



PATIENT

Mila Heidenreich

SPECIES

Canine

BREED

Great Pyrenees Mix

SEX

Spayed female

AGE

9 years

WEIGHT

96 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS,
CEO of SonoPath.com

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Armstrong AC

REFERRING VET

Dr. Gallagher

INVOICE

69460

DATE

12/19/25

PRESENTING CLINICAL SIGNS

History: P has well controlled Addison's dz with DOCP and pred Spayed 12/24 and the past few months has weight gain, Pu/PD and some agitation
Abnormal PE/Chem/CBC/UA Results: Chol 411, Lipase 1465

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. The bladder measured 0.82 cm at moderate repletion.

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 7.17 cm. The right kidney measured 7.34 cm.

Adrenal Glands

The right **adrenal gland** was flattened and isoechoic. This is typical for an Addisonian patient and measured 0.58 cm at the cranial pole and 0.48 cm at the caudal pole. The left adrenal gland was similarly flattened and measured 2.14 x 0.32 cm at the caudal pole and 0.3 cm at the caudal pole.

Spleen

The **spleen** revealed two focal, hypoechoic nodules measuring 0.96 cm and 1.0 cm. This may be simple sinusoidal accumulations and may be temporary but should be monitored.

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.



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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

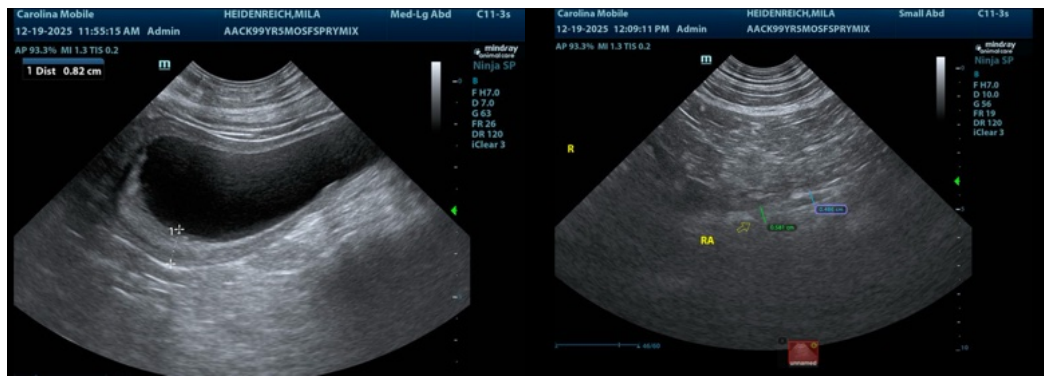
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Slight splenic nodules, may be temporary sinusoidal accumulations.
- Flattened Addisonian adrenal glands.
- Otherwise, age related changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of significant disease. A recheck sonogram would be ideal in a month regarding the splenic presentation.





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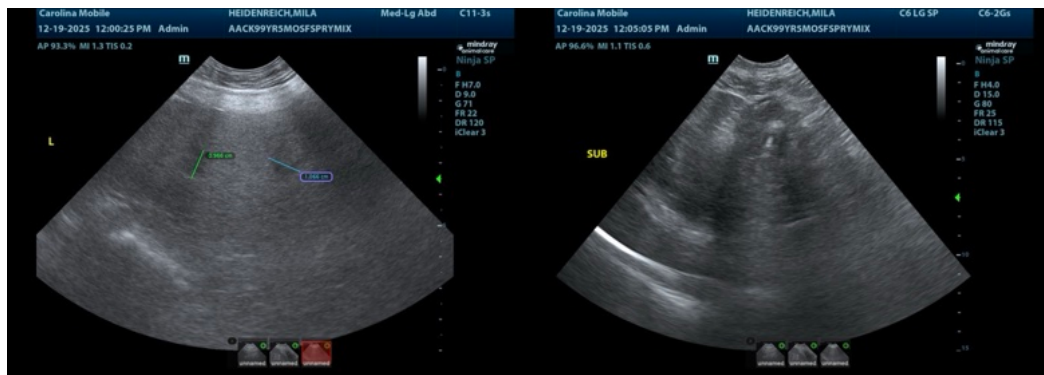
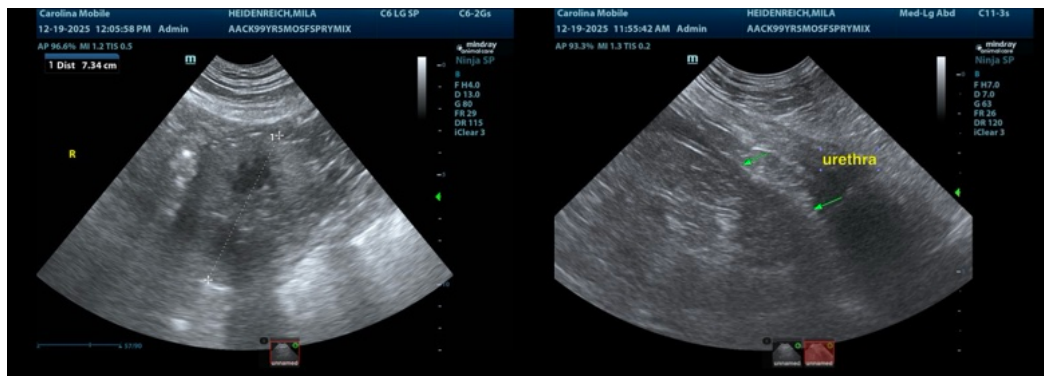
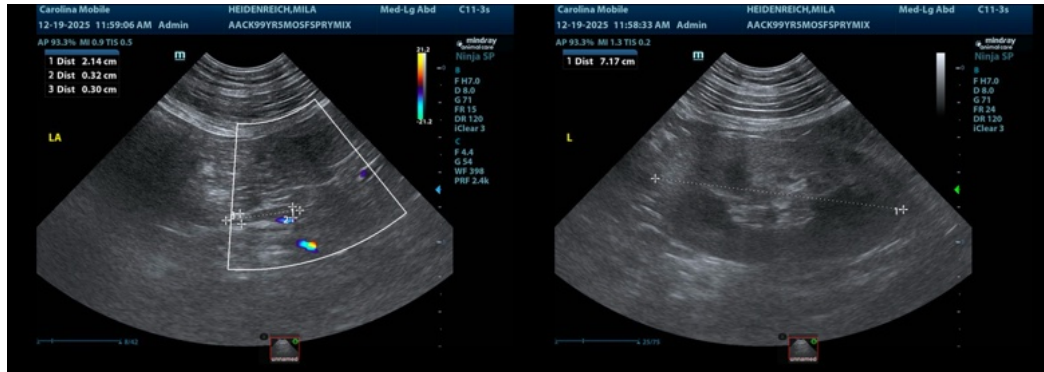
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

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