



## PATIENT

Sprout Aster Slatky

## SPECIES

Canine

## BREED

French Bulldog

## SEX

Spayed Female

## AGE

4 Years

## WEIGHT

24.4 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Kevin Moon, DVM

## HOSPITAL NAME

Shiloh Veterinary  
Hospital

## REFERRING VET

Arianna Evans, DVM

## INVOICE

16333

## DATE

05/18/26

## PRESENTING CLINICAL SIGNS

Presented for UTI suspect on 4/21. In house UA did not show bacteria, USG 1.026 though late in day sample. No vulvar erythema or licking. No PU/PD, no dysuria, no pollakiuria, 1 episode of full voiding while P asleep but otherwise infrequent incontinence.

Abnormal PE/Chem/CBC/UA Results: Sedivue 4/21 -- USG 1.026, glucosuria, minimal WBC/RBC and no bacteria. - Comprehensive bw 4/21 - Creat 1.6, SDMA 16.3, glucose. 85; CBC WNL - UA (first of morning, collected 4/22) -- USG 1.029, no glucosuria, minimal WBCs/RBCs

## 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 **left kidney** revealed areas of mineralization were present with irregular contour and nodular cortical changes. The left kidney measured 4.5 cm in length. Pyelectasia was present in the left kidney with pelvic displacement and abnormal position.

The **right kidney** revealed loss of corticomedullary distinction measuring 4.5 cm in length with similar changes to the left kidney. Degenerative changes are considered moderate.

### Adrenal Glands

Both **adrenal glands** were not visualized.

### 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 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**

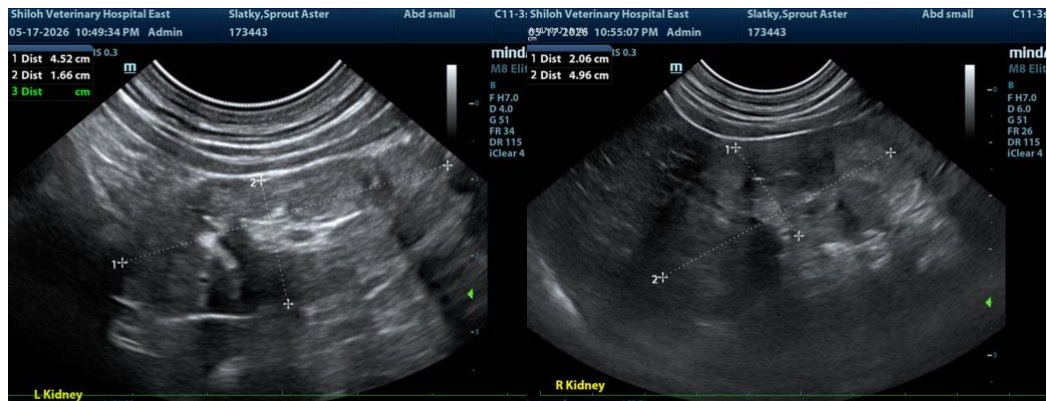
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Primary renal dysplasia pattern with nodular cortices and pyelectasia. Secondary degenerative disease is likely. Should be confirmed with cortical biopsy.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Embedded UTI may be present within the kidneys. Renal biopsy would be necessary as well as monitoring of all renal parameters and blood pressures. No evidence of ectopic ureter present. Prognosis is guarded long term.





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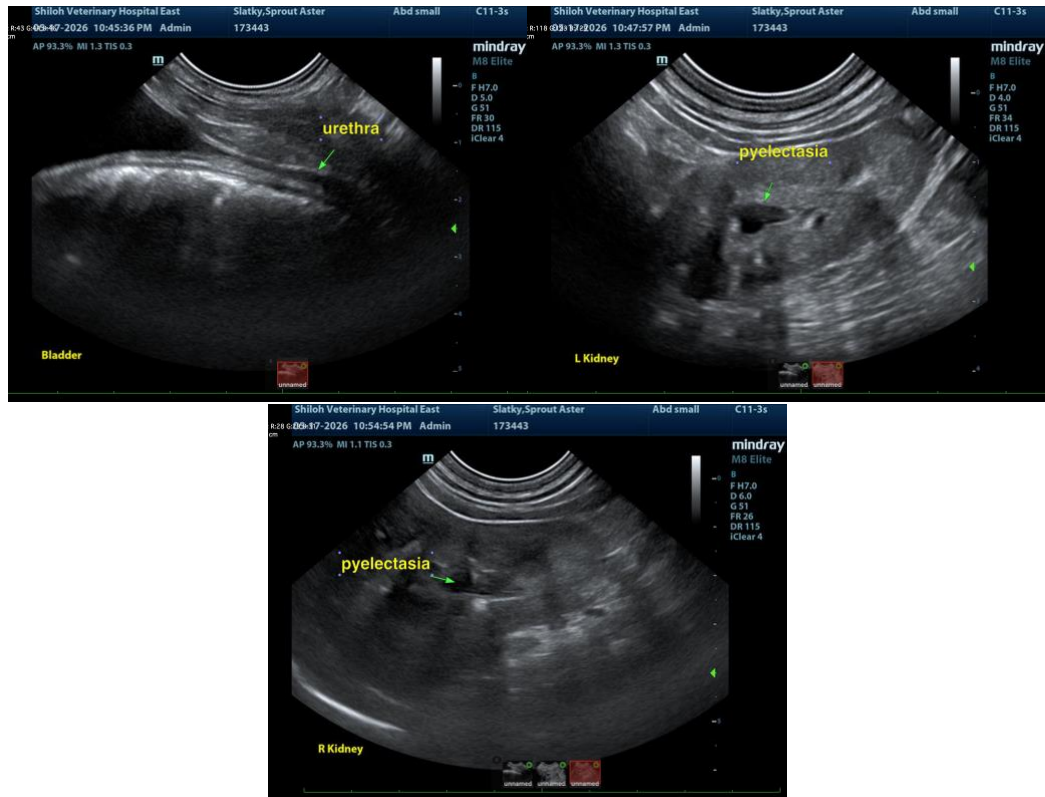
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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