



PATIENT

Andre Simmons

SPECIES

Canine

BREED

French Bulldog

SEX

Neutered Male

AGE

8.7 Years

WEIGHT

30.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Ginny Dodd, DVM, D,
 ABVP(CFP)

HOSPITAL NAME

Monroe Road Animal
 Hospital

REFERRING VET

Dr. Widay

INVOICE

16346

DATE

06/04/26

PRESENTING CLINICAL SIGNS

H/O IBD for several years and is on I/D now;

Abnormal PE/Chem/CBC/UA Results: CBC- \wedge plt 415 CHEM- glob 4.1, alb 2.8, UA- free catch- 1.008, pH 6 , dipstick- neg, sed- WNL T4 normal; Serology- 4 x neg

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 5.0 cm 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 **residual prostate** measured 0.8 cm.

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 his age patient. Medullary structure differed distinctly from that of the cortex. Dystrophic mineralization was noted and non-obstructive at this time. The left kidney measured 4.5 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

The **right adrenal gland** was normal in size and contour and measured 1.92 cm x 0.45 cm width at the caudal pole and 0.74 cm width at the cranial pole.

The **left adrenal gland** was mildly enlarged and irregular measuring 1.95 c x 0.98 cm in the mid body. The left adrenal gland measured 0.59 cm width at the caudal pole and 0.44 cm width at the cranial 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 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 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. Coalesced biliary debris was noted on the gallbladder. Vena cava was imaged both from the left and right approaches with no evidence of caval invasion.



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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

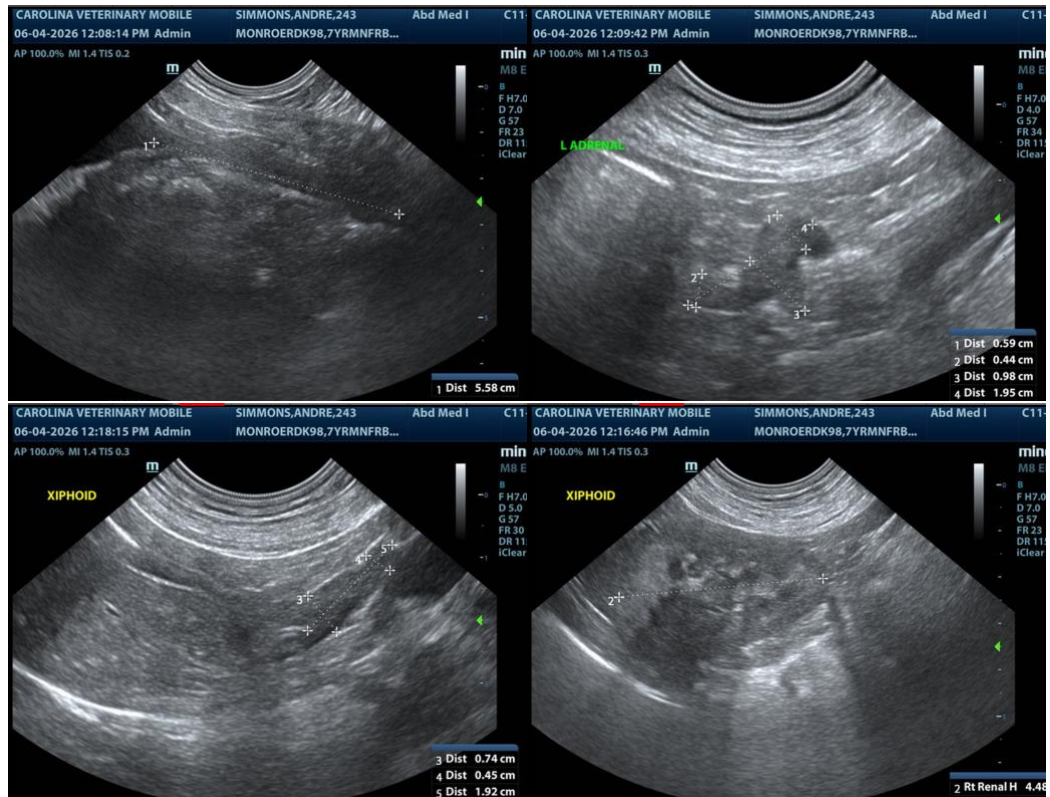
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Irregular left adrenal gland- to monitor.
- Age-related renal changes with mineralizations.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The irregularity of the left adrenal gland is concerning for potential early phrenic vein invasion. 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 3-4 weeks of the left adrenal in particular.





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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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