



## PATIENT

Felicity Martin

## SPECIES

Canine

## BREED

Doodle/Poodle Mix

## SEX

Spayed Female

## AGE

18 Months

## WEIGHT

48 Pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Alicia L. Walter, DVM

## HOSPITAL NAME

Alicia Walter, DVM

## REFERRING VET

Alicia L. Walter, DVM

## INVOICE

36423

## DATE

3/28/26

## PRESENTING CLINICAL SIGNS

Repeated episodes of cystitis. Recessed vulva, redundant skin fold dorsal to vulva.

Abnormal PE/Chem/CBC/UA Results: Urine specific gravity 1.005.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The **urinary bladder** revealed ventral wall thickening with attached debris and potential air accumulation. Wall thickness measured up to 0.8 cm. The measurement of the bladder was taken at mild repletion. A trace amount of sand was noted and small calculi. A calculus presented minor shadowing, measuring 1.0 cm.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex, and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 4.3 cm. The right kidney measured 6.5 cm.

### *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 right adrenal gland measured 1.65 cm x 0.4 cm at the cranial pole and 0.3 cm at the caudal pole. The left adrenal gland measured 2.26 cm x 0.37 cm at the cranial pole and 0.35 cm 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*

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.



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## 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

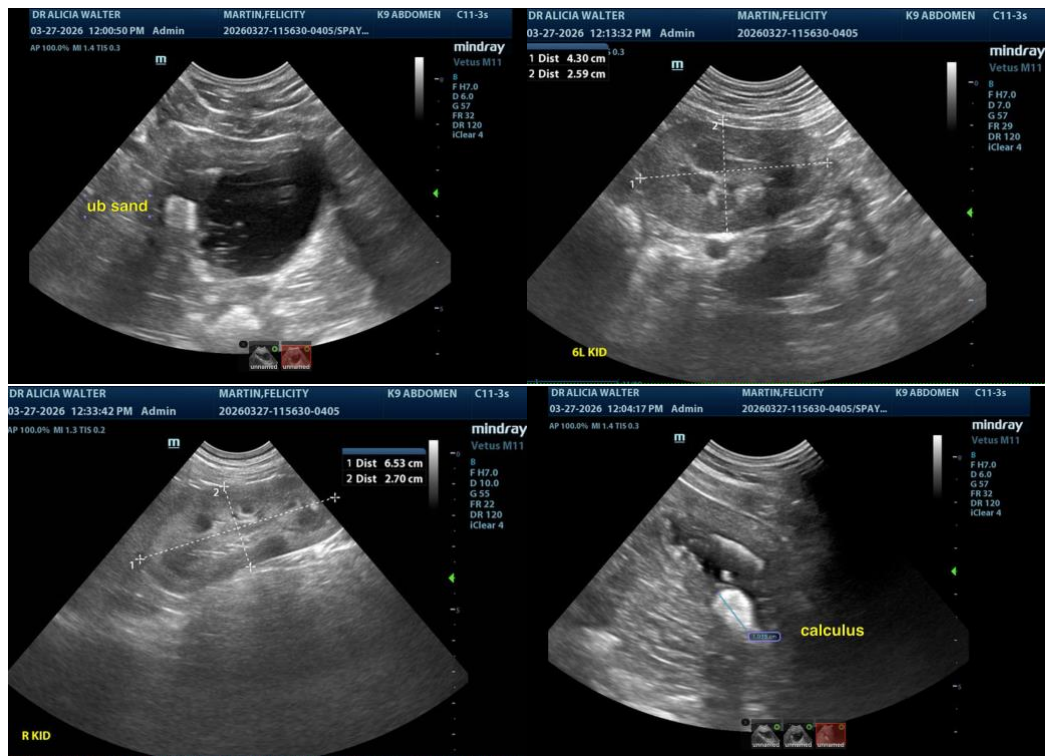
- Bladder sand, calculi and wall thickening, consistent with cystitis. Potential air accumulation.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cystocentesis, aerobic and anaerobic culture, and 6-week antibiotic therapy is recommended. Potential correction of the recessed vulva is indicated. Dissolution protocol based on urinalysis, sediment and pH. The sand appeared to be minimal and should be amenable to additional medical management.

For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>





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**SEX**

Spayed Female

**AGE**

18 Months

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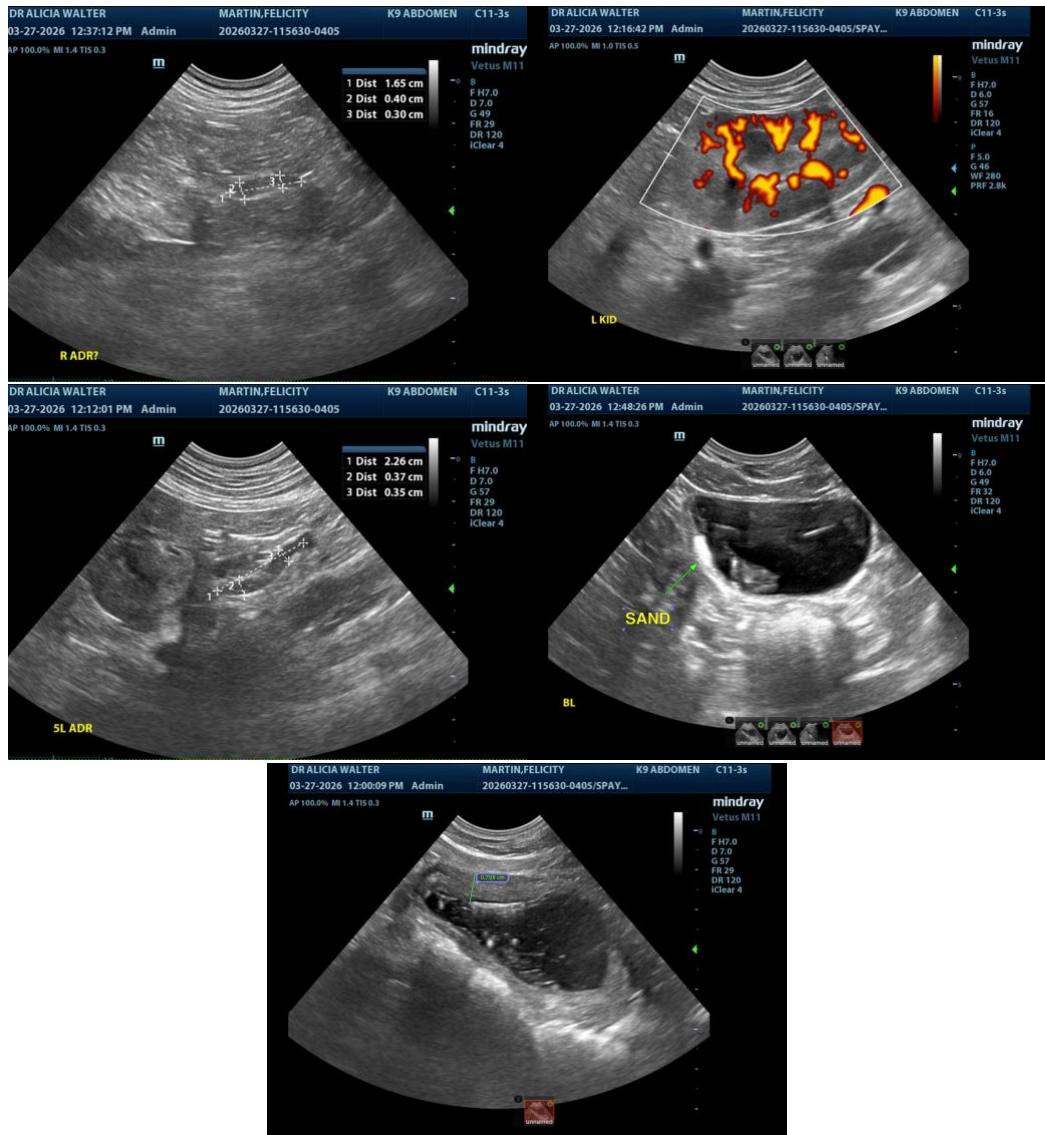
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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