



## PATIENT

Arya Silverglade

## SPECIES

Canine

## BREED

Labrador

## SEX

Spayed female

## AGE

5 years

## WEIGHT

83 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Chloe Lowe, CVT

## HOSPITAL NAME

Andover AH

## REFERRING VET

Dr. Lawlor

## INVOICE

73471

## DATE

3/16/26

## PRESENTING CLINICAL SIGNS

- Hematuria, stranguria, bacteruria.
- Physical exam relatively unremarkable. Patient is still hematuric and strange tic despite medication.
- Amoxicillin 500 mgs BID and carprofen 75 mg BID started 3/10/26
- CBC/ chem WNL Urine blood 3+, protein 3+, wbc 4-10, cocci <10 USG 1.051

## 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. A grouping of calculi were noted and measured 1.8 cm. Suspended debris was noted as well. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae 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. The left kidney measured 6.12 cm. The right kidney measured 7.75 cm.

### *Adrenal Glands*

The left **adrenal gland** was enlarged and measured 2.4 x 0.95 cm at the cranial pole and 0.85 cm at the caudal pole. The right adrenal gland was normal in size and contour measuring 2.15 x 0.96 cm at the cranial pole and 0.53 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 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**

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with post prandial presentation. Shadowing material was noted in the stomach and measured up to 1.0 cm. This may be medication or kibble. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

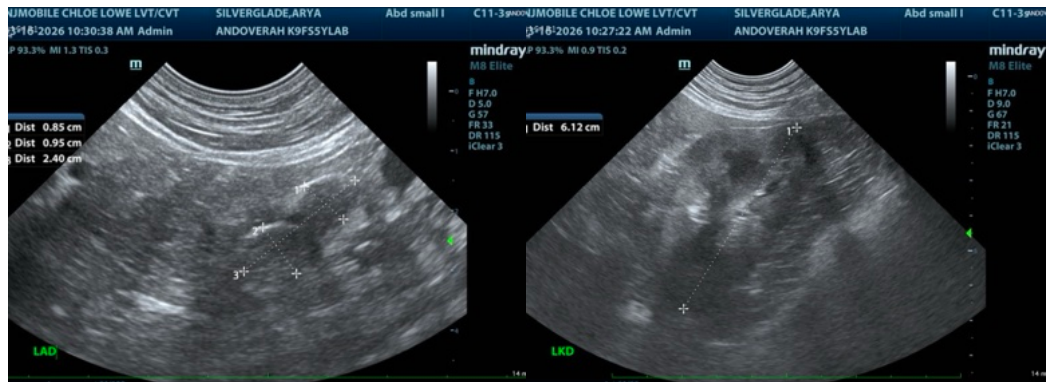
**ULTRASONOGRAPHIC FINDINGS**

Urinary bladder sand with mild cystitis pattern and debris.

Prominent left adrenal gland. Hyperplasia versus emerging carcinoma or pheochromocytoma is technically possible.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Medical management could be considered or cystotomy, sand analysis, and culture with normal and retrograde flushing. If surgical intervention is to occur, then left adrenalectomy should be considered along with bladder lavage and cystotomy. Otherwise, medical management with a recheck sonogram is recommended in 6 weeks. Serial blood pressure measurements are warranted to assess for hypertension potentially related to the left adrenal in case of pheochromocytoma.





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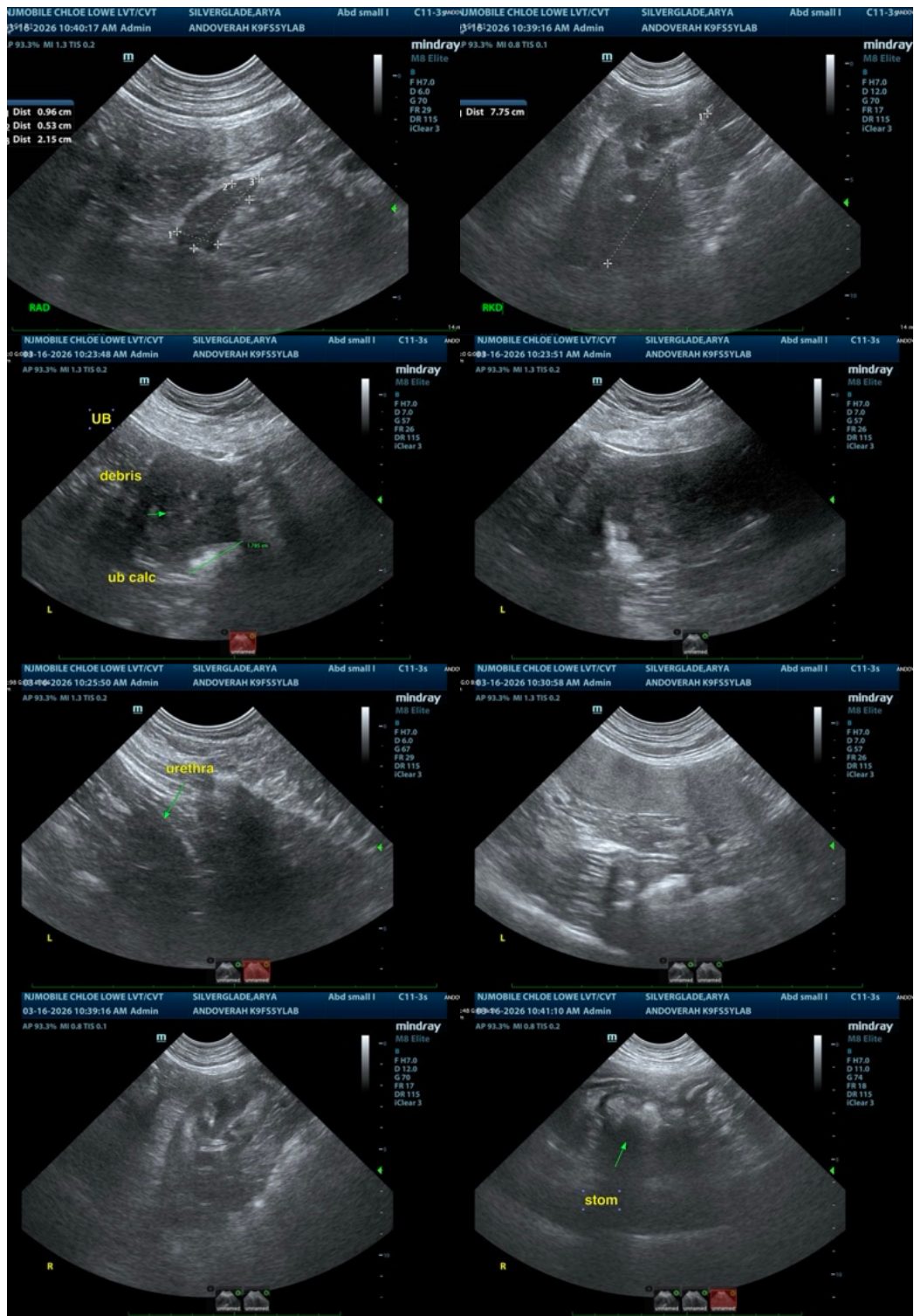
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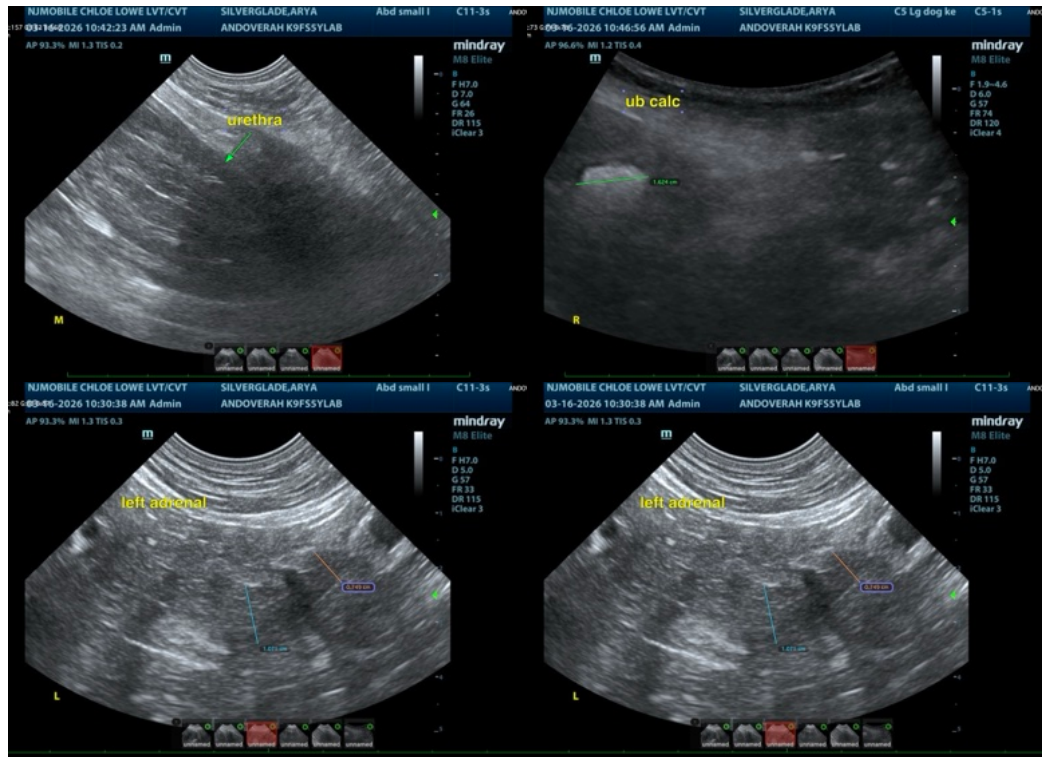
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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