



PATIENT

Annie Almeida

SPECIES

Canine

BREED

Pitbull Mix

SEX

Spayed Female

AGE

10 Years

WEIGHT

70 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Michael Schacher

HOSPITAL NAME

Emergency
Veterinarians of Idaho
LLC

REFERRING VET

Dr. Juli Sorenson

INVOICE

15629

DATE

05/01/26

PRESENTING CLINICAL SIGNS

History of Addison's now has marked azotemia

Chest X-rays: The appearance of the cardiac silhouette indicates mild bilateral heart enlargement that may be secondary to tricuspid and mitral insufficiency. There is no indication of congestive heart failure. A recheck examination is recommended in six months to monitor for changes in the appearance of the cardiac silhouette. Alternatively, an echocardiogram could be performed for a complete evaluation of the heart and its function. Bloodwork: ALP 183, Amylase 1324, BUN 103, Ca 12.8, Creatinine 5.0, Globulin 6.3

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented moderate thickening of the cranioventral and craniodorsal mucosae with micropolypoid mucosal changes without involvement of the submucosae. The urine presented some echogenicity consistent with a large amount of dependent 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. The urinary bladder wall measured 0.60 cm wall width at moderate repletion. The urethra was visible to a depth of 3.0 cm.

The **iliac trifurcation** was unremarkable.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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. Pelvic calculus was visualized. The left kidney measured 4.6 cm in length. The right kidney measured 6.5 cm in length. Trace pyelectasia was noted in the right kidney.

Adrenal Glands

The **right adrenal gland** was visualized and flattened measuring approximately 4.0 mm.

The **left adrenal gland** was not visualized owing to subnormal size, typical for an Addisonian state.

Spleen

The **spleen** revealed a hypoechoic nodule in the mid body measuring 2.8 cm and appeared nondisruptive. The remainder of the spleen was heterogenous with hypoechoic nodular changes.

Liver

The **liver** revealed mild uniform enlargement and uniform parenchyma. The gallbladder was edematous with passive congestion pattern. Transdiaphragmatic view revealed pericardial effusion. No evident masses or suspicion for a neoplastic event.

Gastrointestinal



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There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.
- Splenic nodules.
- Pericardial effusion.
- Moderate degenerative renal changes with calculus and pyelectasia.
- Mild congestion liver pattern with secondary gallbladder edema- benign hepatopathy.
- Small adrenals.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine culture and sensitivity is warranted if not already performed to assess for any evidence of UTI.

Addisonian crisis is likely in this patient, however concurrent disease with intrinsic renal disease, particularly of the left kidney with nephrolithiasis is also an issue. However, the kidneys do not appear end-stage.

Full echocardiogram is warranted to assess for cardiac neoplasia. A hypovolemic state derived from the cardiac pathology as well as a potential Addisonian state and moderate chronic renal changes are all likely playing a role in this patient. IV fluid support and treatment for Addisonian crisis, urine culture and assessment for toxins or other insults to the kidneys and chest radiographs are all indicated.





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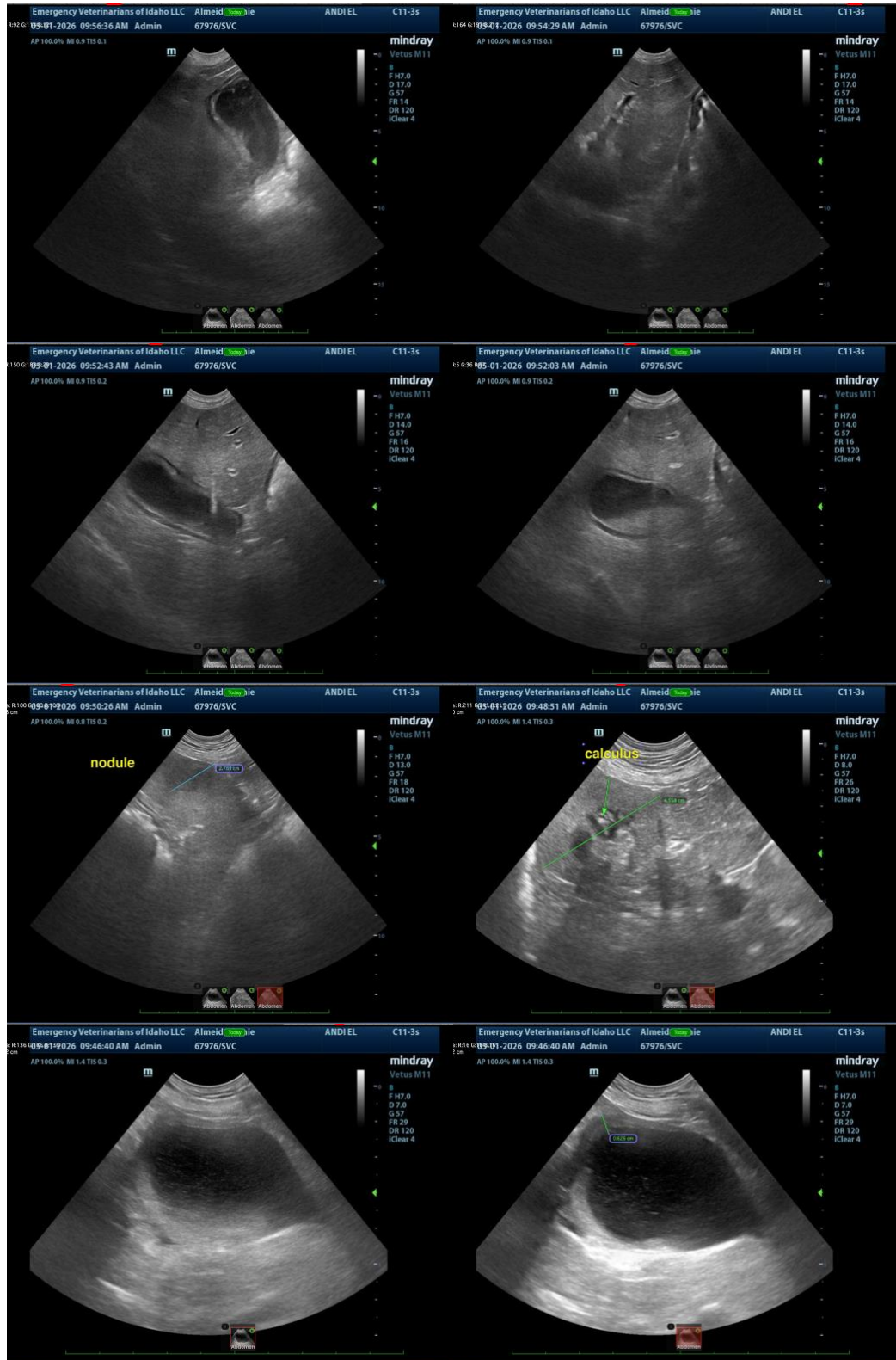
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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