



PATIENT

Blake Wolfson

SPECIES

Canine

BREED

Mix

SEX

Neutered male

AGE

16 years

WEIGHT

6.55 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Marsh AH

REFERRING VET

Dr. Armani

INVOICE

69372

DATE

12/8/25

PRESENTING CLINICAL SIGNS

History: Recheck murmur, is coughing, falling episodes, syncope vs seizure vs pain. Meds vetmedin, gaba, librela.
 Abnormal PE/Chem/CBC/UA Results: BUN-35 TB-0.5

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 **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. Blood flow to the kidneys appeared to be adequate. The left renal cyst is similar to the prior sonogram and measured 1.3 cm. Other smaller cysts are noted. The left kidney measured 3.54 cm. The right kidney measured 3.26 cm.

Adrenal Glands

The right **adrenal gland** revealed heterogenous parenchymal changes, similar to the prior sonogram. The right adrenal gland measured 0.99 cm at the cranial pole and 0.47 cm at the caudal pole and 1.8 cm in length. The **left adrenal gland** was uniform and measured 1.48 cm x 0.38 cm at the cranial pole and 0.47 cm at the caudal 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 was noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some 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



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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. The hepatic lymph nodes were unremarkable.

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 **pancreas** appears to be stable with some level of remodeling, yet there was no evidence of active inflammation present.

ULTRASONOGRAPHIC FINDINGS

Stable, chronic renal changes.

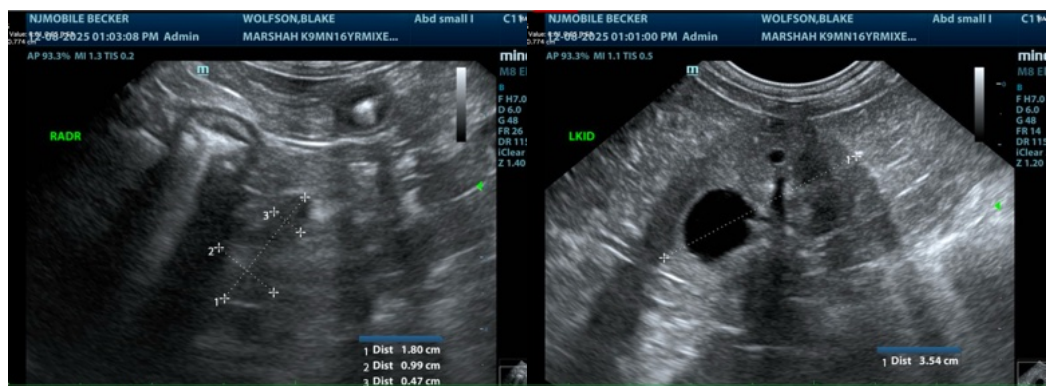
Mild pancreatic remodeling.

Mildly heterogenous right adrenal gland.

Slight bladder thickening, likely age related.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of clinically significant disease in the abdomen. I recommend focusing on cardiac work-up based on the clinical history as well as reassessing urinalysis to assess for any evidence of UTI and managing any evidence of hypertension if present.





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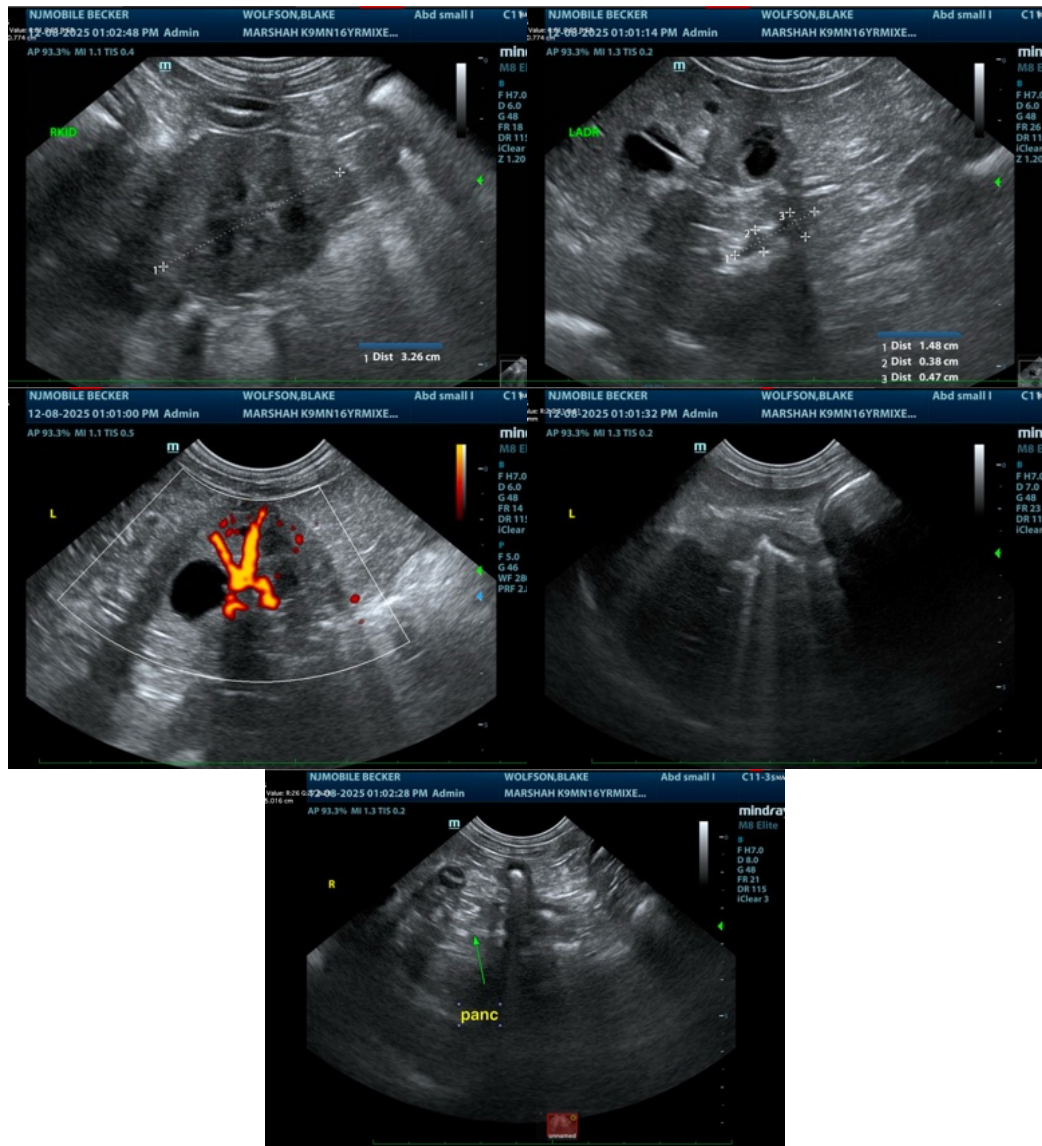
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 of SonoPath.com

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