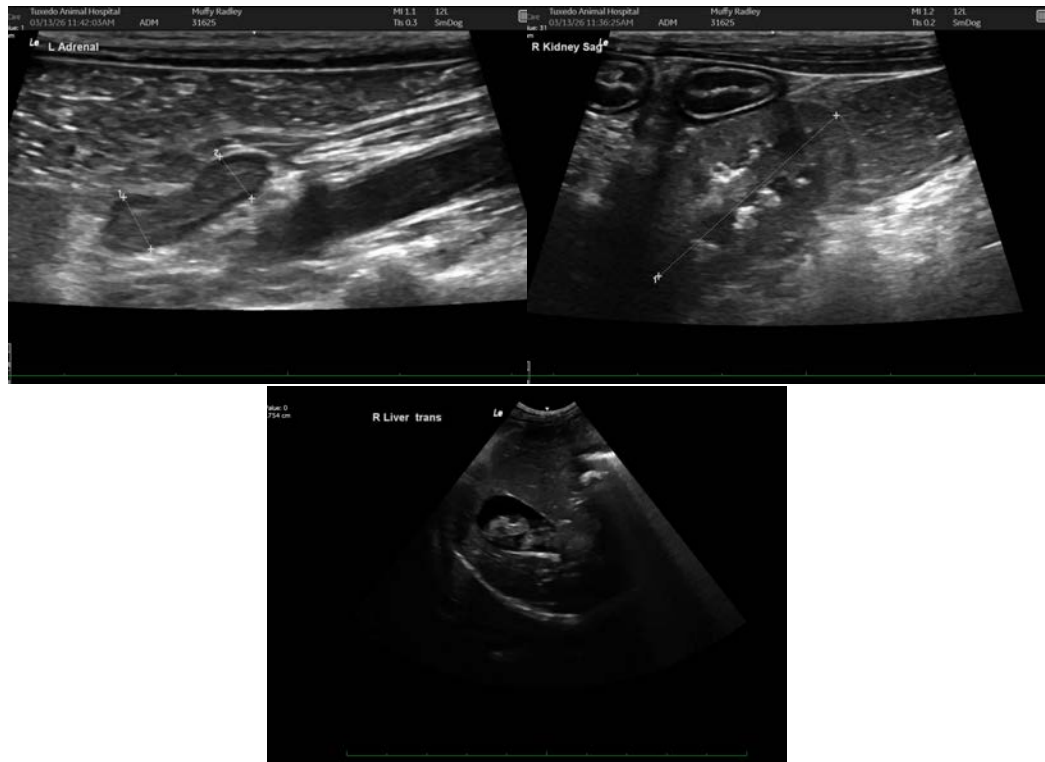
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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