



## PATIENT

Kadie Brady

## SPECIES

Canine

## BREED

Yorkshire Terrier

## SEX

Spayed Female

## AGE

15

## WEIGHT

5.4 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Burns

## HOSPITAL NAME

Wilvet Salem

## REFERRING VET

Dr. Burns

## INVOICE

74690

## DATE

4/23/26

## PRESENTING CLINICAL SIGNS

Owners are away in London and the pet sitter brought her in. Pet sitter noticed today P is very lethargic and is not e/d anything. P is semi blind/deaf. P also had D+ in her kennel and difficulty walking. Hx of liver/kidney issues.

Urinalysis: USG 1.050 (N), ph &, Protein 30 mg/dl, Gluc 50 mg/dl, WBC 2/hpf, RBC 30/hpf, no bacteria detected, suspect hyaline and non-hyaline casts present. BW: CBC: HCT 50.6 (N), WBC 17.35 (H), Neut 15.79 (H), Lymph 0.99 (L), Plt 243 (N) Chem: BUN 35 (H), Creat 1.4 (N), Glob 4.6 (H), ALT X (H), ALP 1.277 (H), GGT 19 (H), Cholest 472 (H) cPL: 619 (H)

## 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 1.0 cm beyond the cystourethral junction.

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Left kidney measured 3.3 cm. Right kidney measured 3.2 cm. Pinpoint mineralizations noted in the right kidney.

### Adrenal Glands

The **left adrenal gland** was enlarged at the caudal pole, adenomatous type swelling measuring 0.84 cm. Cranial pole measured 0.30 cm.

The **right adrenal gland** was mildly enlarged and nodular, measuring 1.3 cm at the cranial pole and 0.80 cm at the caudal pole.

### Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

### Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some 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. Minor gallbladder polyp noted at the neck. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be



## PATIENT

Kadie Brady

## SPECIES

Canine

## BREED

Yorkshire Terrier

## SEX

Spayed Female

## AGE

15

## WEIGHT

5.4 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Burns

## HOSPITAL NAME

Wilvet Salem

## REFERRING VET

Dr. Burns

## INVOICE

74690

## DATE

4/23/26

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

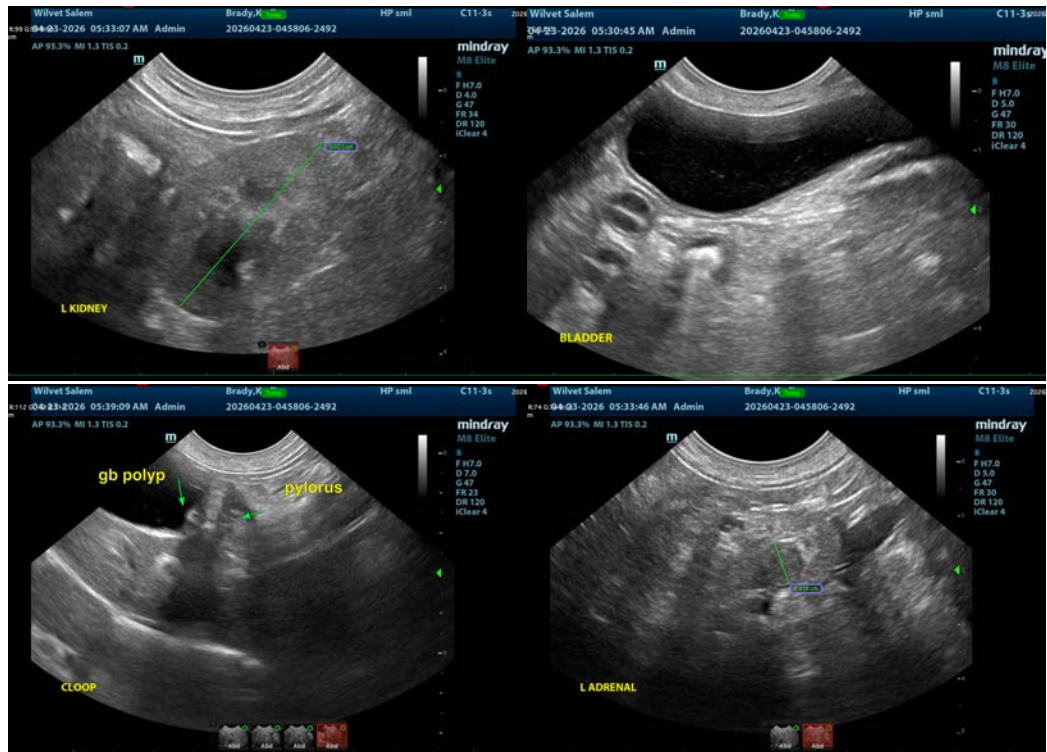
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

- Mildly enlarged, nodular adrenal glands – adenoma, adenocarcinoma, less likely pheochromocytoma.
- Age related renal and hepatic changes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant disease. The cause of lethargy is unclear. Other causes such as pain related disease, CNS or thoracic disease should all be considered.





**PATIENT**

Kadie Brady

**SPECIES**

Canine

**BREED**

Yorkshire Terrier

**SEX**

Spayed Female

**AGE**

15

**WEIGHT**

5.4 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Burns

**HOSPITAL NAME**

Wilvet Salem

**REFERRING VET**

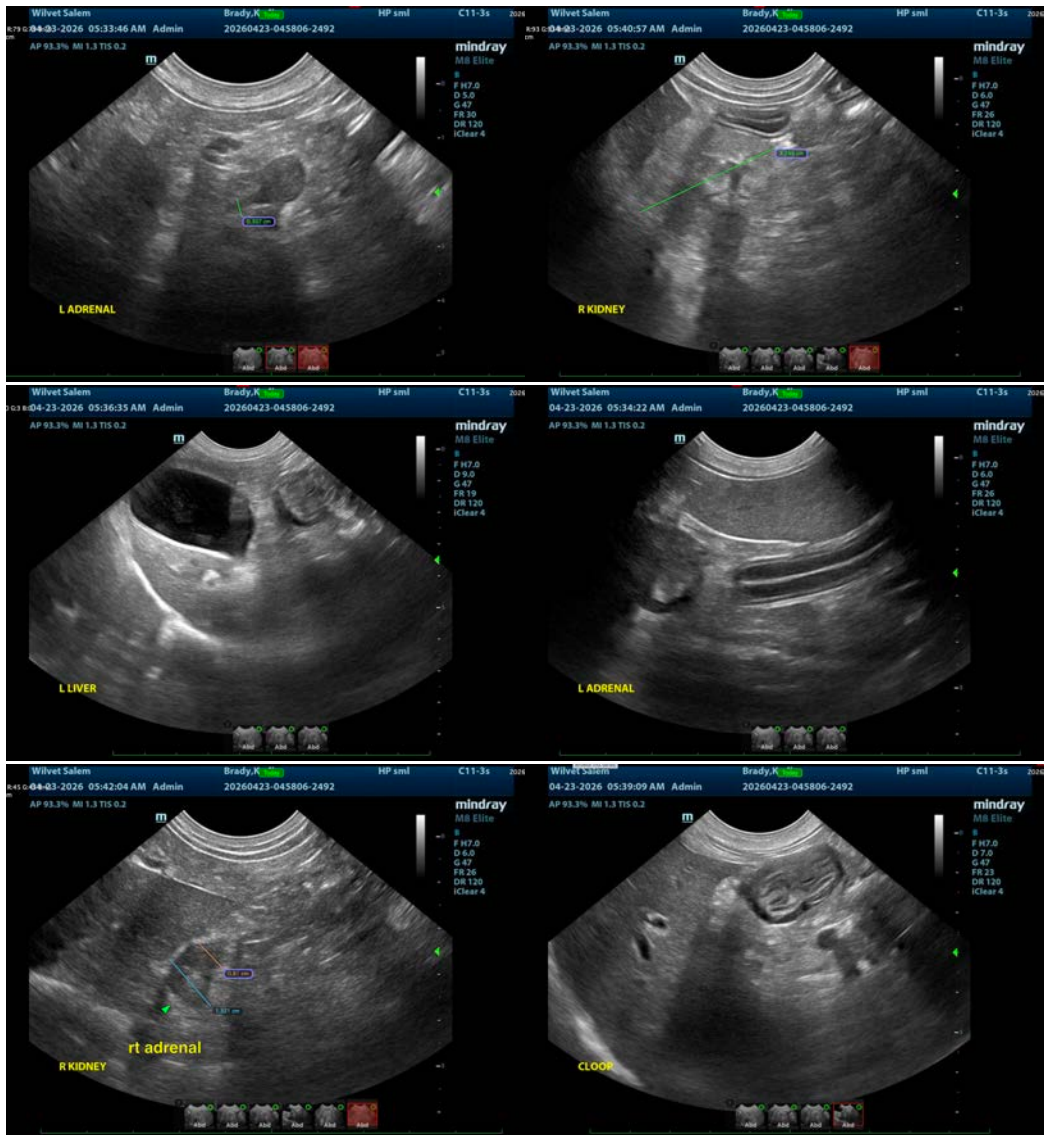
Dr. Burns

**INVOICE**

74690

**DATE**

4/23/26



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, Owner, Founder -- SonoPath.com  
[info@SonoPath.com](mailto:info@SonoPath.com)