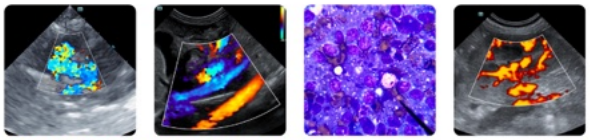

PATIENT

Chloe Yunus

SPECIES

Canine

BREED

Goldendoodle

SEX

Spayed female

AGE

11 years

WEIGHT

50.7 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Brenner

HOSPITAL NAME

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PRESENTING CLINICAL SIGNS

- December 5, 2025 hunched back, decreased activity and appetite. Treated Cerenia, i/d, Amoxicillin, improved.
- December 19, 2025 started Enalapril 5mg SID for hypertension. BP174, 168, 191.
- January 12, 2026 BP still elevated 165, increased Enalapril 10mg SID.
- January 16, 2026 hypotensive 80, 61, 53, reduced Enalapril 5mg SID.
- March 26, 2026 uncomfortable, not lay down, decreased appetite, Rimadyl helped. Proviable forte capsules, Gabapentin 300mg SID-TID prn, Rimadyl100mg 1/2 BID. Used for 3 days and improved.
- Still has on and off episodes of being uncomfortable.
- December 5, 2025 BP elevated 194, CBC WNL, Chemistry CHOL 329 (110-320), PL 954 (0-200), normal TT4 and Cortisol, UAS USG 1.50, pH 9, inactive sediment, UPC 0.18 insignificant. Abdominal and Thoracic radiographs mild spondylosis. December 19, 2025 PL improved 402 (0-200), January 12, 2026 PL improved 312 (0-200). February 9, 2026 Stable BP 105, 98. PL 325 (0-200). March 27, 2026 no pain spine palpation, good ROM all limbs and neck, soft abdomen palpation. CBC WNL, Chemistry WNL, PL 275 (0-200). Thoracic radiographs NSF, Abdominal radiographs increased gas throughout GI tract, no obstructive pattern. April 7, 2026 hypertension returned, but did not take immediately upon arrival, 101-257 with multiple readings, multiple times in hospital.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

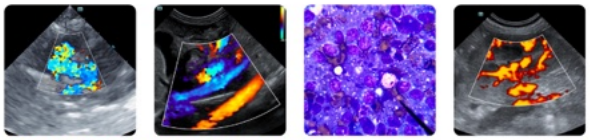
The **urinary bladder** presented a relatively uniform thickening of the cranioventral and craniodorsal mucosae with micropolypoid mucosal changes without involvement of the submucosae. The urine presented some echogenicity consistent with suspended debris. No evidence of urethral pathology was present. This presentation is most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out without histopathological review but is not overtly suspected based on this pattern. Cystocentesis and urine culture +/- pathological review of urine cytology would be warranted. No overt calculi were present at this time.

Polypoid changes were noted at 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 6.76 cm. The left kidney measured 6.0 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. The left



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adrenal gland measured 2.3 x 0.66 cm at the cranial pole and 0.74 cm at the caudal pole. The right adrenal gland measured 1.93 x 0.6 cm at the cranial pole and 0.38 cm 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 was 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.

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

Chronic cystitis bladder pattern with potential for carcinoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BRAF testing is indicated to assess for carcinoma if not already performed. Cystoscopy would be ideal for further definition. The cause of hypertension is not evident from a visceral standpoint. There was no evidence of significant disease. However, the bladder presentation should be investigated further.

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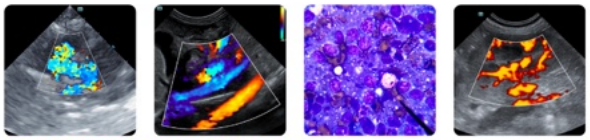

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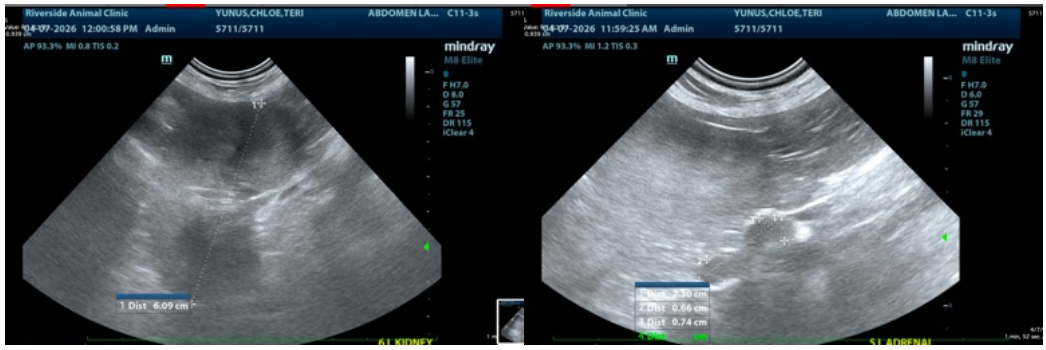

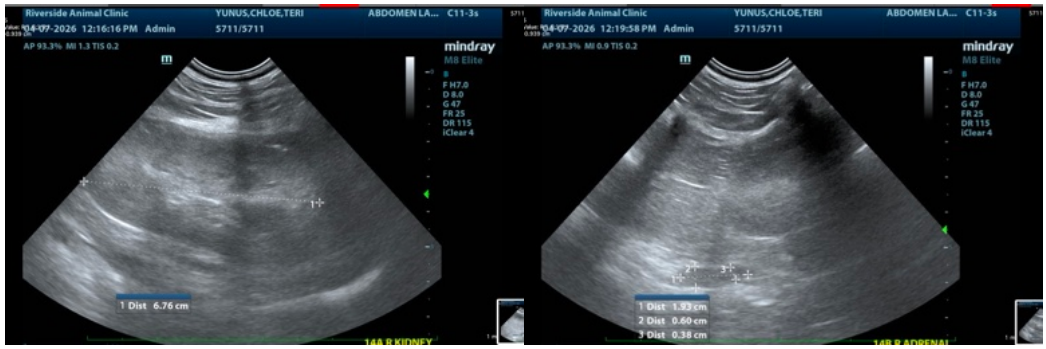

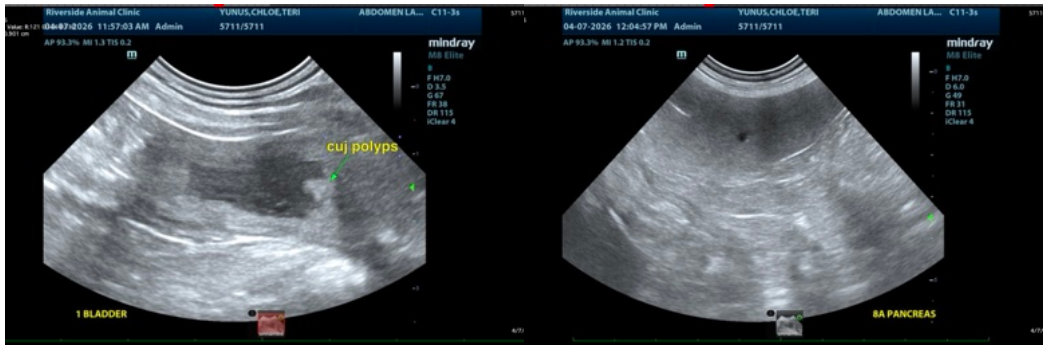

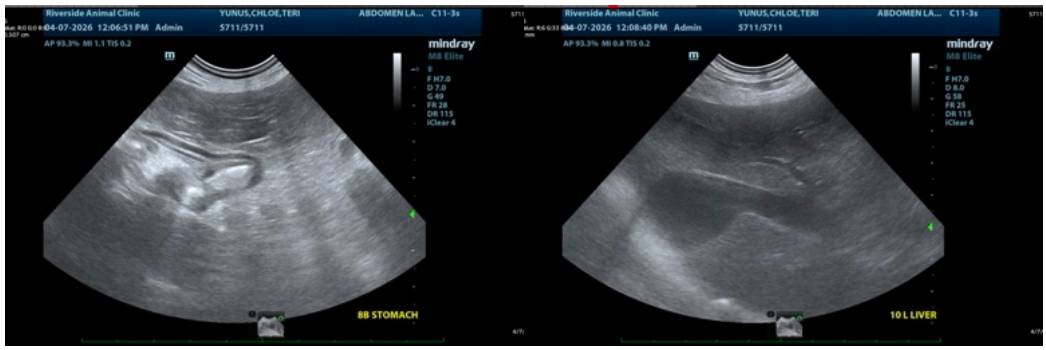

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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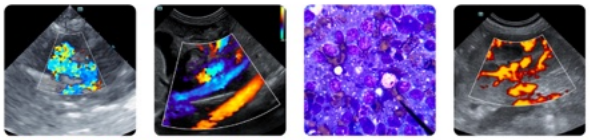

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com