



PATIENT

Chloe Kerr

SPECIES

Canine

BREED

Plott Hound

SEX

Spayed female

AGE

15 years

WEIGHT

40 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Greenwood Lake AH

REFERRING VET

Dr. Streng

INVOICE

69415

DATE

12/9/25

PRESENTING CLINICAL SIGNS

Inappropriate urination and hematuria.

10/17/25 BUN 49, creat 1.3, ALP 363

UA WBC >100, RBC > 100, Urine specific gravity 1.024

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction and appeared normal. 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 was 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 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Pinpoint mineralization was noted in the kidneys. The patient may be passing calculi periodically. The left kidney measured 5.6 cm. The right kidney measured 6.4 cm.

Adrenal Glands

The left **adrenal gland** was enlarged, mildly irregular and focally mineralized. The left adrenal gland measured 2.5 x 1.3 cm. The right adrenal gland was enlarged and measured 2.16 x 1.46 cm at the cranial pole and 0.85 cm at the caudal pole.

Spleen

The **spleen** was normal size and relatively normal contour with multifocal hyperechoic areas of mineralization. This is a benign change; however, can be related to Cushing's disease or other endocrinopathies.

Liver

Exam of the cranial abdomen demonstrated mildly excessive **liver** size, irregular contour, and diffuse micronodular architecture. Parenchymal echogenicity was mixed and generally hypoechoic to the spleen. Biliary congestion was evident with a mildly dilated gall bladder and excessive precipitate. The gall bladder wall was somewhat echogenic. These changes are consistent with benign hyperplasia, chronic inflammatory or, less likely, neoplastic disease. Bile acid profile to assess hepatic function and



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biopsy, following coagulation panel, is recommended to further define this pathology. Ursodiol therapy may help manage this presentation.

Gastrointestinal

The **gastric** wall was mildly thickened and measured 0.7 cm with a fluid filled lumen. The small intestines and colon were unremarkable with normal curvilinear mural patterns and content.

Pancreas

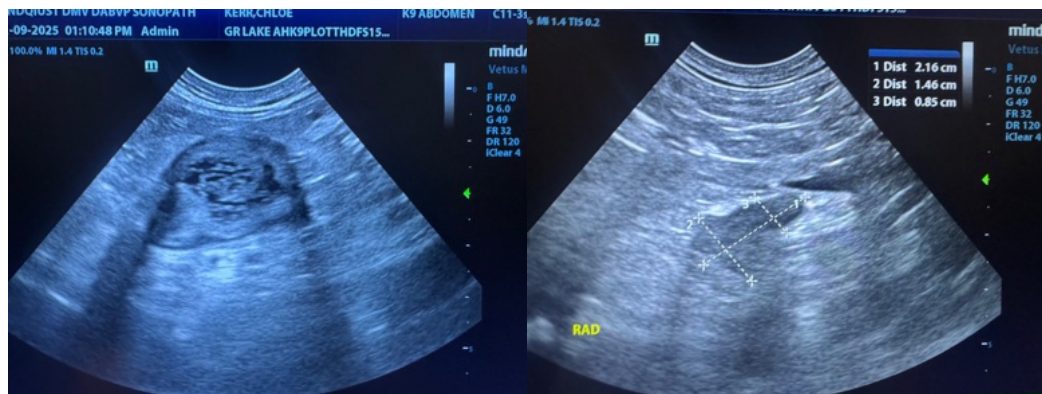
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Mild gastritis pattern.
- Nodular hyperplasia splenic and hepatic changes.
- Moderate degenerative renal changes. Emerging renal failure is a strong potential.
- Bilateral adrenal hypertrophy. Likely hyperplasia, however, the left adrenal should be monitored for any progression as emerging carcinoma or pheochromocytoma can also present in this fashion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Periodic passage of calculi may also be playing a role. Renal oriented diet and full urinary work-up as well as blood pressure measurements are indicated. A recheck sonogram is recommended in 4-6 weeks primarily regarding the adrenal glands and stomach.





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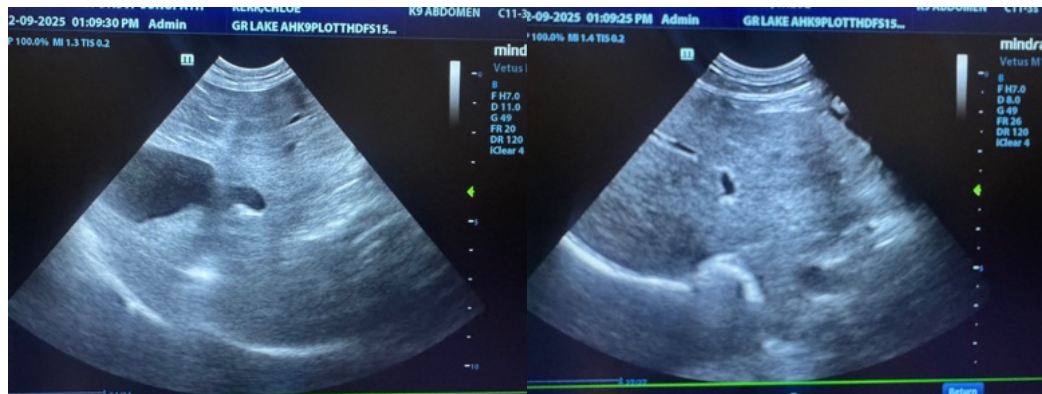
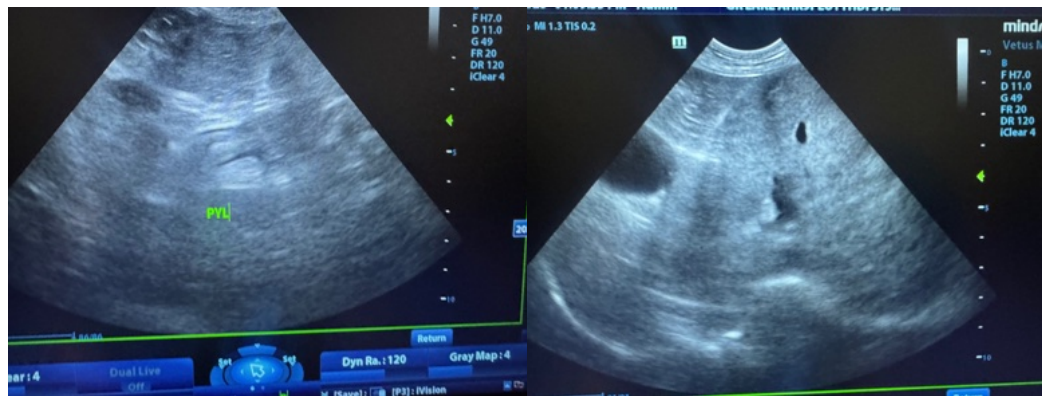
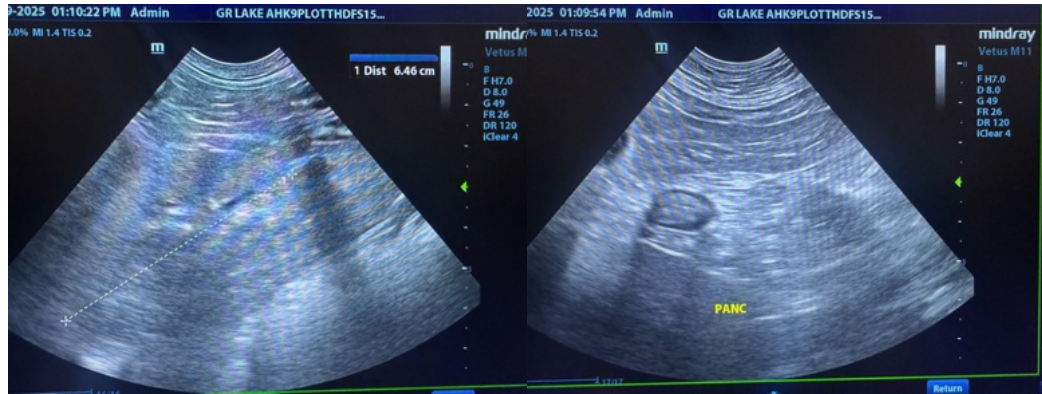
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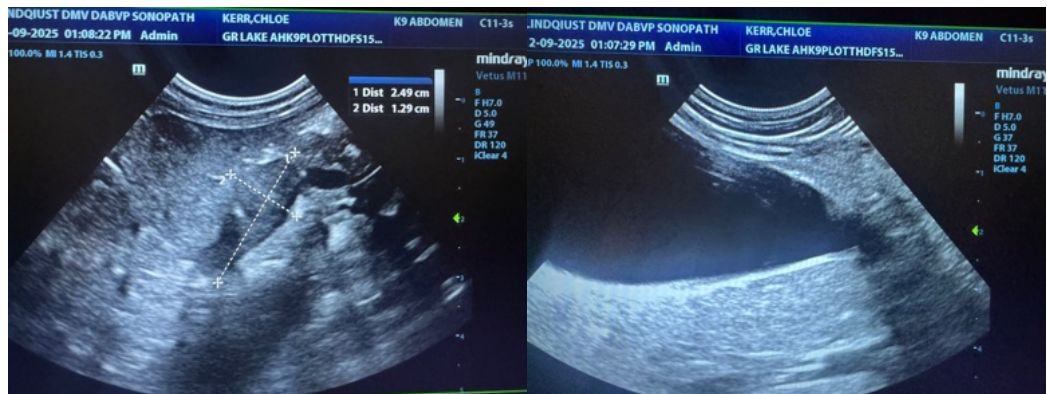
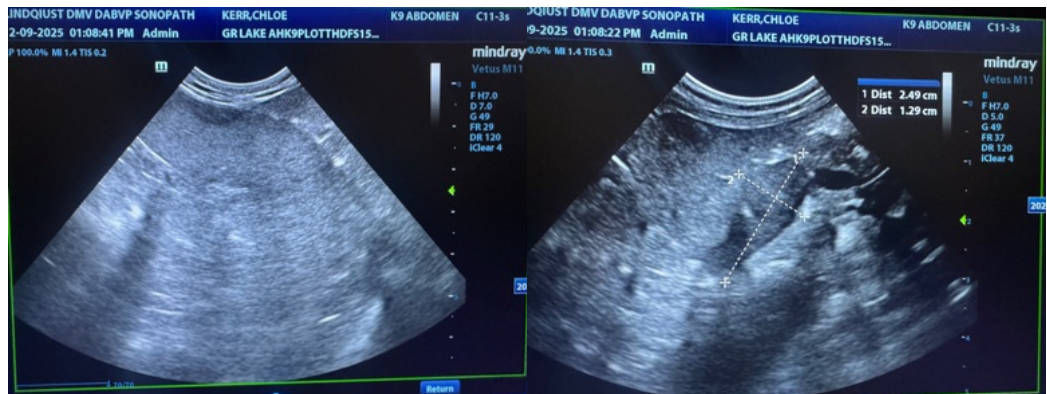
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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