



PATIENT

Sadie Mucci

SPECIES

Canine

BREED

Yellow Lab

SEX

Spayed Female

AGE

13 Years 11 Months

WEIGHT

83 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Franklin Lakes Animal
Hospital

REFERRING VET

Dr. P

INVOICE

15087

DATE

04/14/26

PRESENTING CLINICAL SIGNS

Recent UTI.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented with approximately 3.2 cm of sand accumulation with echogenic suspended debris consistent with probable UTI or probable struvite accumulation. Cystocentesis was performed without complication.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 and no evidence of pelvic dilation was present. The left kidney measured 7.18 cm in length. The right kidney measured 7.0 cm in length.

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 2.71 cm x 0.70 cm width. The right adrenal gland measured 2.8 cm x 1.18 cm width at the cranial pole and 0.50 cm width at the caudal pole.

Spleen

The **spleen** revealed multifocal heterogenous hyperechoic nodular changes consistent with lipid plaques without disruption of architecture.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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



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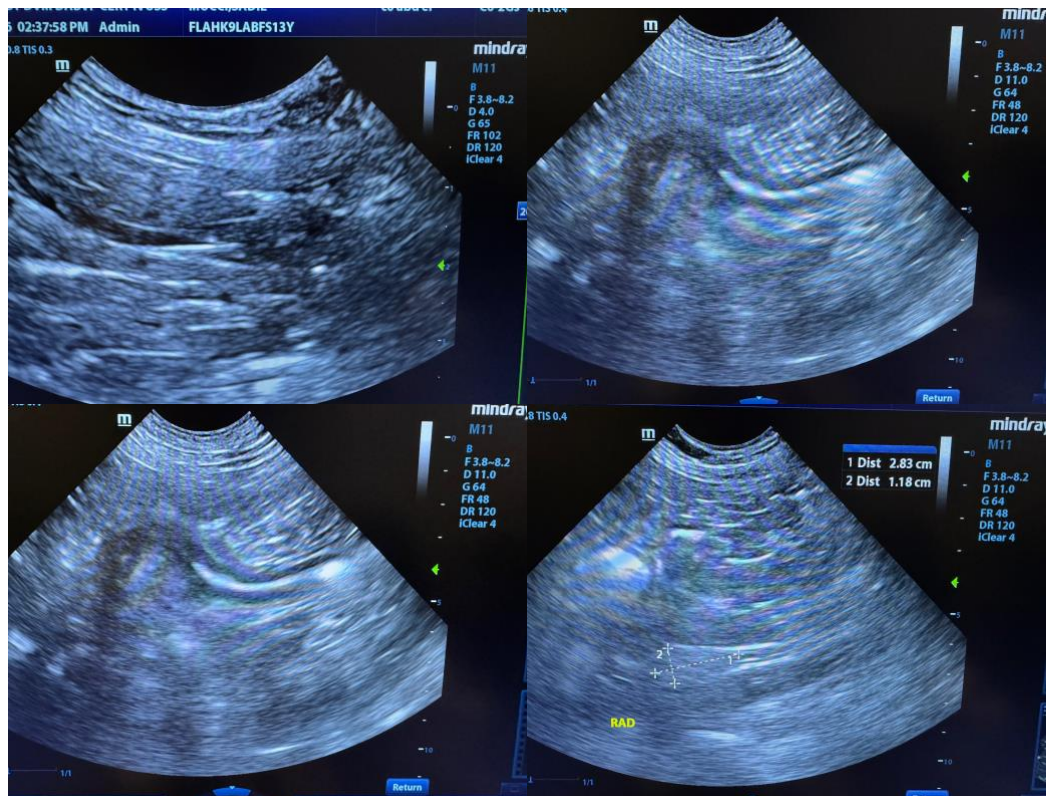
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Bladder sand/debris.
- Age-related abdominal changes with nodular hyperplasia splenic pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Medical management with dissolution protocol based on UA results is recommended. Recheck sonogram in six weeks. Examination of vaginal vestibule for predisposing issues is recommended.





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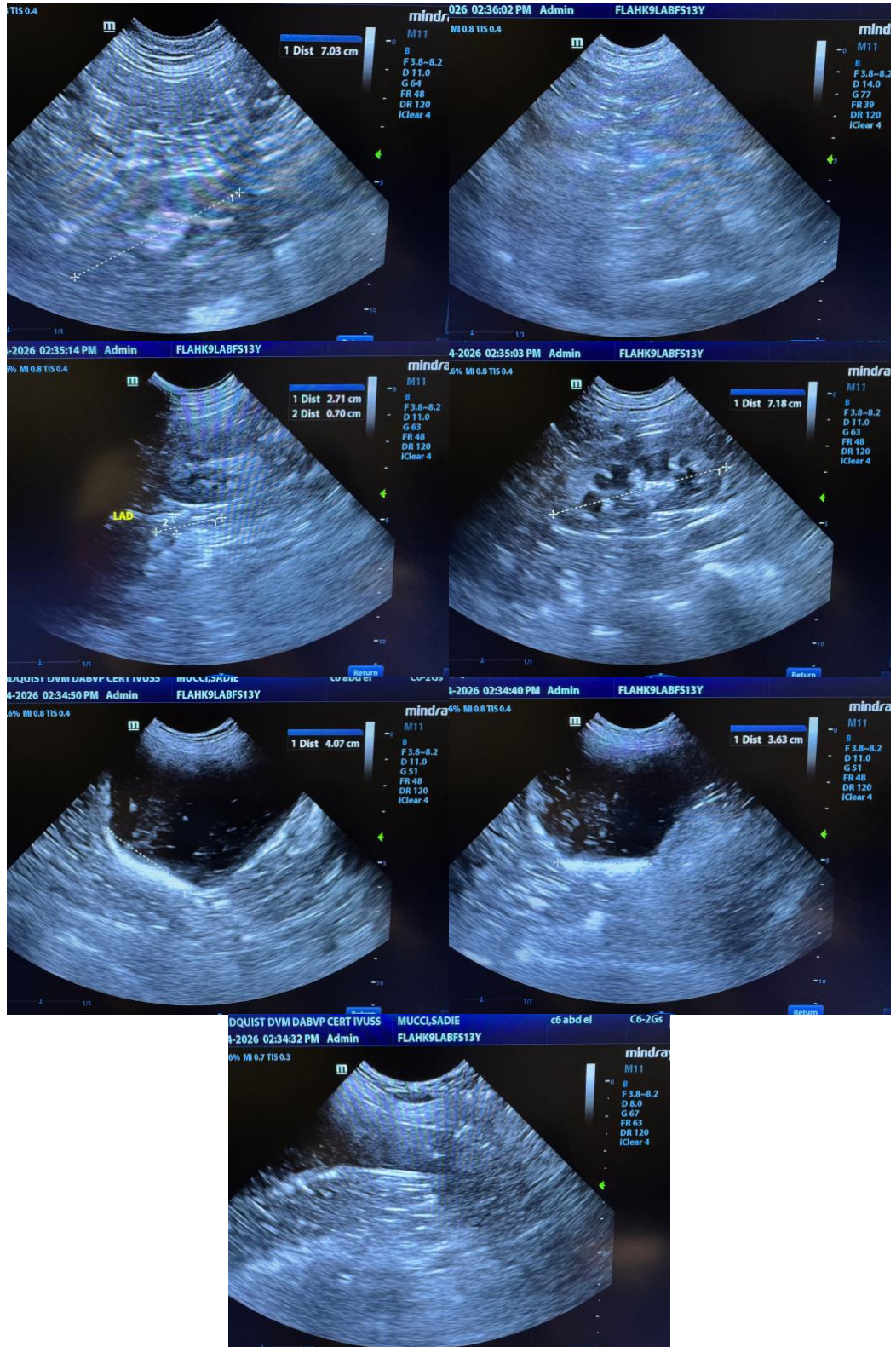
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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