



PATIENT

Cozett Macintyre

SPECIES

Canine

BREED

Maltese

SEX

Spayed Female

AGE

12 Years

WEIGHT

16 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kitz

HOSPITAL NAME

Woodlands Animal
Hospital

REFERRING VET

Dr. Kitz

INVOICE

72466

DATE

1/24/26

PRESENTING CLINICAL SIGNS

Patient has history of chronically elevated liver enzymes.

Abnormal PE/Chem/CBC/UA Results: TP increased at 7.7 g/dL with elevated globulins ALT elevated at 231 ALKP elevated at 1946

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was largely normal with irregular contour. However, a 1.0 cm calculus was noted, non-obstructive.

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight mineralization noted in both kidneys. Left kidney measured 4.0 cm. Right kidney measured 4.0 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. Left measured 0.50 cm at the cranial pole and 0.48 cm at the caudal pole. Right measured 0.64 cm at the caudal pole and 0.58 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 were noted.

Liver

The **liver** presented uniform parenchyma. The left liver revealed a cystic structure measuring 1.4 cm x 1.2 cm with a deeper macronodular change at 2.6 cm. The hepatic veins were mildly dilated. The gallbladder and common bile duct were unremarkable. If the patient was sedated, the hepatic vein dilation would be normal.

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

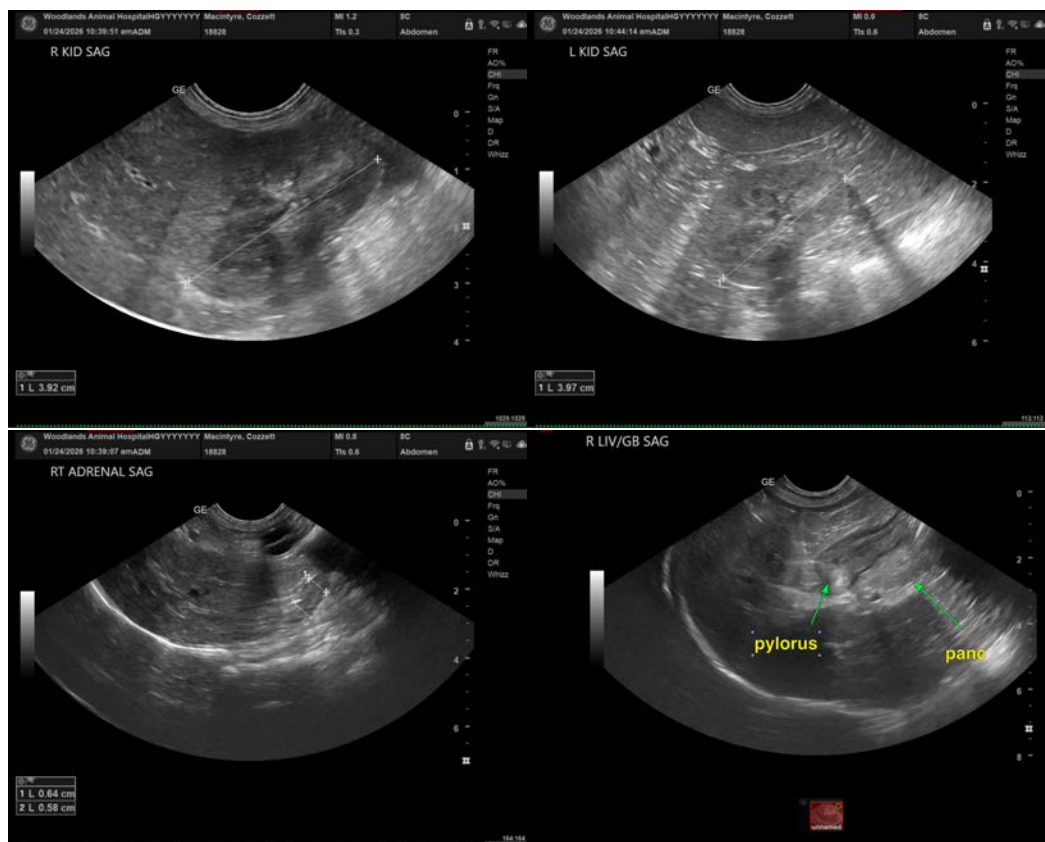
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

- Hepatic cyst or possible abscess and undefined nodular change.
- Urinary bladder stone.
- Age related renal changes.
- Age related pancreatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided drainage of the cystic component and 22-gauge FNA of the nodular component recommended for further definition. Abscessation is a potential as opposed to complex cyst. I do not overtly suspected neoplasia, yet sampling is strongly recommended. Eventual cystotomy, stone analysis and culture indicated.





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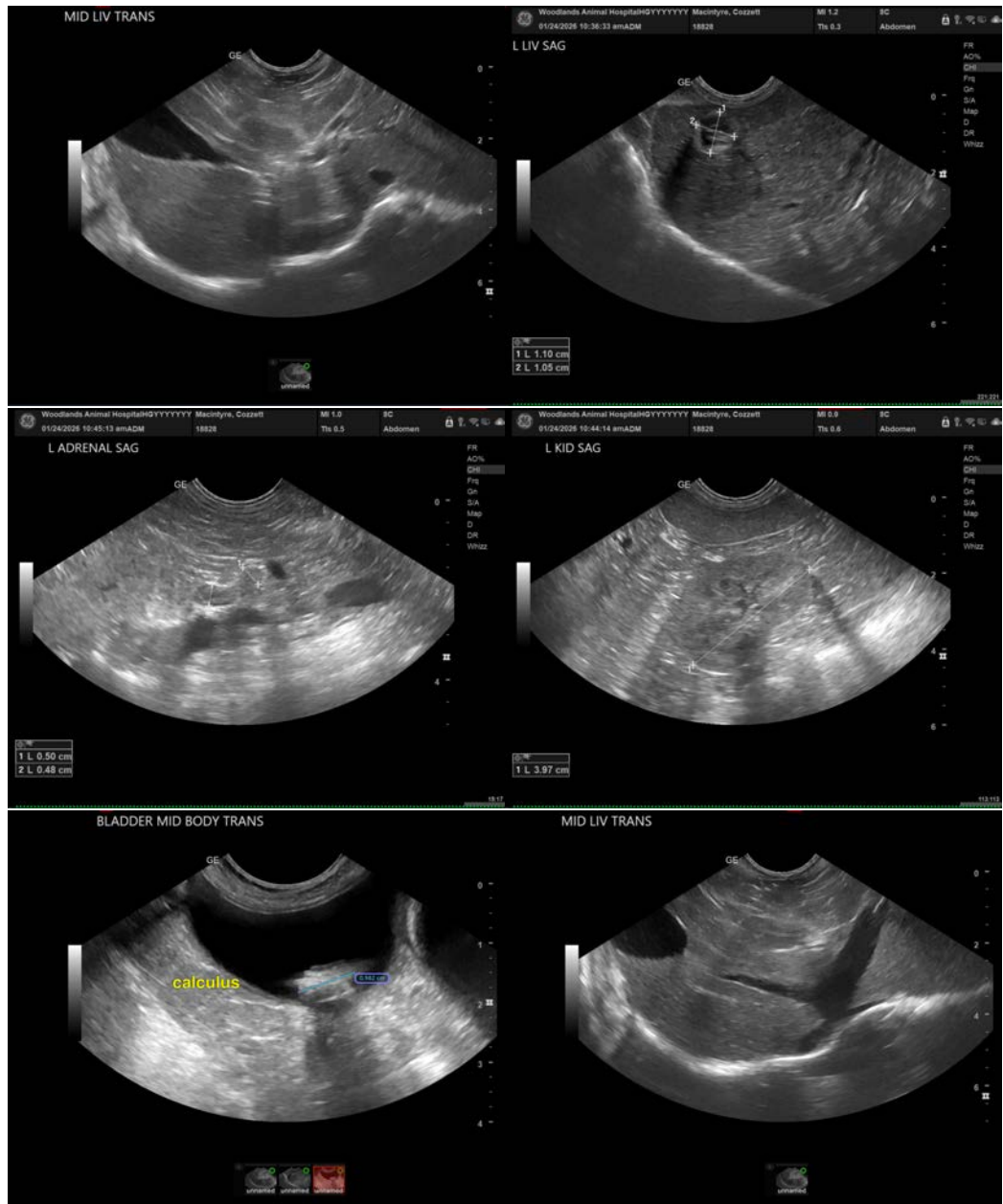
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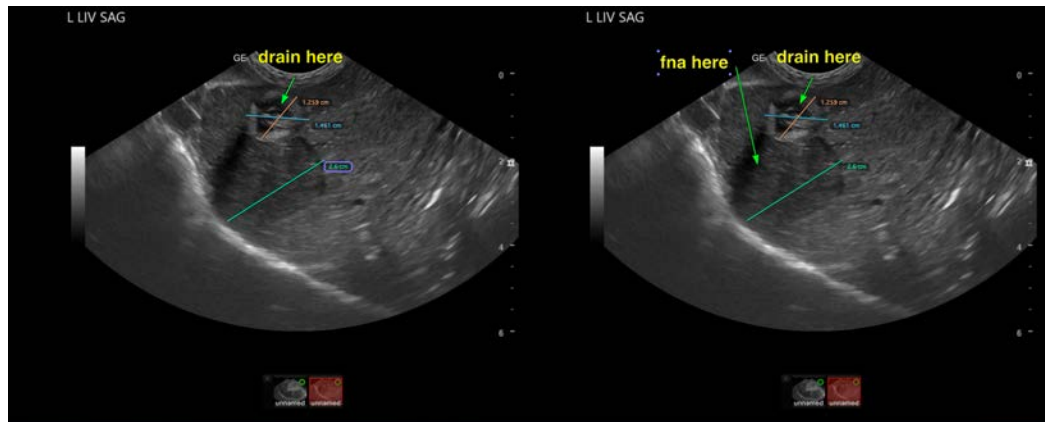
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
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info@SonoPath.com