



PATIENT

Lucy House

SPECIES

Canine

BREED

Shepherd Mix

SEX

Spayed female

AGE

12 years

WEIGHT

67.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Heather Brenner

HOSPITAL NAME

Riverside Animal Clinic

REFERRING VET

Dr. Brenner

INVOICE

70988

DATE

1/27/26

PRESENTING CLINICAL SIGNS

- Hip dysplasia diagnosed 2018, clinically doing well on Dasaquin and Deramaxx prn.
- Atopy 2019 Apoquel prn
- Last week 2 episodes overnight of panting, restless, pacing, blank staring. Had a similar episode 2022 used Deramaxx, Gabapentin, trazadone which helped. Dry cough 2-3 times a day
- No pain examination, normal auscultation, cough on tracheal palpation. Dog resisted, seemed painful when attempted lateral chest xrays, needed sedation. CBC normal ALKP increased 398 (23-212) Pancreatic Lipase increased 295 (0-200) TT4 2.2 normal UAS- USG 1.027, pH 5, inactive sediment Chest radiographs normal cardiac silhouette, lungs moderate perihilar broncho-interstitial pattern

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. Mineralization was noted in both kidneys and is non-obstructive. The left kidney measured 6.86 cm. The right kidney measured 7.4 cm.

Adrenal Glands

The right **adrenal gland** was mildly swollen and visualized obliquely and measured 1.24 x 0.8 cm at the caudal pole. The left adrenal gland was enlarged at the cranial pole measuring 1.08 cm and 0.86 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 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



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clinically significant at this time. A hepatomatous type mass was noted in the left cranial liver and subjectively appears benign. Vascular and biliary tracts were 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

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.

ULTRASONOGRAPHIC FINDINGS

Bilateral adrenal hypertrophy, potential emerging PDH.

Age related renal changes with renal mineralization.

Hepatomatous type hepatic mass, appears benign. Otherwise, vacuolar hepatopathy type pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver and/or CT evaluation for potential surgical planning could be considered. However, subjectively the lesion appears benign. FNA is recommended to ensure that vacuolar hepatopathy is the underlying cytology.

Assessment for Cushing's is indicated if PU/PD is present.



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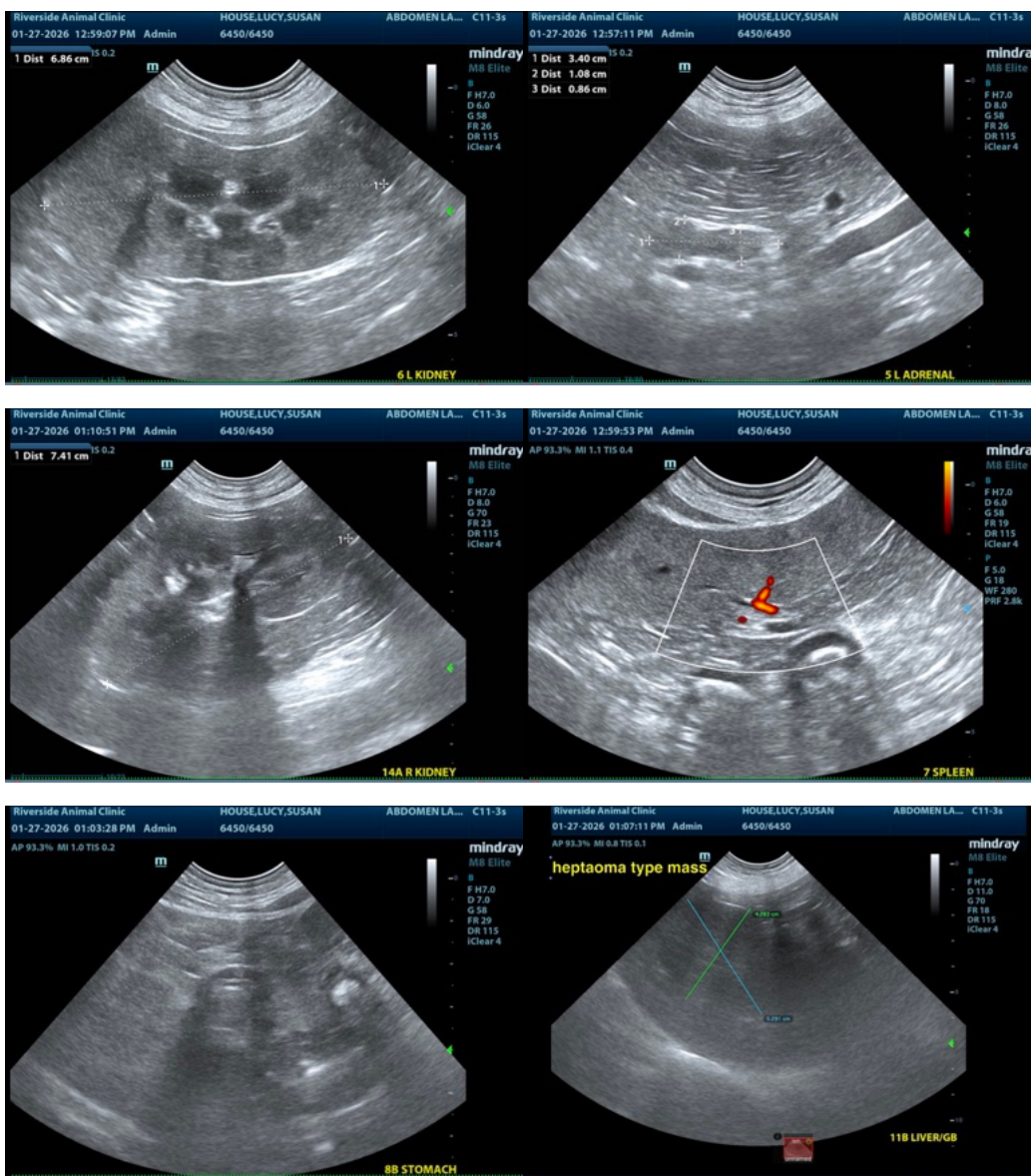
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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