



**PATIENT**

Ixchel Banach

**SPECIES**

Canine

**BREED**

Doberman Pinscher

**SEX**

Intact Female

**AGE**

3 Years 4 Months

**WEIGHT**

64.2 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Chloe Lowe, CVT

**HOSPITAL NAME**

Shohola Veterinary  
Hospital

**REFERRING VET**

Dr. Demeo

**INVOICE**

74349

**DATE**

4/9/26

**PRESENTING CLINICAL SIGNS**

Weight loss. Up-to-date on vaccines, including Lepto three weeks ago. Drips dark watery fluid from vulva. Per Owner estrus in February did not occur. Amoxi/clav 500/125

Abnormal PE/Chem/CBC/UA Results: UA trace protein USG 1.021 BUN, Creat, SDMA elevated Pro BNP gray zone 1,060

**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 3.0 cm beyond the cystourethral junction.

The **kidneys** are abnormally small and presented thickened, irregular cortices with indentation, pelvic mineralization, and irregular contour. Cortex to medulla ratio was approximately 1.5. Blood flow was subnormal on power doppler assessment. Right kidney measured 5.3 cm. Left kidney measured 5.0 cm.

**Adrenal Glands**

The **right adrenal gland** was 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. Right measures 2.57 c x 1.54 cm at the cranial pole and 0.46 cm at the caudal pole.

The **left adrenal gland** was mildly enlarged at the cranial pole, measuring 2.68 cm in length x 1.4 cm at the cranial pole and 0.71 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 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 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



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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**

The uterus was mildly thickened yet empty, measuring 1.3 cm. The right ovary was uniform, measuring 2.6 cm x 0.60 cm. The left ovary measured 1.67 cm x 0.96 cm.

**ULTRASONOGRAPHIC FINDINGS**

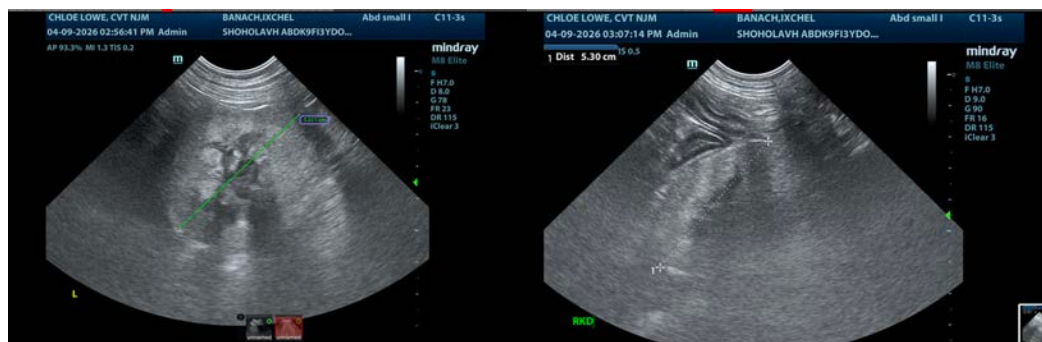
- Small, irregular kidneys with significant degenerative changes – Differentials include primary renal dysplasia, which is a congenital disease, with secondary degenerative parenchymal changes and infarcts.
- Slightly irregular left adrenal gland – Differentials include hyperplasia, emerging carcinoma or pheochromocytoma.
- Normal reproductive tract.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Renal biopsy would be necessary for further definition. The degenerative changes in both kidneys are significant and appear to be near end-stage. Long-term viability is in question. They are abnormally small and reminiscent of potential primary renal dysplasia with secondary degenerative changes. However, biopsy would be necessary to confirm this potential. Urine culture and blood pressures +/- urine metanephrine level may all be appropriate given the left adrenal change to assess for pheochromocytoma. However, this may be an incidental finding.

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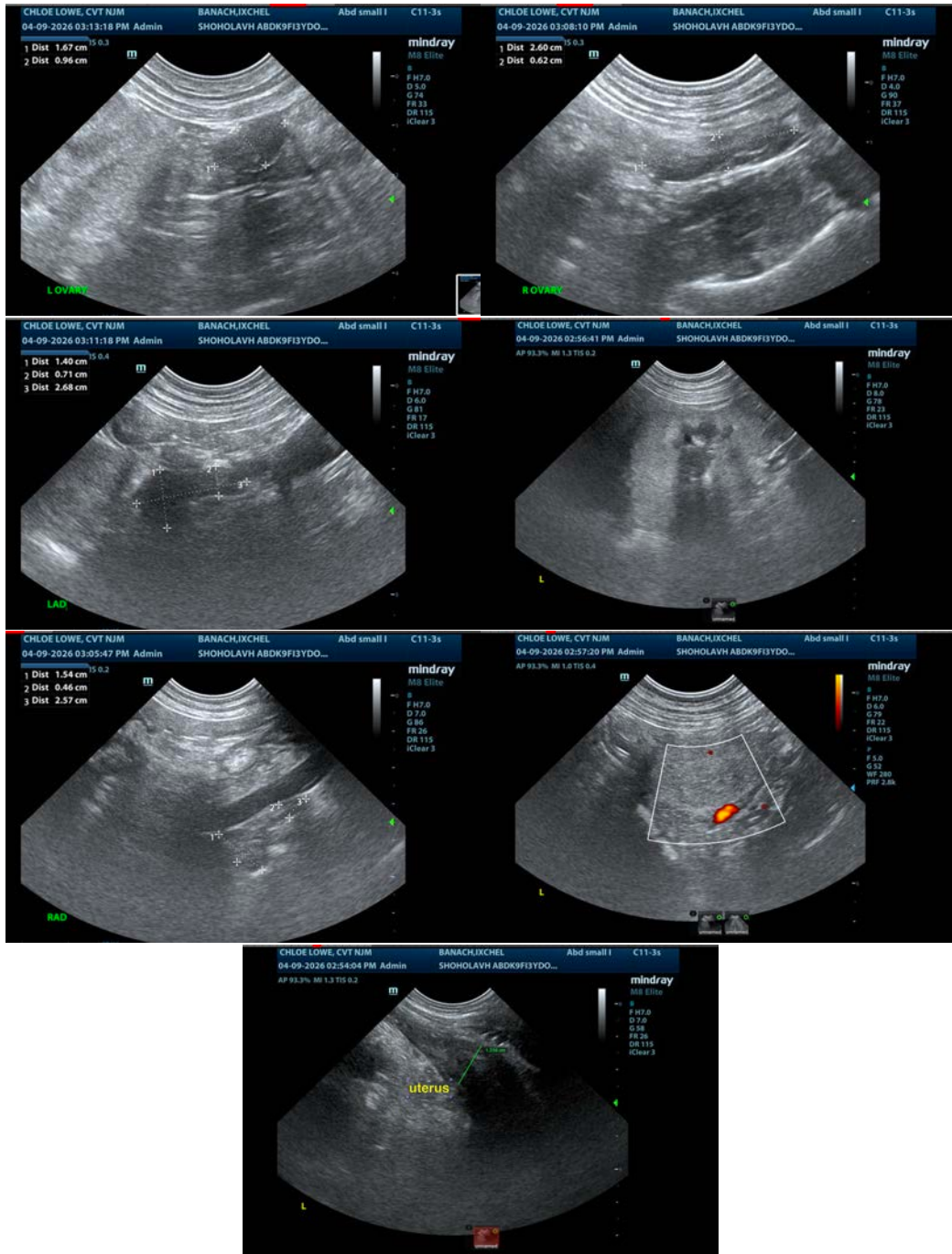
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,  
CEO, Owner, Founder -- SonoPath.com  
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