



**PATIENT**

Zoe Maloney

**SPECIES**

Canine

**BREED**

Mix

**SEX**

Spayed Female

**AGE**

12 Years 9 Months

**WEIGHT**

18.6 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Chloe Lowe, CVT

**HOSPITAL NAME**

Martinsville Veterinary  
Hospital

**REFERRING VET**

Dr. Shendell

**INVOICE**

74143

**DATE**

4/2/26

**PRESENTING CLINICAL SIGNS**

Azotemic- r/o pyelonephritis. Diabetes mellitus. No insulin since Sunday. Normo-hypoglycemic presented. Vetoryl. Marbofloxacin began 3/31. Metronidazole began 3/31

Abnormal PE/Chem/CBC/UA Results: 3/30/26 BG 41, SDMA 27, Creat 3.8, BUN 125, cystatin B 720, phos 7.0, calcium 11.9, ALT 246 3/31 after fluid diuretics 8 hours SDMA 16, Creat 1.2, BUN 56, phos 4.2, Ca 10

**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** were normal in size and contour; however, a minor hyperechoic ring was noted at the corticomedullary junction. This is consistent with diabetic nephropathy. This is likely from glucosuria. However, assessment for proteinuria is also warranted. This is an idiopathic finding, but an expected finding in diabetic patients. Left kidney measured 4.66 cm. Right kidney measured 4.9 cm. Blood flow to the kidneys appear to be adequate on power doppler assessment.

**Adrenal Glands**

The **right adrenal gland** was 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. Right measured 2.26 cm x 0.44 cm at the caudal pole and 0.49 cm at the cranial pole.

The **left adrenal gland** was enlarged at the caudal pole (1.0 cm). Cranial pole measured 0.47 cm. Length measured 2.04 cm.

**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** 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. 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. Occasional hyperechoic lipid plaque noted.



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**Gastrointestinal**

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

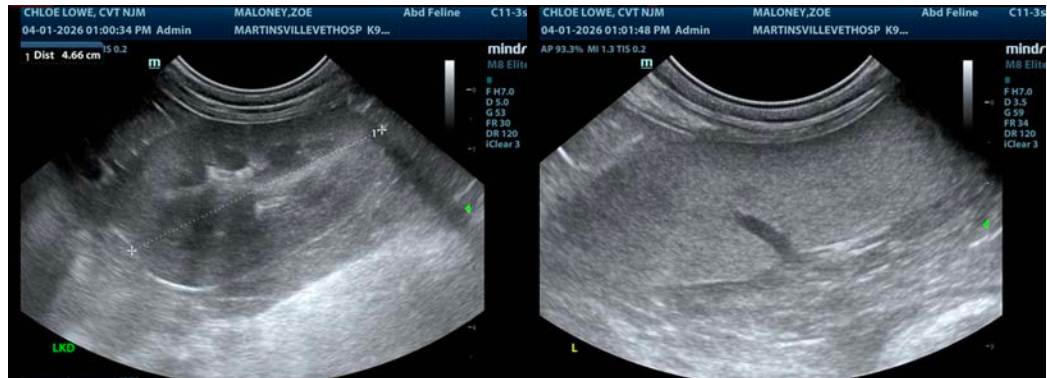
**ULTRASONOGRAPHIC FINDINGS**

- Swollen left adrenal gland – hyperplasia versus emerging carcinoma or pheochromocytoma.
- Diabetic nephropathy, mild.
- Vacuolar hepatopathy.
- Partially full stomach.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Serial blood pressure measurements are recommended in this patient. If hypertension is an issue metanephrine level is recommended. If the patient appears Cushingoid and urine specific gravity is less than 1.020 then work-up for adrenal dependent Cushing's is indicated. Recheck is recommended in 2-3 weeks to assess for any progression of the adrenal gland.

The degenerative changes in the kidneys appear to minor. Acute insult such as Leptospirosis, toxin exposure, metabolic insult should all be considered. 72-hour IV fluid protocol, urine culture and blood pressures all indicated.





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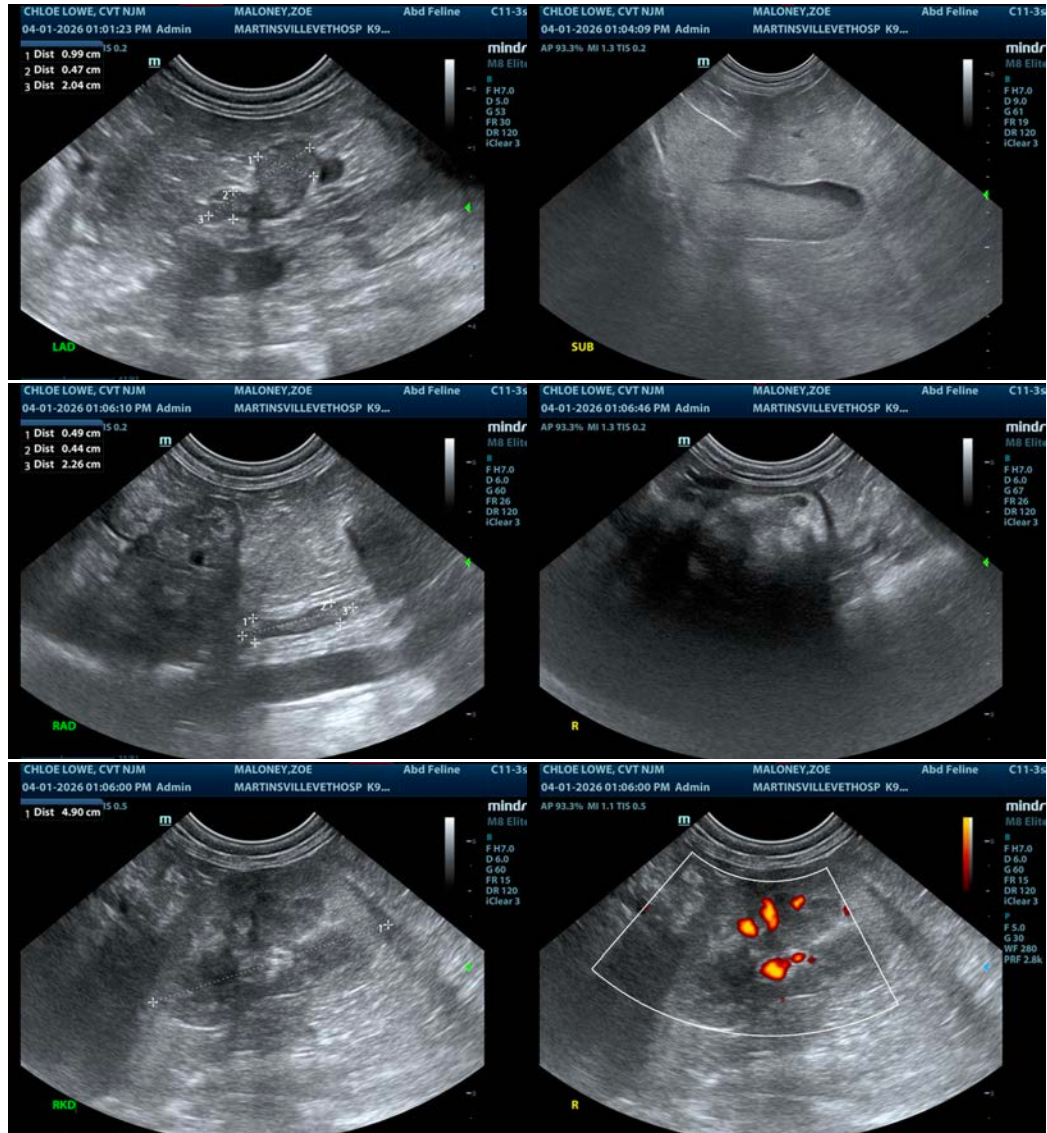
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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