



PATIENT

Missy Gingrich

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

14 Years 9 Months

WEIGHT

20 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Brittney Beigel, DVM

HOSPITAL NAME

Bayside Animal
Medical Center

REFERRING VET

Katie Buchanan, VMD

INVOICE

16382

DATE

06/05/26

PRESENTING CLINICAL SIGNS

On preop BW for dental prophy azotemia detected and pt was tx with abx to cover for ascending UTI, and elevated LES also detected. On recheck BW improving renal values detected but LES mildly increased from previous values. R/o neoplasia vs cholestasis vs hepatopathy vs other

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 **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. The left kidney measured X cm in length. The right kidney measured 3.45 cm in length. Bilateral cortical cysts were present that appear nondisruptive yet corticomedullary calculi and pelvic dilation were present in the left kidney. The right kidney presented with a cortical infarct at the caudal pole with moderate disruptive changes and pyelectasia.

Adrenal Glands

The **adrenal glands** appeared mildly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins was noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The left adrenal gland measured 1.1 cm width at the cranial pole and 1.07 cm width at the caudal pole. The right adrenal gland measured 0.73 cm width at the caudal pole and 1.0 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. Hyperechoic lipid plaques were not yet not pathological.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some moderate 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. 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. Hyperechoic nondisruptive nodules were present measuring up to 1.6 cm.



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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

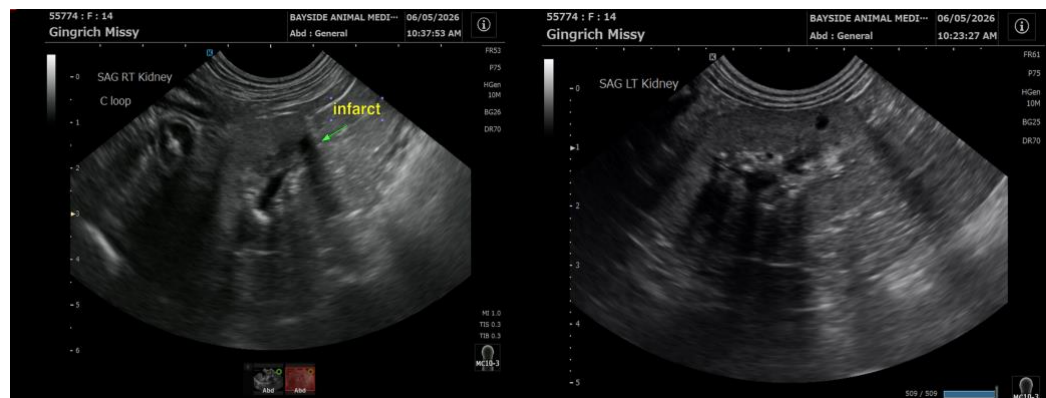
- Moderate subacute on chronic renal disease with infarcts.
- Nodular hepatic changes- likely hyperplasia, possible carcinoma.
- Bilateral adrenal hypertrophy- potential underlying PDH versus normal variant.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine culture, 72-hour IV fluid protocol, blood pressure measurements are all indicated. Right cranial SDEP12 approach to the liver nodule would be ideal with 25-gauge FNA for further definition, yet I am concerned about long-term viability of the kidneys in this patient. The patient may be passing calculi or undergoing infarcts and acute on chronic disease as a cause of recent azotemia and renal failure parameters as well as the hematuria.

Internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>





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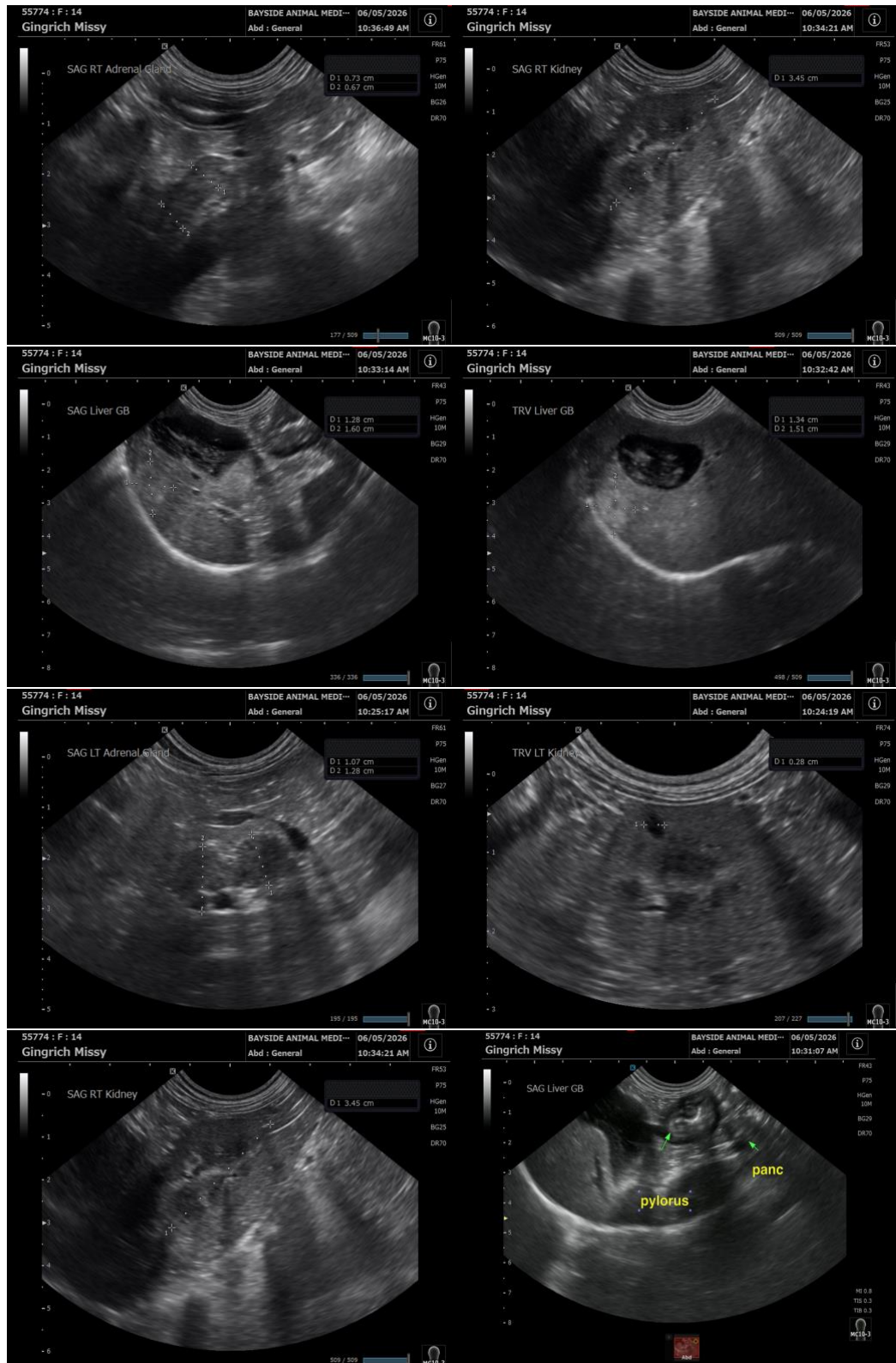
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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