



**PATIENT**

Lacey Wallace

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Spayed Female

**AGE**

15 Years 10 Months

**WEIGHT**

63.5 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rebecca Hamilton

**HOSPITAL NAME**

Kingston AH, NY

**REFERRING VET**

Dr. Turner

**INVOICE**

37333

**DATE**

6/3/26

**PRESENTING CLINICAL SIGNS**

History: Anemia, Weight loss, generalized muscle and weight loss. Meds: Deracoxib 75 mg - HTID  
Abnormal PE/Chem/CBC/UA Results: HCT 38.7 (41-60) Lyme and ANA Positive chronic. Urine:  
Proteinuria UPC 1.0, Bacteria (rare cocci) , USG 1.038

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal. This is a minor change. The pelvic urethra was imaged 2.0 cm beyond 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 mild 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 6.06 cm. The left kidney measured 6.24 cm. Anechoic cysts were noted in both kidneys; one in the left renal cortex measured up to 7.0 mm.

**Adrenal Glands**

The **left adrenal gland** was mildly enlarged, measuring 2.93 cm x 0.9 cm at the cranial pole and 0.72 cm at the caudal pole.

The **right adrenal gland** was uniformly enlarged, measuring 2.6 cm x 0.84 cm at the caudal pole and 1.2 cm at the cranial pole.

**Spleen**

The **spleen** revealed a focal hypoechoic nodule (0.55 cm) in the mid splenic body without significant disruption of architecture. The remainder of the spleen appeared to be largely normal with slight heterogenous, largely age-related changes.

**Liver**

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 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. A focal hypoechoic nodule was noted in the left lateral liver, measuring 1.2 cm.

**Gastrointestinal**



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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.

**Other**

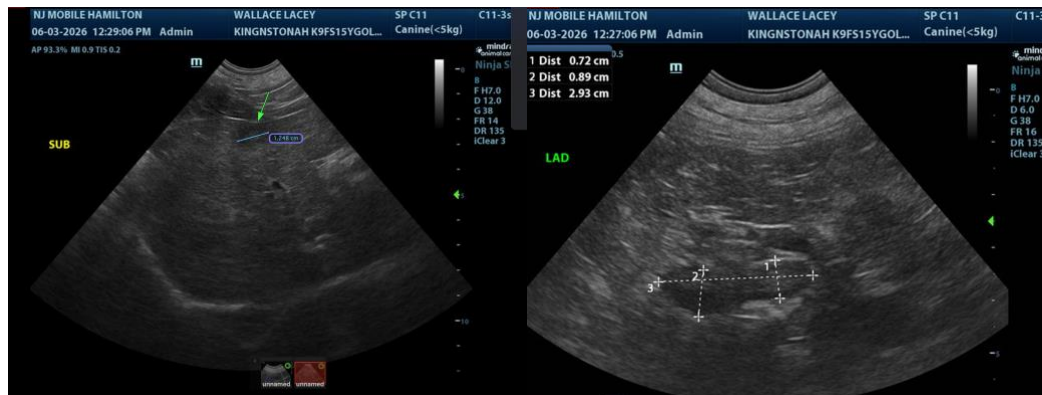
A rapid view of the **heart** revealed no evident pathology in the right auricle or pericardium.

**ULTRASONOGRAPHIC FINDINGS**

- Bilateral adrenal hypertrophy
- Undefined splenic and hepatic nodular changes
- Age-related urinary bladder changes
- Age-related renal changes with anechoic cysts bilaterally

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The splenic nodule should be monitored. Chest radiographs are indicated.





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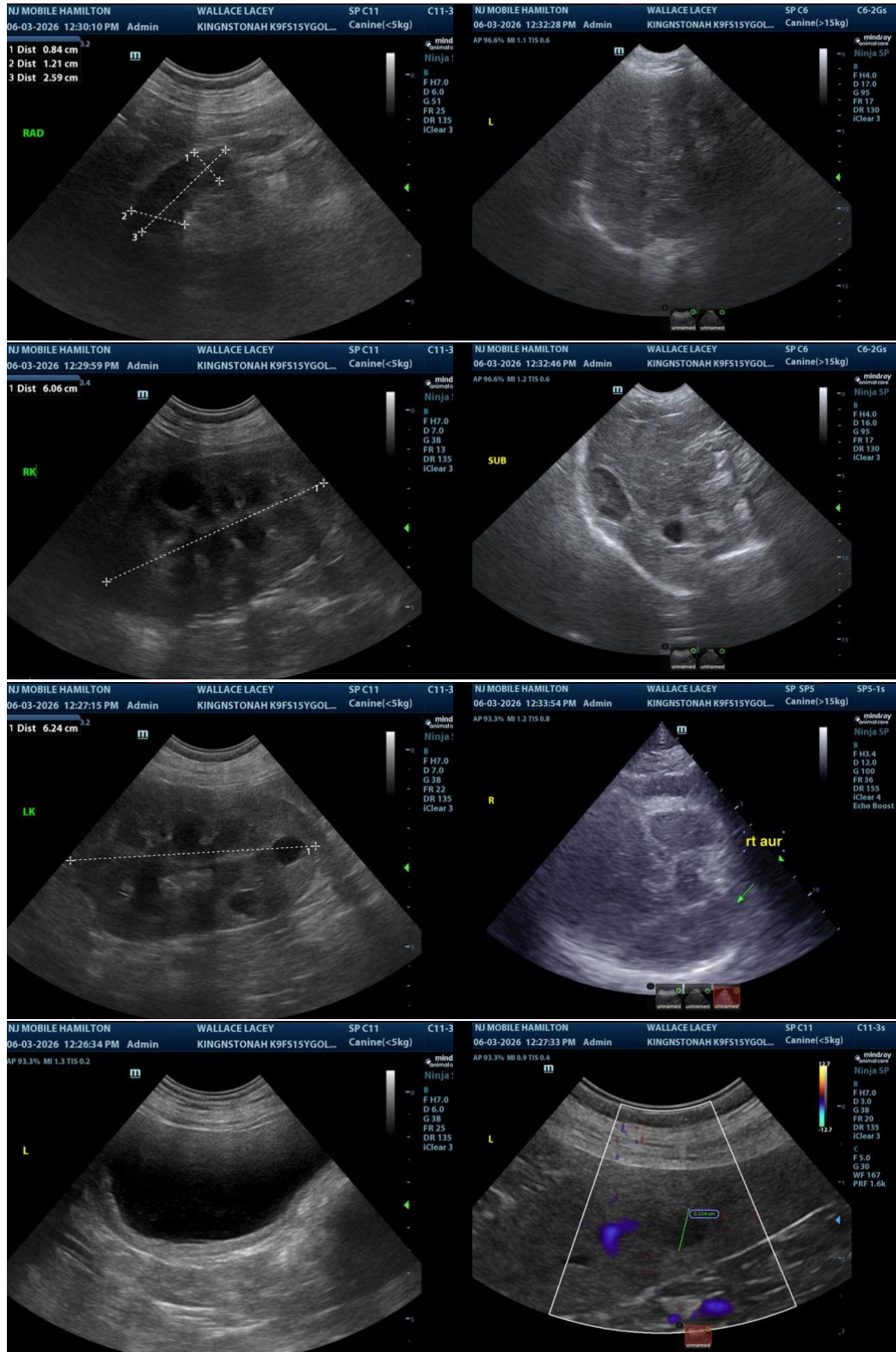
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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,  
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