



PATIENT

Maddie Williams

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed female

AGE

11 years

WEIGHT

81.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Chloe Lowe

HOSPITAL NAME

Shohola VH

REFERRING VET

Dr. DeMeo

INVOICE

74424

DATE

4/13/26

PRESENTING CLINICAL SIGNS

History: Sx planning. Bladder stones present, radiograph showed cranial abdominal mass. R/o mass VS artifact.
Amoxi/clav
Alk Phos 398 UA 1+ blood, >50 wbc, bacteria- rods USG 1.040

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. Multiple calculi were noted. The largest of which measured 1.8 cm and is non-obstructive at the time of the sonogram, yet a minimal amount of urine was present. The cystourethral junction and urethra were unremarkable. 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. Mild to moderate mineralization was noted on the kidneys. The left kidney measured 6.3 cm. The right kidney measured 5.77 cm.

The iliac trifurcation was unremarkable.

Adrenal Glands

The right **adrenal gland** was slightly heterogenous and mildly enlarged measuring 2.74 x 2.6 cm at the cranial pole and 0.89 cm at the caudal pole. The left adrenal gland measured 2.43 x 0.79 cm at the caudal pole and 0.75 cm at the cranial 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. Occasional, hyperechoic, non-disruptive nodular change was noted on the liver. The largest of which measured 3.0 cm and was non-disruptive. Vascular and biliary tracts were



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of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal 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

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with post prandial presentation. 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

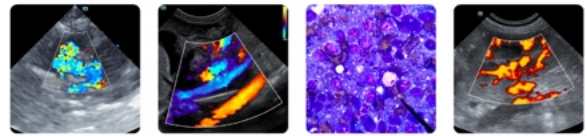
Age related hepatic changes with nodules, non-disruptive. These are not suspected to be of clinical significance.

Multiple bladder calculi.

Mild to moderate degenerative renal changes with non-obstructive calculi.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cystotomy, stone analysis and culture are indicated. Liver inspection and biopsy at the time of surgery is ideal. However, this is not overtly necessary as the nodular changes appear subjectively benign. 3-4 week antibiotic protocol would be warranted based on culture results of the calculi. Given the chronic renal changes, I cannot rule out embedded bacteria within the kidneys.



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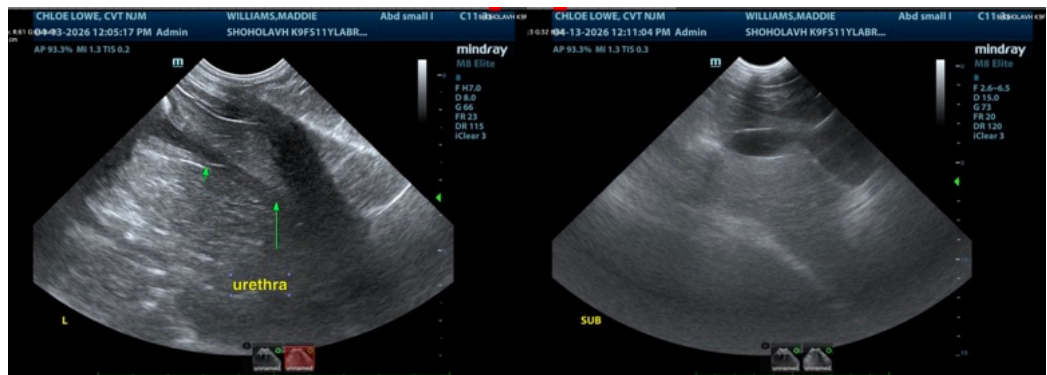
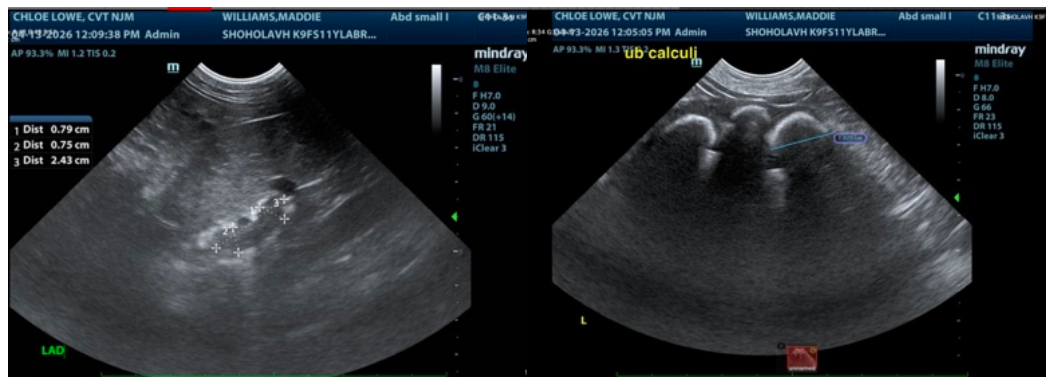
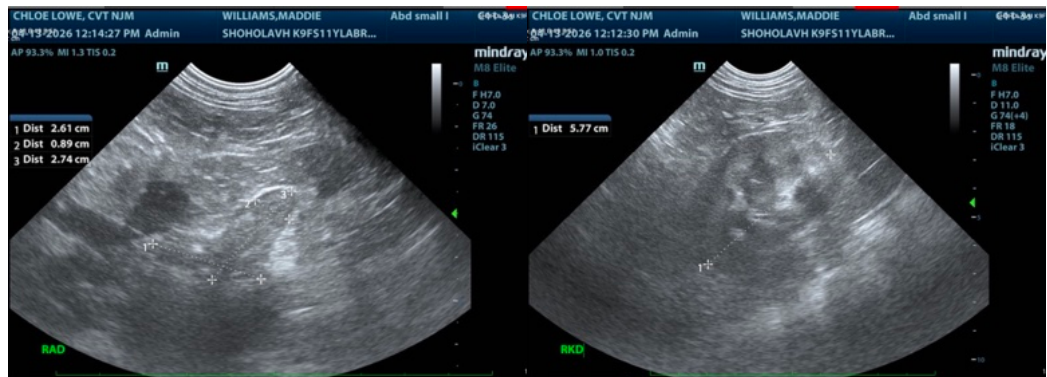
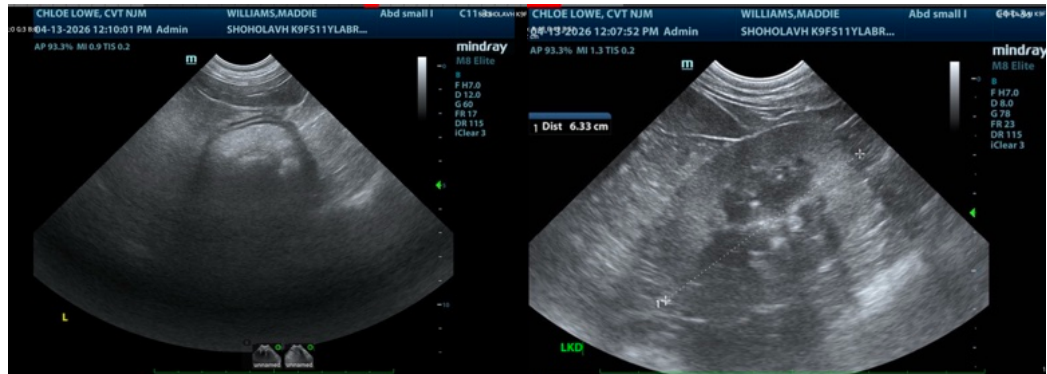
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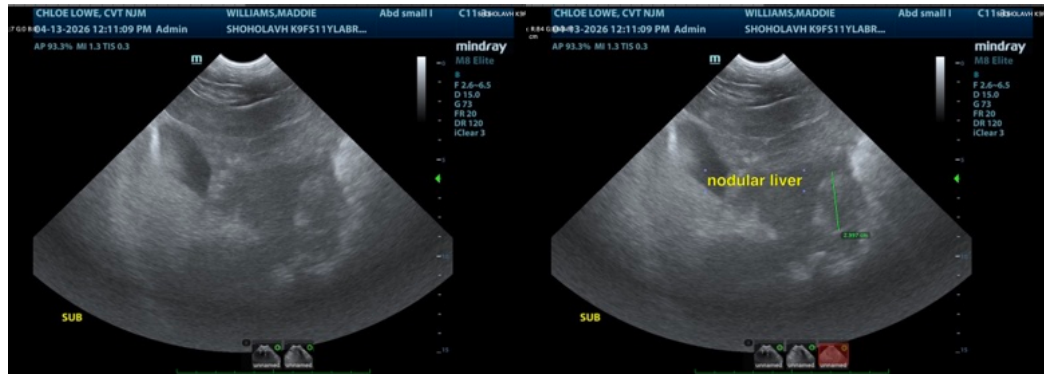
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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