

PATIENT PRESENTING CLINICAL SIGNS

Fiona Evans The patient is presenting for persistent UTI signs which have been recurrent since December 2025. Current clinical signs include constant pollakiuria and inappropriate urination and PUPD

SPECIES Abnormal PE/Chem/CBC/UA Results: BW on March 16th: ALP 363, Cholesterol 434, lipase 1094. UA: Mod rods, WBC 20-30, RBC 10-15, USG 1.024. Culture: Isolate 1: E. coli - >100,000 CFU per ml. Canine Patient treated with enro. No resolution of clinical signs. , Awaiting ACTH Stim Results which was ran AFTER the AUS

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Mixed **Urinary System**

SEX The urinary bladder presented a relatively uniform thickening of the caudodorsal mucosae with micropolypliod mucosal changes crating a mass effect measuring 2.5 cm x 1.5 cm. The urine presented some echogenicity consistent with suspended debris. This presentation is most consistent with chronic cystitis. The mass was significantly vascular, appears to enter into the proximal urethra. The iliac lymph nodes did not appear to be involved. A minimal amount of urine was present at the time of the sonogram, it should be evaluated at full repletion, however, appears to enter into the cystourethral junction. BRAF testing and cystoscopy would be ideal, cytospin and free catch urine sample warranted.

AGE 12yr

WEIGHT 56.6lb The kidneys presented mild relatively uniform swelling and enhanced surrounding fat suggestive for inflammation. Mild loss of corticomedullary definition was present. The renal pelvis was dilated with hyperechoic and uniformly thickened pelvic fat. No overt masses were noted. These changes are most consistent with pyelonephritis, yet early infiltrative disease could not be entirely ruled out without sampling. Chronic scarring and fibrous retraction or history of calculi passage may also cause these pelvic dilatation changes. Assessment of urinalysis for protein, WBC, RBC and bacterial counts are warranted as well as culture and sensitivity. If US-guided pyelocentesis is possible this would be the most accurate region to culture owing to lower urinary washout diluting significant inflammatory sediment.

INTERPRETED BY

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The right kidney measured 6.7 cm.

IMAGING PERFORMED BY

Dr Megan Bray

Adrenal Glands

The left adrenal was enlarged and irregular, measuring 2 cm x 3.4 cm, expansive. The right adrenal gland was normal in size and contour measuring 0.5 cm.

HOSPITAL NAME

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Spleen

The spleen was folded upon itself cranially. 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.

REFERRING VET

Dr Ashleigh Bisset

Liver

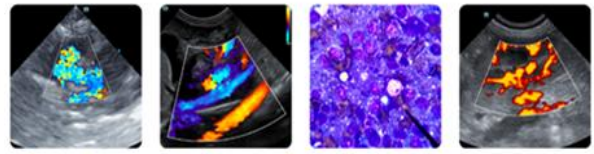
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The liver images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely

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not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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.

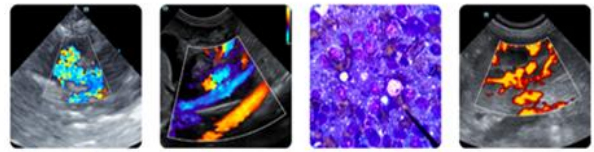
ULTRASONOGRAPHIC FINDINGS

- Enlarged nodular left adrenal - carcinoma, pheochromocytoma, adenoma all possible
- Cystourethral junction and bladder mass, strong concern for carcinoma, further testing necessary

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pheochromocytoma, carcinoma, hyperplasia with possible thrombosis is a possibility. Blood work was unremarkable. Serial blood pressure measurements are recommended in this patient. If hypertension is an issue metanephrine level is recommended. If the patient appears Cushingoid and urine specific gravity is less than 1.020 then work-up for adrenal dependent Cushing's is indicated. Recheck is recommended in 2-3 weeks to assess for any progression of the adrenal gland.

UTI is likely secondary to primary, presumed neoplastic event of the bladder. The left adrenal pathology and bladder pathology are likely comorbidities, not directly related. Given the position of the bladder mass, it does not appear overtly resectable.



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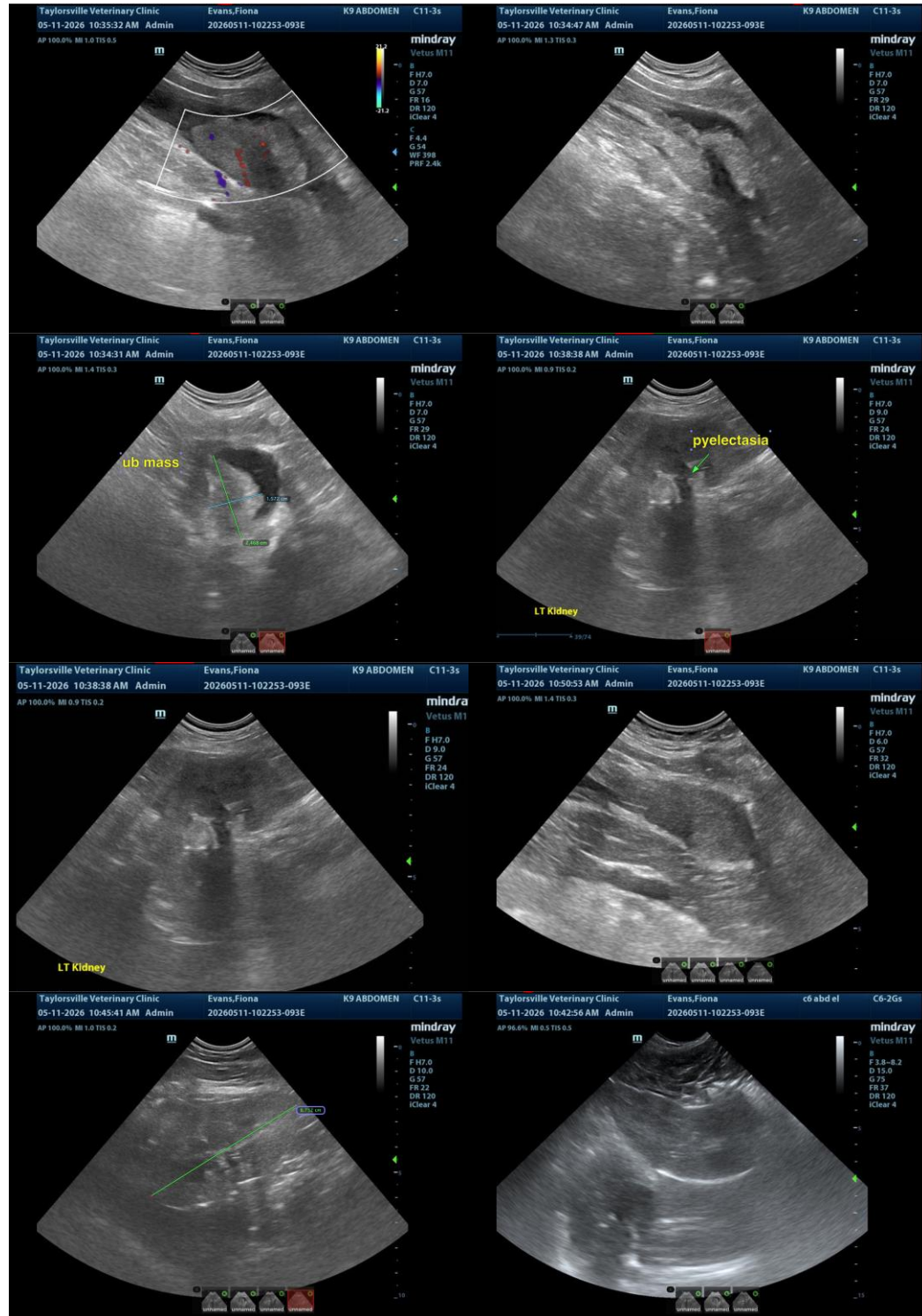
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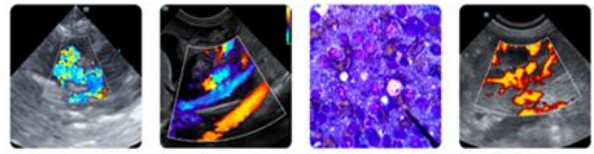
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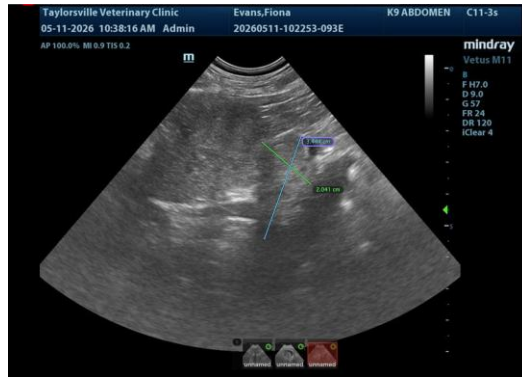
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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