



## PATIENT

Willy Morley

## SPECIES

Canine

## BREED

Soft Coat Wheaton  
Terrier

## SEX

Neutered male

## AGE

8 years

## WEIGHT

25.1 kg

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Sarah Colborne

## HOSPITAL NAME

Riverside Small AH

## REFERRING VET

Dr. Colborne

## INVOICE

72274

## DATE

3/5/26

## PRESENTING CLINICAL SIGNS

- Polydipsic and presented for pre anesthetic bloodwork prior to lumpectomy
- Pre-anesthetic Bloodwork: Urea: 14 mmol/L (normal 2.5-9.6) Creatinine: 217 micromol/L (normal 44-159) Bilirubin: 17 micromol/L (normal 0-15) SDMA: 21 ug/dL (normal 0-14) Urinalysis (catheter sample): Urine Specific Gravity: 1.026 Protein: 500 mg/dL Sediment: Suspected hyaline and non-hyaline casts, occasional white blood cells, and occasional red blood cells were noted. UPC ratio elevated at 5.8

## 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 was noted. Ureteral papillae were normal.

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 5.63 cm. The right kidney measured 5.6 cm.

### Adrenal Glands

The left **adrenal** was slightly subnormal in size and slightly flattened measuring 0.41 cm at the cranial pole and 0.27 cm at the caudal pole. The right adrenal gland was normal in size and contour measuring 0.51 cm at the caudal pole and 0.8 cm at the cranial pole.

### Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself caudally and cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

### 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.



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### 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.

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### Pancreas

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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.

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Neutered male

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### ULTRASONOGRAPHIC FINDINGS

Subnormal and flattened left adrenal gland.

## WEIGHT

Unremarkable abdomen.

25.1 kg

## INTERPRETED BY

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

The cause of azotemia is unclear in this patient. Subacute renal insult is suspected, yet there was no evidence of significant degenerative changes from a sonographic perspective. Occult Leptospirosis, other infection toxin exposure, immune mediated disease is all possible. Doxycycline trial may be appropriate to cover for infectious agents.

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Internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

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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>

## REFERRING VET

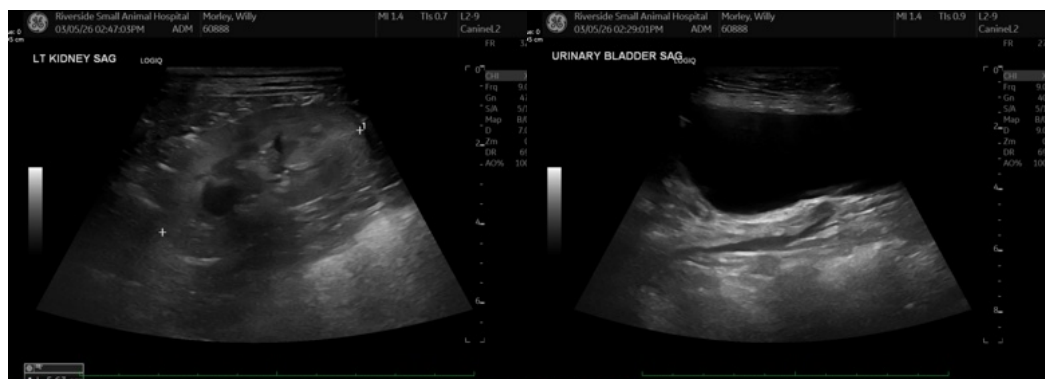
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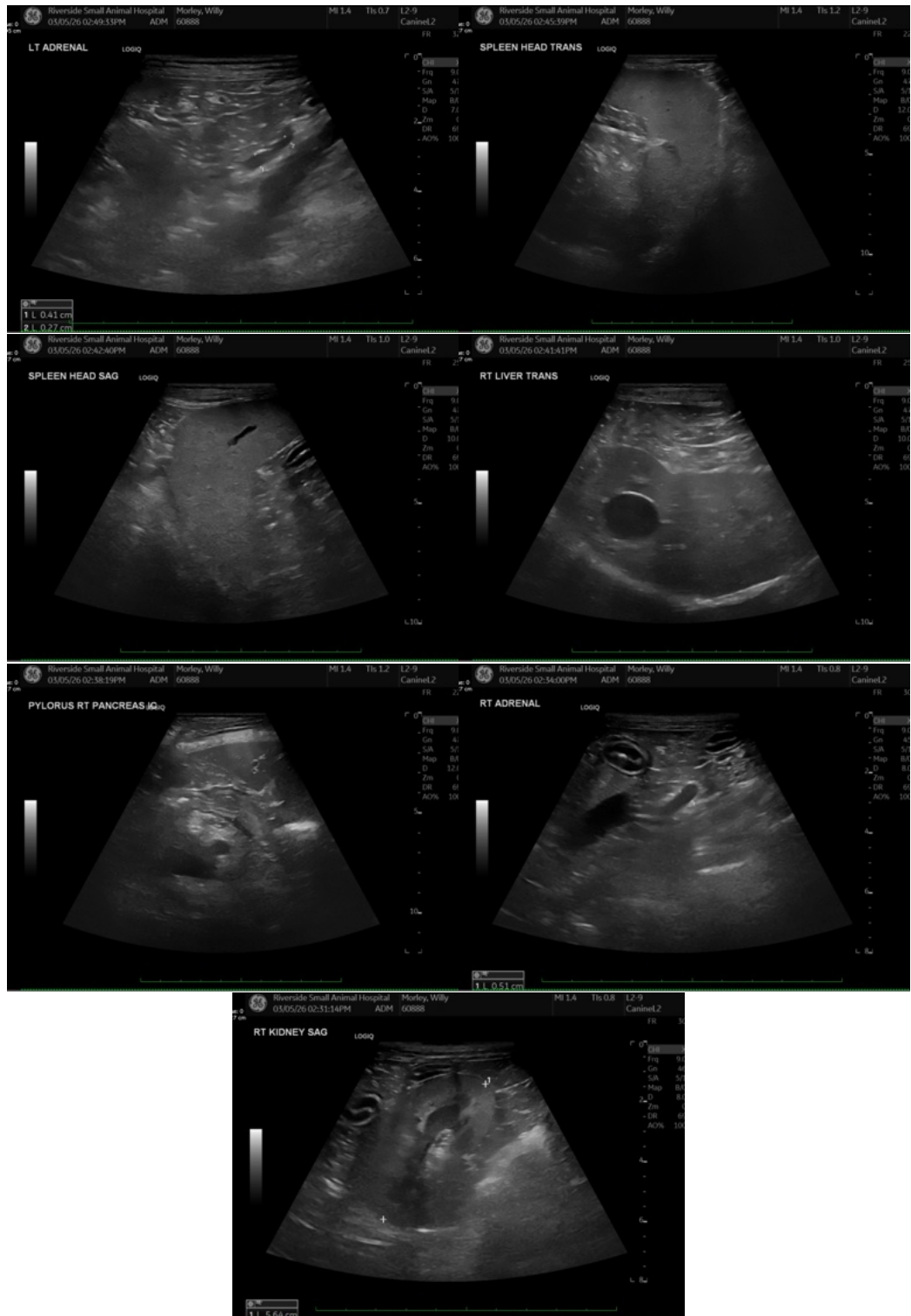
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The information and recommendations provided are based on the images presented by the



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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

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