



PATIENT PRESENTING CLINICAL SIGNS

Nadja Regier
 History: P presented for drinking a lot, randomly urinates, seems like she can't control it sometimes, also spotting blood from vagina- P is supposed to be spayed- adopted from rescue
SPECIES Abnormal PE/Chem/CBC/UA Results: Urinalysis usg 1.027, no blood or protein all else wnl

Canine

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Pit **Urinary System**

SEX 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.

Female

AGE The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 6.5 cm. The right kidney measured 6.15 cm.

4 years

WEIGHT The **uterine base** measured 0.57 cm. The left uterine horn appears to be visible and measured 3.6 x 0.67 cm. The residual uterus appeared quiescent with no evidence of inflammation or luminal fluid. The ovaries were not visualized in this patient.

52 lbs

INTERPRETED BY

Eric Lindquist, DMV
 DABVP, Cert. IVUSS

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 2.54 x 0.59 cm at the caudal pole and 0.57 cm at the cranial pole. The left adrenal gland measured 2.15 x 0.58 cm at the caudal pole and 0.69 cm at the cranial pole.

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Shallowford AH

REFERRING VET

Dr. Eads

INVOICE

70083

DATE

1/13/26

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. The portal vein to vena cava ratio was



PATIENT

Nadja Regier

SPECIES

Canine

BREED

Pit

SEX

Female

AGE

4 years

WEIGHT

52 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

1:1 with no evidence of portosystemic shunting. 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. The mesenteric lymph nodes were reactive and measured up to 2.0 cm.

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

- Reactive mesenteric lymph nodes.
- Extended, residual uterus.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I suspect that partial hysterectomy was performed. This is not likely a clinical issue at this point. The cause of PU/PD is unclear. Hormonal testing is indicated to assess for residual ovary. However, the regions of the ovarian fossa were imaged, and no active ovarian tissue was present. Vaginal exam is recommended in this patient. Empirical treatment for occult UTI would be appropriate. If the patient shows an active heat cycle, then a recheck sonogram would be recommended at that time.

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Shallowford AH

REFERRING VET

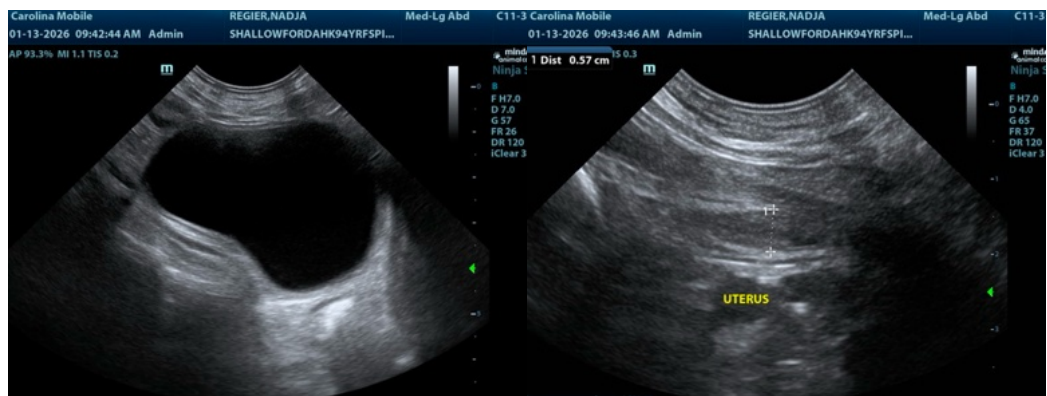
Dr. Eads

INVOICE

70083

DATE

1/13/26





PATIENT

Nadja Regier

SPECIES

Canine

BREED

Pit

SEX

Female

AGE

4 years

WEIGHT

52 lbs

INTERPRETED BY

Eric Lindquist, DMV
 DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Shallowford AH

REFERRING VET

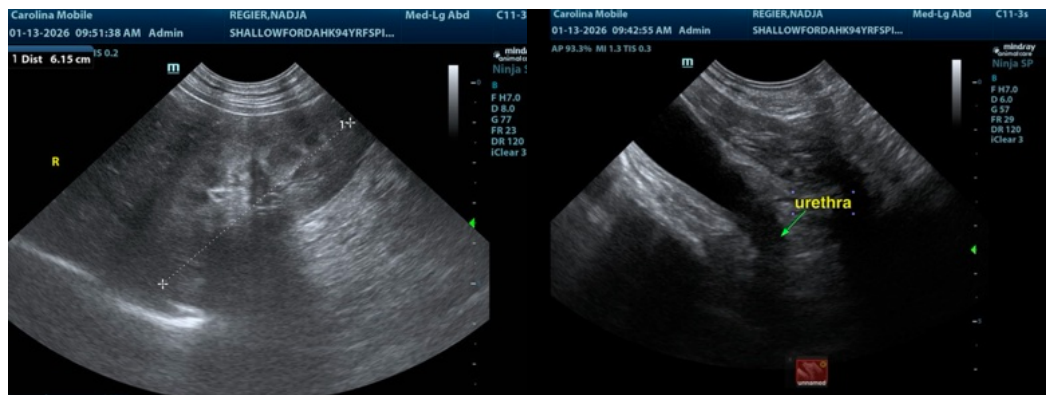
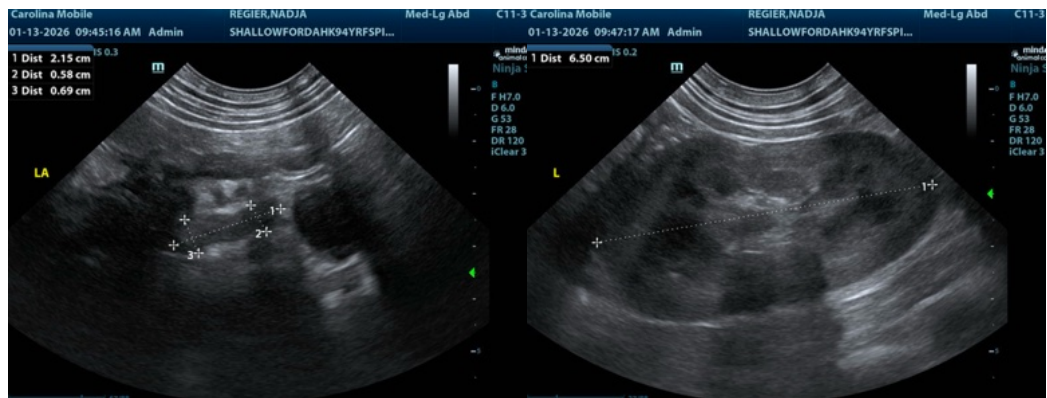
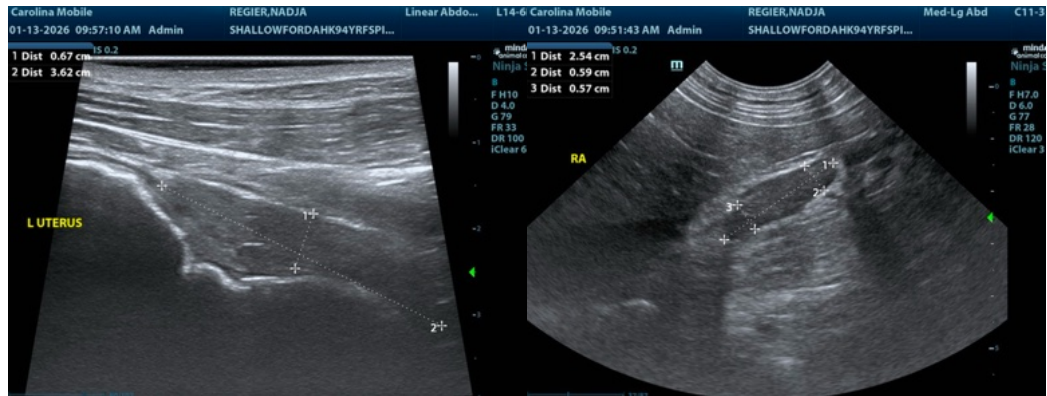
Dr. Eads

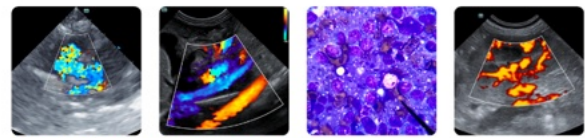
INVOICE

70083

DATE

1/13/26





PATIENT

Nadja Regier

SPECIES

Canine

BREED

Pit

SEX

Female

AGE

4 years

WEIGHT

52 lbs

INTERPRETED BY

Eric Lindquist, DMV
 DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Shallowford AH

REFERRING VET

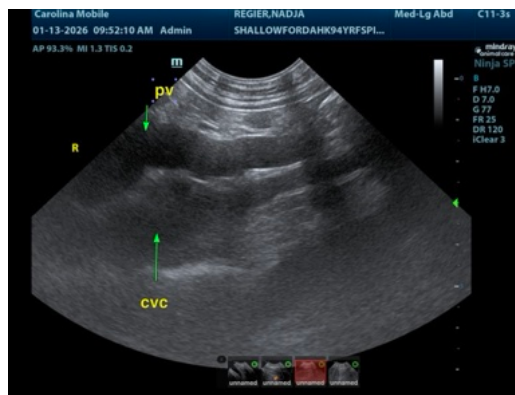
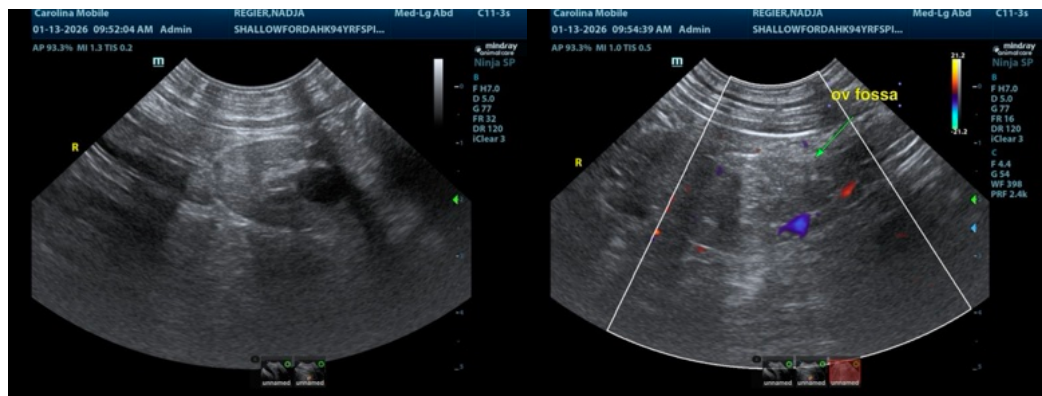
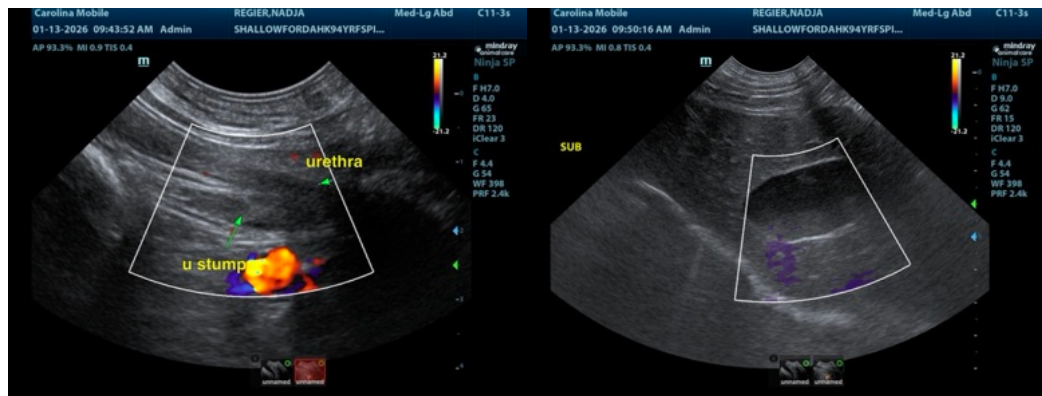
Dr. Eads

INVOICE

70083

DATE

1/13/26



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, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com