



## PATIENT

Joey Malak

## SPECIES

Canine

## BREED

Yorkshire Terrier

## SEX

Spayed Female

## AGE

10 Years

## WEIGHT

6.2 pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Kitz

## HOSPITAL NAME

Woodlands Animal  
Hospital

## REFERRING VET

Dr. Danielle Kitz

## INVOICE

15567

## DATE

04/28/26

## PRESENTING CLINICAL SIGNS

Patient has history of calcium oxalate uroliths removed in 2022 He has been on urinary SO diet and has not been having any urinary issues. Noted some abnormalities in the microscopic urine exam (namely glucosuria) and borderline renal function with pre-op labs for dental tx, and elected to run some additional testing including an u/s. Suspect some type of renal tubular disease (Fanconi-like) and wanted to screen for architectural changes in the kidneys

Abnormal PE/Chem/CBC/UA Results: Creatinine - 1.8 (high) BUN- 36 (high) SDMA- 11.7 (normal) Alb- 3.2 (normal) Calcium - 9.7 (normal) Phosphorus - 2.4 (low) BG- 91 USG- 1.044 Initial urine -free catch - 2+ protein, pH 6.5, 3+ glucose, no crystals, blood, or WBCs Recheck U/A - cysto - 3+blood, RBCs, 2+ protein, 3+ glucose Lepto urine PCR pending screening urine culture pending Fanconi test pending at UPENN

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder** revealed small bladder calculus measuring 0.50 cm localized in the proximal urethra and cystourethral junction. The bladder itself presented with other smaller calculi measuring approximately 1.0 mm each. The kidneys are likely passing calculi periodically to the lower urinary tract.

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. Corticomedullary mineralization was present. The left kidney measured 3.6 cm in length. The right kidney measured 3.36 cm in length. Slight pyelectasia was present bilaterally.

### Adrenal Glands

The **adrenal glands** appeared subjectively swollen yet measurably normal. No evidence of focal capsular expansion or invasion into the phrenic veins was noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The left adrenal gland measured 0.54 cm width at the cranial pole and 0.47 cm width at the caudal pole. The right adrenal gland measured 0.56 cm width at the caudal pole and 0.47 cm width at the cranial 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** revealed slight increased portal markings and mild uniform enlargement. The gallbladder wall was mildly echogenic and thickened. The cystic and common bile ducts were normal.



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**Gastrointestinal**

Slight mucosal speckling was noted in the **intestinal** mucosa, yet structurally, the GI tract was unremarkable otherwise.

**Pancreas**

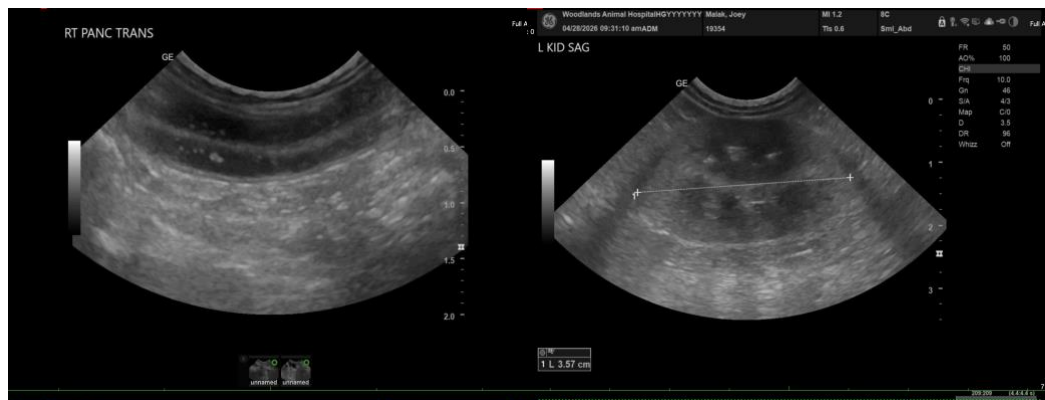
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Age-related renal changes with nonobstructive nephrolithiasis.
- Swollen yet measurably normal bilateral adrenal glands- possible emerging PDH depending upon clinical status.
- Slight intestinal speckling.
- Echogenic gallbladder wall.
- Urinary bladder and proximal urethral calculi.
- Enlarged liver.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Cystotomy and stone analysis with culture is indicated. The largest calculus is likely to large to pass on its own, yet the smaller calculi should pass without significant difficult.





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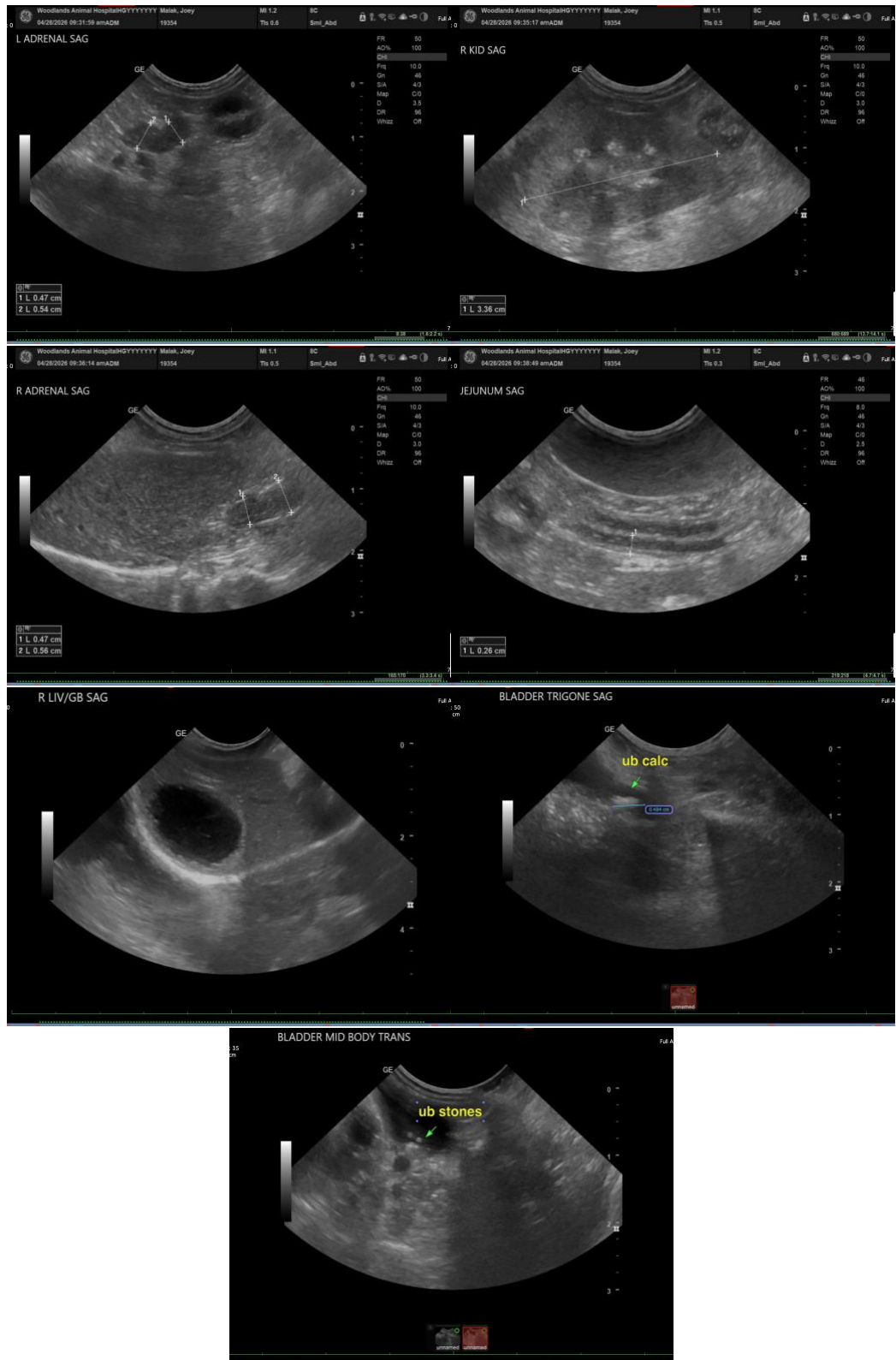
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,**

CEO, Owner, Founder -- SonoPath.com

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