



PATIENT

Kylie Doyle

SPECIES

Canine

BREED

Maltese

SEX

Spayed Female

AGE

9 Years

WEIGHT

7 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Beth Coe

HOSPITAL NAME

Riverside Animal Clinic

REFERRING VET

Dr. Beth Coe

INVOICE

15405

DATE

04/23/26

PRESENTING CLINICAL SIGNS

Bilateral hindlimb lameness. Patient in for sedated radiographs hips/stifles for suspect bilateral cruciate disease. Preanesthetic labs revealed mildly elevated ALKP and AST. No symptoms/complaints outside of lameness at home. Owner wanting to be proactive with imaging.

Abnormal PE/Chem/CBC/UA Results: ALKP 578, AST 67. ALT WRI. Mildly elevated TP. Glucose WRI. BUN/Crea WRI. PCV 43%. Rads hips/stifles/spine - multifocal OA/DJD stifles/patellas. Poss fracture lateral 5th metatarsal bone distally (quiet). NSF Hips, spine. Suspect torn CrCL bilateral stifles. Prior patella surgery right stifle.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 2.0 cm 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 **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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. Slight mineralizations were present. The left kidney measured 3.77 cm in length. The right kidney measured 3.58 cm in length.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The left adrenal gland measured 1.63 cm x 0.55 cm width at the caudal pole and 0.45 cm width at the cranial pole. The right adrenal gland measured 1.57 cm x 0.56 cm width at the cranial pole and 0.55 cm width at the caudal pole.

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** 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



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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.

Free Abdomen

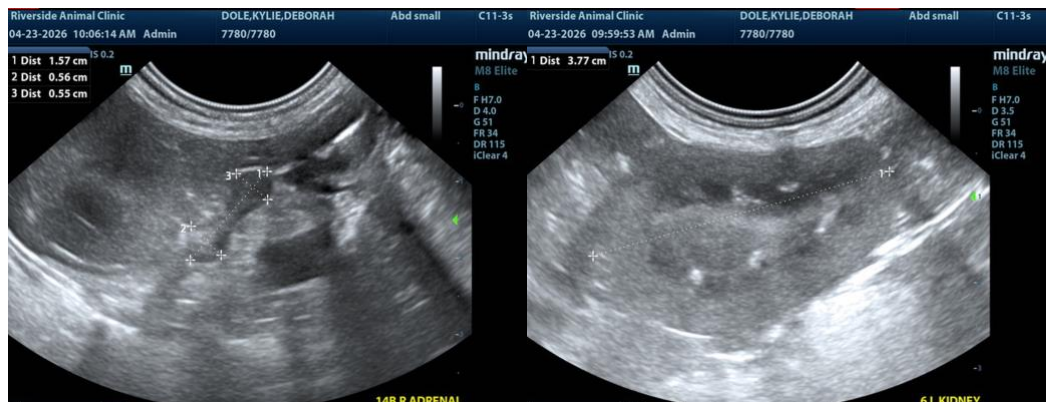
Transdiaphragmatic view revealed B-lines, indicative of valvular disease.

ULTRASONOGRAPHIC FINDINGS

- B-lines.
- Nephrolithiasis.
- Geriatric abdomen otherwise.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Thoracic work up is warranted with chest radiographs +/- echocardiogram. No evidence of clinically significant abdominal disease.





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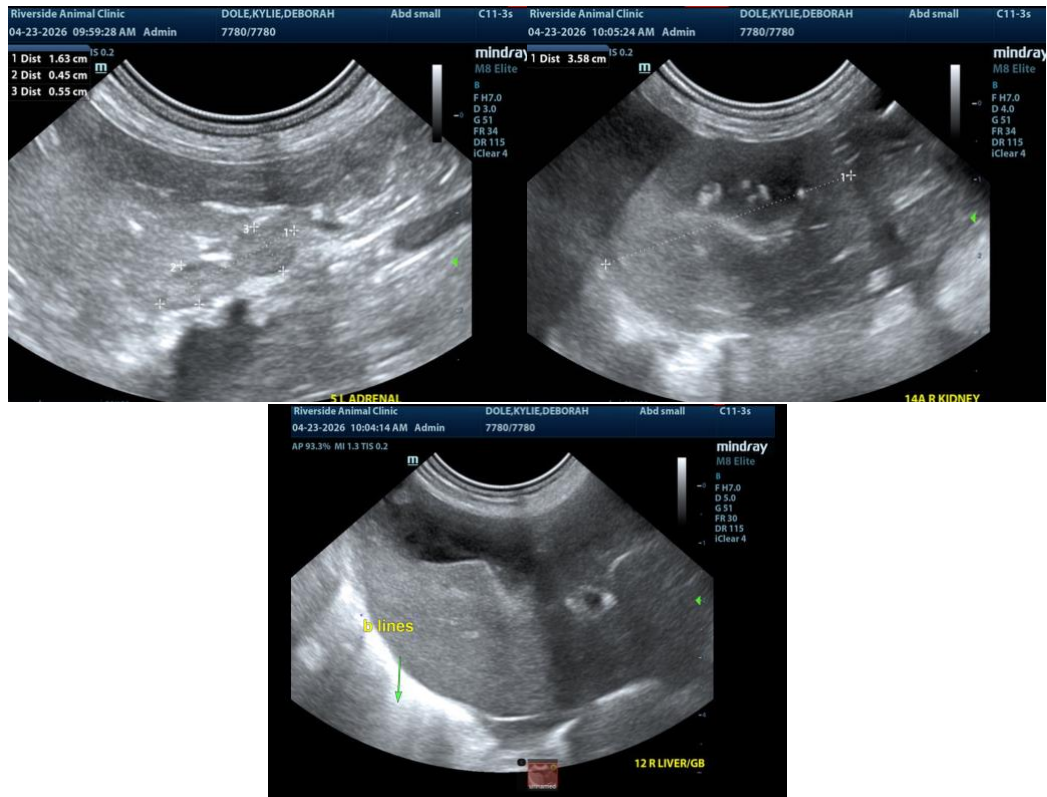
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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