



## PATIENT

Cash Paynton

## SPECIES

Canine

## BREED

Australian Cattle Dog

## SEX

Neutered Male

## AGE

8 Years 4 Months

## WEIGHT

75 lbs

## INTERPRETED BY

Eric Lindquist, DMV,  
DABVP (CFM), Cert.  
IVUSS

## IMAGING PERFORMED BY

Dr. Cerf

## HOSPITAL NAME

Veterinary Center of  
Hardyson

## REFERRING VET

Dr. Cerf

## INVOICE

72435

## DATE

1/23/26

## PRESENTING CLINICAL SIGNS

HX: Lethargy; PU/PD

PE: Over conditioned; Hepatomegaly; Probable sarcoma/mass on left pelvic limb (thigh area)

Abnormal PE/Chem/CBC/UA Results: CHEM: ALP = 1080 (normal 2 years ago) USG = 1027 w/ 3+ protein R/O: Adrenal neoplasia vs. PLN

## 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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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. Left kidney measured 6.7 cm. Right kidney measured 7.2 cm. Focal mineralization noted in the medial aspect of the right kidney, stable, measuring 1.5 cm.

### Adrenal Glands

The **left adrenal gland** was 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. Left measured 2.08 cm x 0.58 cm.

A mineralizing **right adrenal** mass was noted measuring approximately 2.8 cm x 3.5 cm. No evidence of caval invasion.

### 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 were noted.

### Liver

The **liver** revealed an isoechoic mass measuring 6.0 cm x 5.5 cm in the left cranial liver, deviating the diaphragm, with mild to moderate disruption of architecture.

### 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.



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**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.

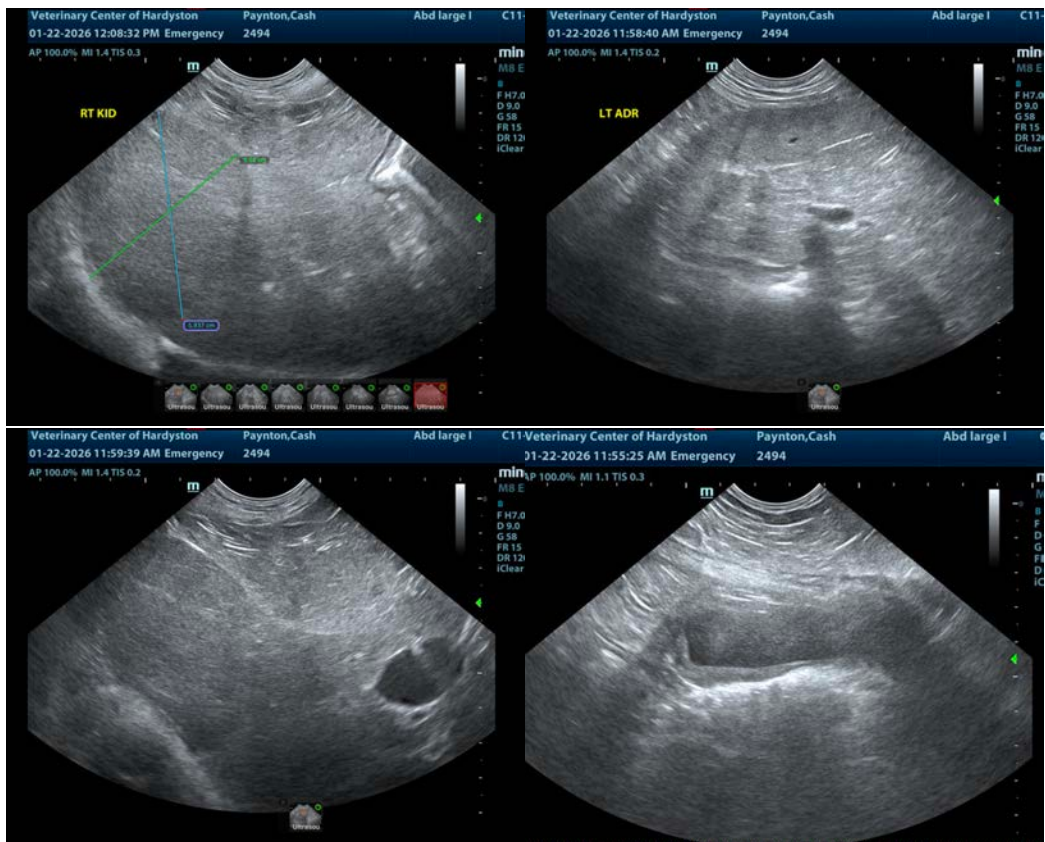
**ULTRASONOGRAPHIC FINDINGS**

- Mineralizing right adrenal mass – likely carcinoma, possible adenoma, less likely pheochromocytoma.
- Left cranial liver mass, potentially resectable – hepatoma or carcinoma.
- Focal mineralization right kidney.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

CT evaluation for surgical planning of the right adrenal and liver mass indicated.

Serial blood pressure measurements are recommended in this patient. If hypertension is an issue metanephrine level is recommended. If the patient appears Cushingoid and urine specific gravity is less than 1.020 then work-up for adrenal dependent Cushing's is indicated. Recheck is recommended in 2-3 weeks to assess for any progression of the adrenal gland.





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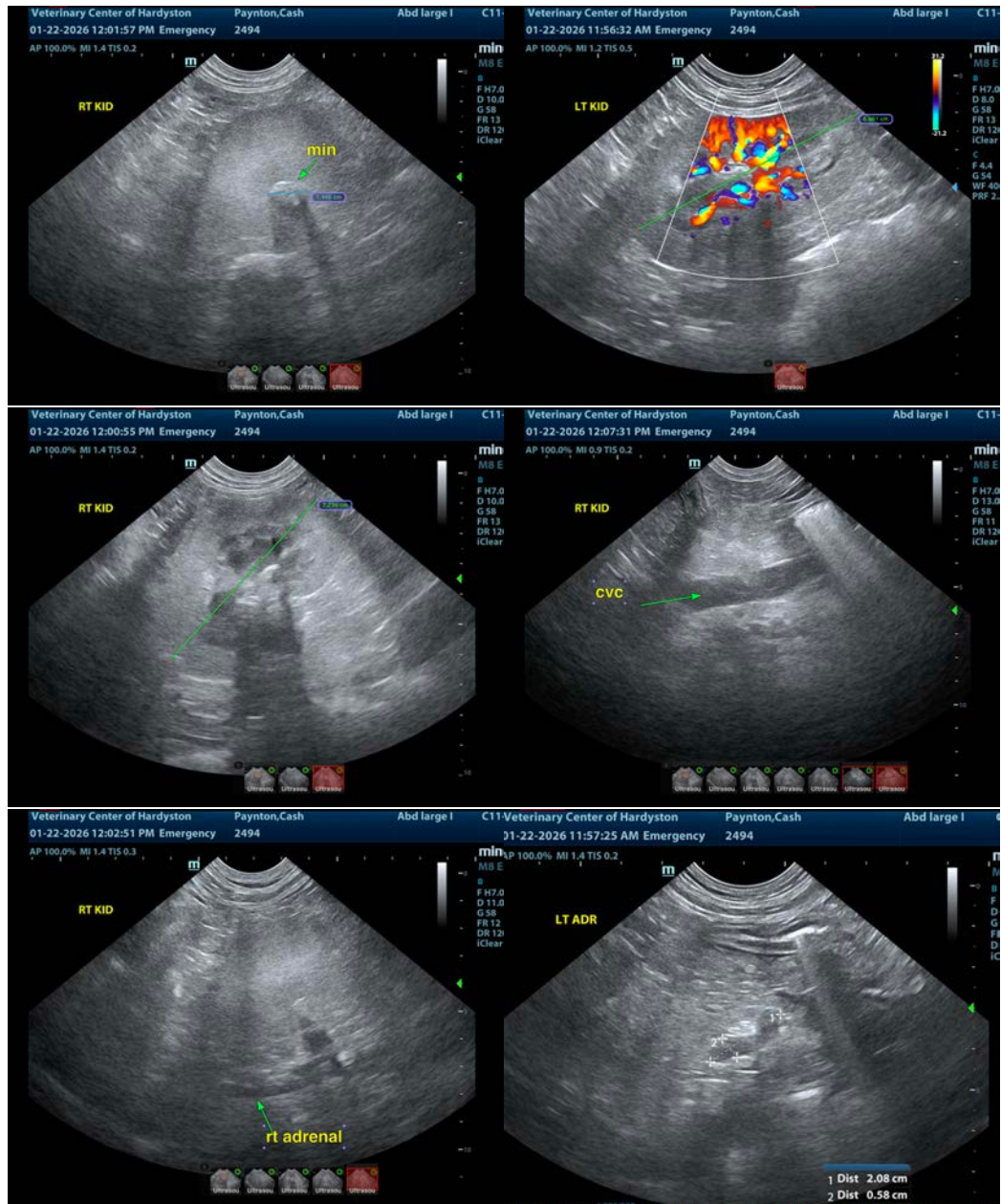
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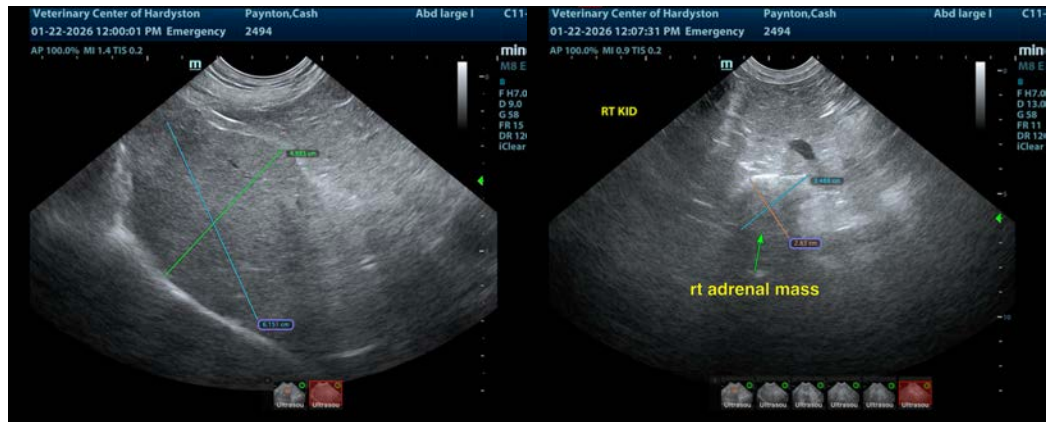
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com  
[info@SonoPath.com](mailto:info@SonoPath.com)