



## PATIENT

Belle Anderson

## SPECIES

Canine

## BREED

Australian Shepherd

## SEX

Spayed Female

## AGE

13 Years 7 Months

## WEIGHT

7.75 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Brittney Beigel, DVM

## HOSPITAL NAME

Bayside Animal  
Medical Center

## REFERRING VET

Allyson Delozier, VMD

## INVOICE

74817

## DATE

4/29/26

## PRESENTING CLINICAL SIGNS

Very high BUN - doubled in last 30 days with no GI signs; struggling to maintain weight, chronic decrease in appetite in last 6 months but waxes & wanes, current pain of unknown origin (suspect spinal) radiographs :potential small L renal silhouette, mild spondylosis, otherwise largely nsf today \_ P was fasted for US scan. no sedation needed.

## 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 **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. Slight cortical cyst noted in the craniodorsal cortex of the right kidney measuring 0.33 cm. Slight mineralizations noted in both kidneys. The right kidney measured 3.1 cm. Left kidney measured 3.3 cm.

### 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. Left measured 0.52 cm at the caudal pole and 0.45 cm at the cranial pole. Right measured 0.80 cm at the cranial pole and 0.50 cm at the caudal pole.

### Spleen

The **spleen** revealed a focal hypoechoic nodule measuring 1.2 cm at the mid body. Disruption of architecture 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 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.



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## 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

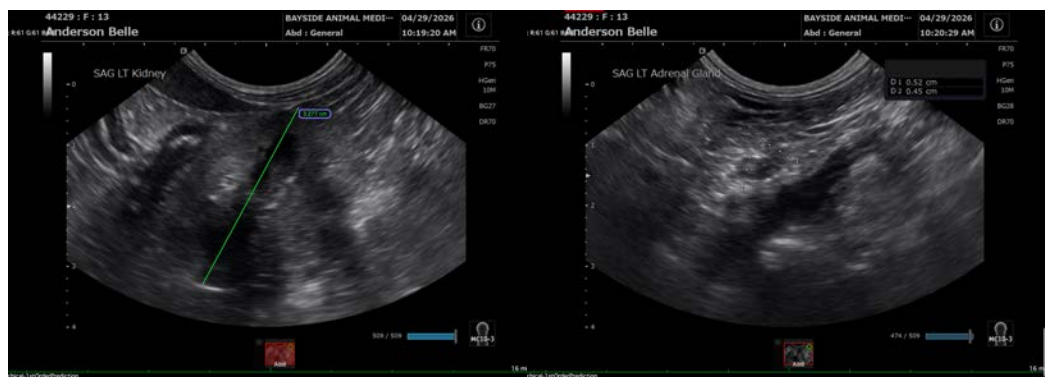
- Moderate degenerative renal changes with slight microcystic cortical changes and pinpoint mineralizations.
- Focal splenic nodule – Round cell neoplasia, emerging hemangiosarcoma, nodular hyperplasia, necrosis or abscessation all possible.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA indicated. Note that the kidney changes are moderate and not end stage. The pinpoint mineralizations may indicate that the patient may be passing calculi periodically and potentially allowing for azotemia. However, the cause of azotemia is perplexing given that USG and creatinine are normal. FNA of the splenic nodule recommended to assess for underlying disease at this point. IV fluid support could be considered to correct the azotemia. Chest radiographs warranted to assess for related disease.

For an additional charge an internal medicine consult can be utilized through [Sonopath.com](http://sonopath.com). You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>





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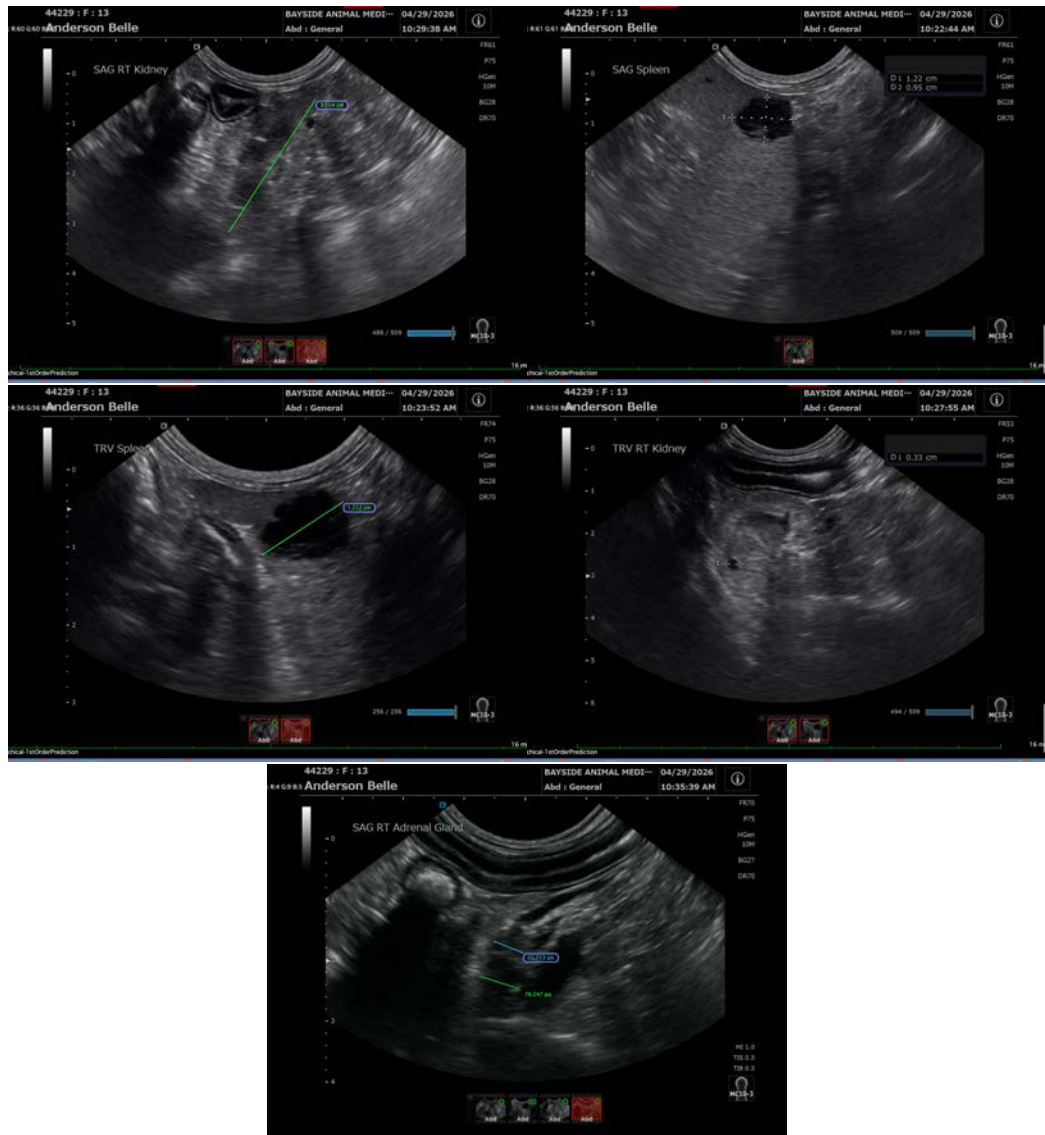
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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