



PATIENT

Miles Winchenbach

SPECIES

Canine

BREED

Miniature Poodle

SEX

Neutered male

AGE

7 years

WEIGHT

14.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Brandi Barry

HOSPITAL NAME

Bluegrass AH

REFERRING VET

Dr. Barry

INVOICE

78363

DATE

3/27/26

PRESENTING CLINICAL SIGNS

- Patient presents for UA intermittently due to recurrent episodes of inappropriate urination at home. Owner reports that patient goes through phases where he has urinary accidents in the house overnight or first thing in the morning (full void).
- Owner also describes generalized anxiety with patient at home, which has become progressively worse. Started treatment with Reconcile last week.
- Previously diagnosed with Cushing's disease on ACTH stim 4/2024, but treatment was not initiated.
- Most recent labs and ACTH stim that was repeated 8/2025 were not suggestive of Cushing's disease.
- Normal appetite. No PU/PD.
- Abnormal PE findings: sinus arrhythmia and moderate hyperpigmentation of skin bilateral inguinal area and cranial to prepuce. UA performed 3/20/26 (voided sample): USG= 1.032. pH= 9.0. Trace protein. Inactive urine sediment. Labs performed 3/25/26: CBC: RETIC 126.4 (H) Chem17: CHOL 333 (H), AMYL 483 (L) Lytes: K 3.3 (L) TT4: 1.9 (N) UA performed 3/27/26 (cystocentesis sample): USG= 1.050. pH= 8.0. Protein 30mg/dL. Large amount of sediment present, but no bacteria detected.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight pinpoint mineralization was noted. The right kidney measured 4.98 cm. The left kidney measured 4.2 cm.

The residual prostate was uniform and measured 0.75 cm. The pre and post prostatic urethra were unremarkable and imaged up to 2.0 cm beyond the cystourethral junction.

The iliac trifurcation was unremarkable.

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 0.47 cm at the caudal pole and 0.53 cm at the cranial pole. The right adrenal gland measured 1.18 x 0.36 cm at the cranial pole and 0.28 cm at the caudal pole.



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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 was 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.

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

Unremarkable urinary tract and abdomen with slight pinpoint renal mineralization and bladder debris. Otherwise, unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Incomplete voiding may be an issue in this patient given the patient's history and extended debris. Resistant, recurrent UTI may be an issue or periodic passage of calculi may be occurring given the clinical history. However, no obstructive disease was noted at the time of the sonogram.



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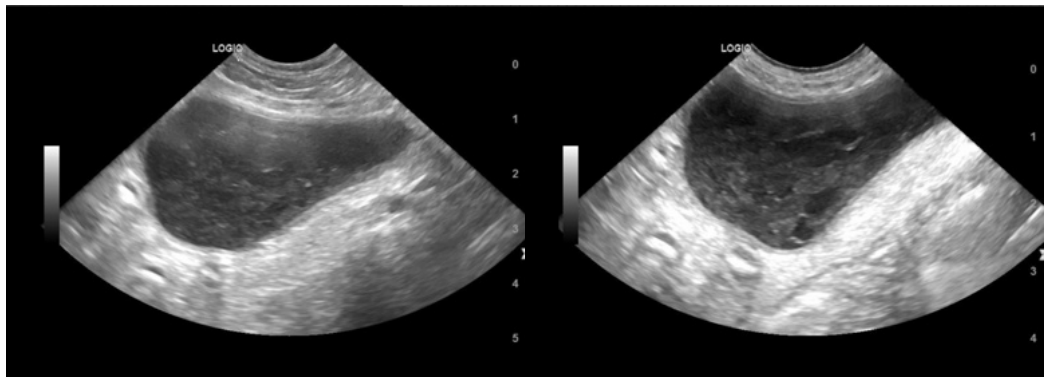
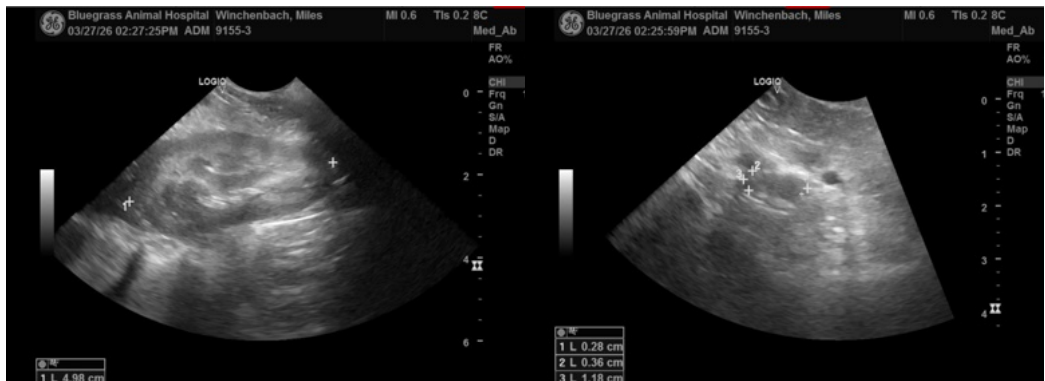
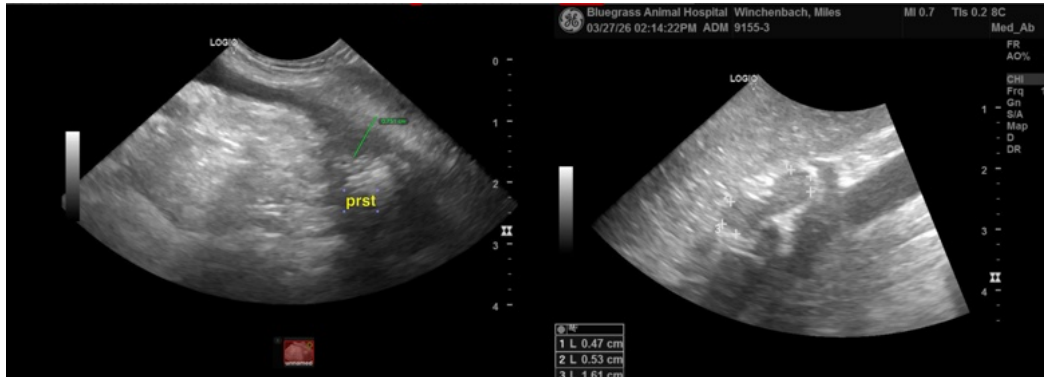
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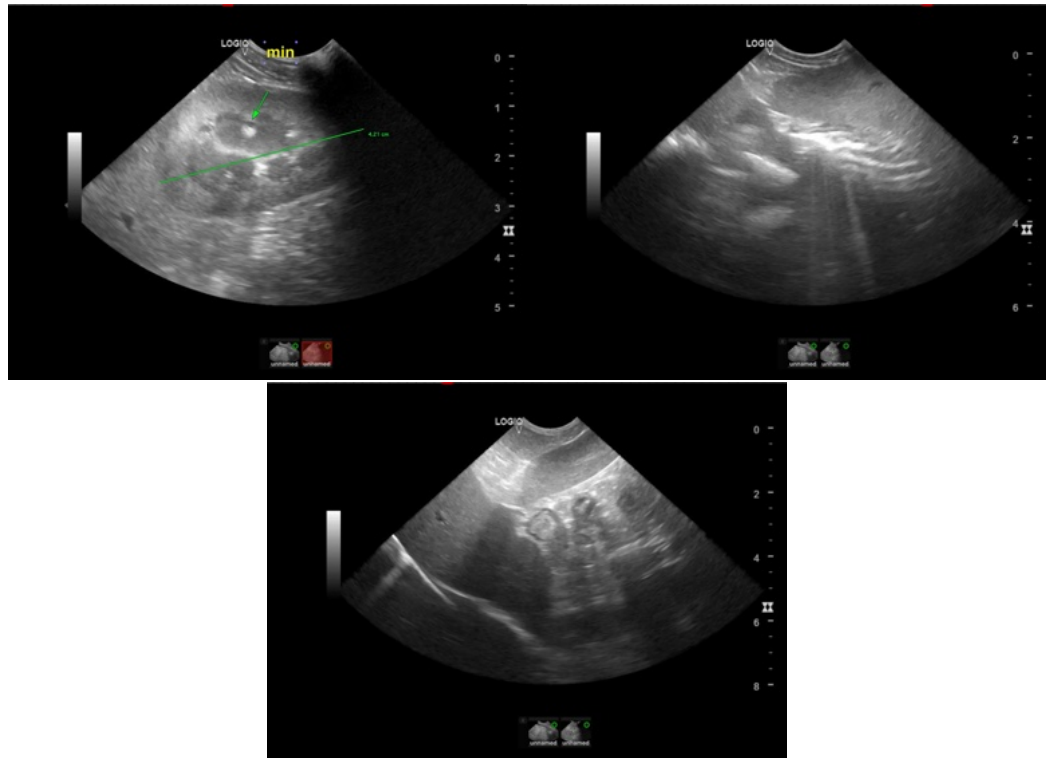
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (CFM), Cert. IVUSS, CEO of SonoPath.com

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