



PATIENT

Nina Price

SPECIES

Canine

BREED

Husky

SEX

Spayed female

AGE

14 years

WEIGHT

67 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Brittney Beigel

HOSPITAL NAME

Bayside Animal
Medical Center

REFERRING VET

Dr. Buchanan

INVOICE

70044

DATE

1/12/26

PRESENTING CLINICAL SIGNS

History: Hx of Cushing's, and CCL tear managed with rest/nsaid/helpemup harness. Hx of blood in urine without significant bacteria detected; P was fasted for US scan, no sedation; currently on vetoryl; receives gabapentin and flexprofen for arthritis pain/discomfort

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. 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. The right kidney measured 7.22 cm. The left kidney measured 6.68 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient.

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** was riddled with multiple, mixed hypoechoic, coalescing nodular changes with an overt 2.5 cm left caudal mass. 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.

Free Abdomen

A sublumber mass was noted and measured 3.6 cm and impinged upon the urinary bladder. The mass is likely of lymph node origin.

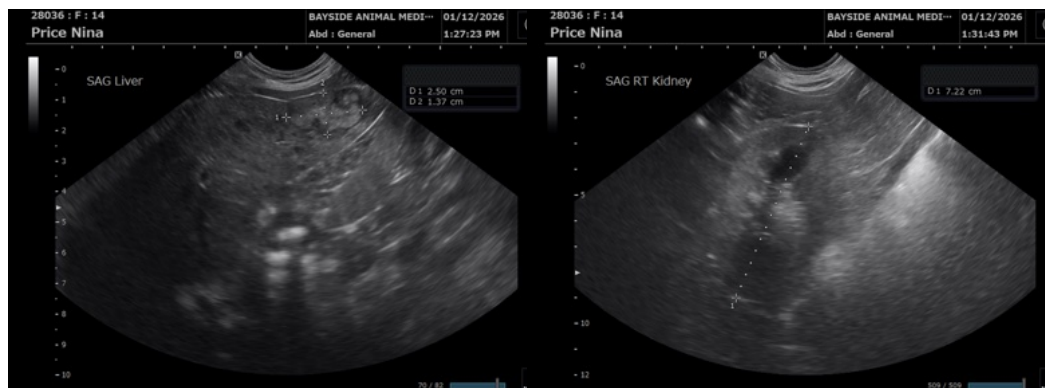
ULTRASONOGRAPHIC FINDINGS

Diffuse hepatic nodular changes, strong concern for metastatic disease.

Sublumber lymph node mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver nodules and lymph node mass is recommended. The regions of the adrenal glands were imaged with no evidence of gross pathology. Prognosis is guarded depending on cytology results.





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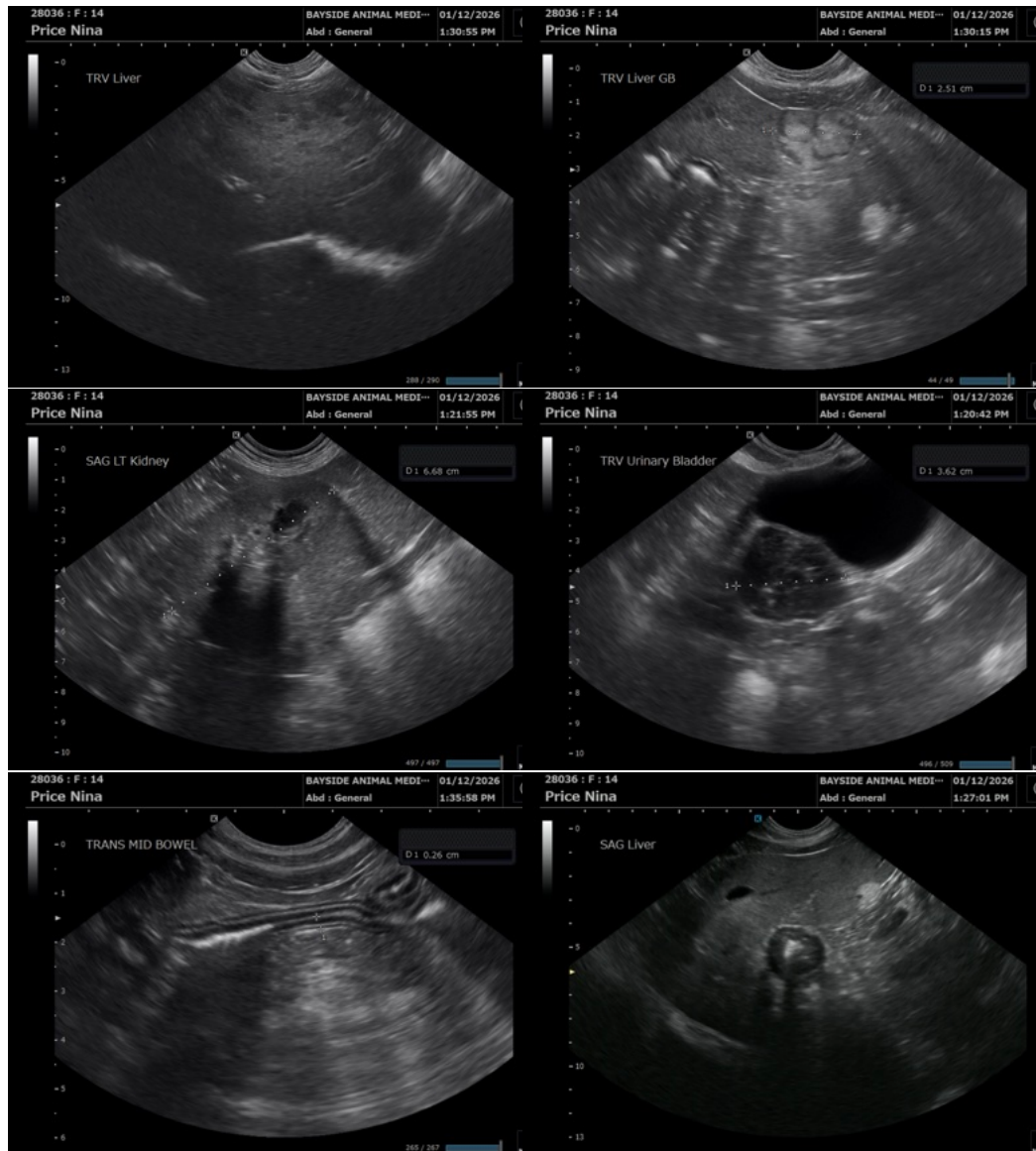
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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