

PATIENT

Coco Duncan

SPECIES

Canine

BREED

Poodle

SEX

Spayed Female

AGE

14 Years

WEIGHT

10 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Melinda Persson

HOSPITAL NAME

At Home Veterinary

REFERRING VET

Dr. Melinda Persson

INVOICE

13442

DATE

01/28/26

PRESENTING CLINICAL SIGNS

- Metastasis check
- Left adrenal carcinoma excised 9/2025
- T-zone lymphoma diagnosed at the same time on flow cytometry
- No follow up treatments post-surgery
- Ultrasound and CT pre-surgery did not reveal metastasis
- Doing well

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 **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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. The left kidney measured 3.84 cm in length. The right kidney measured 3.62 cm in length.

Adrenal Glands

The **right 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. The right adrenal gland measured 0.39 cm width at the cranial pole and 0.41 cm width at the caudal pole.

A hypoechoic egg-shaped structure was noted measuring 1.0 cm x 0.50 cm in the region of the **left adrenal fossa**. This may be an overlying lymph node, however, return to local disease process cannot be ruled out.

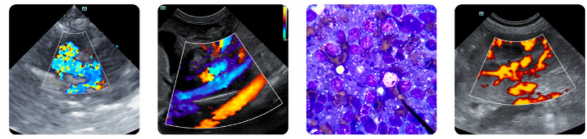
Spleen

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** was riddled with multiple hyperechoic nodules likely lipid plaques, however, metastatic carcinoma cannot be ruled out. Slight pinpoint mineralizations were noted. The gallbladder and common bile duct were unremarkable. Mild hepatic remodeling otherwise noted.

Gastrointestinal



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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

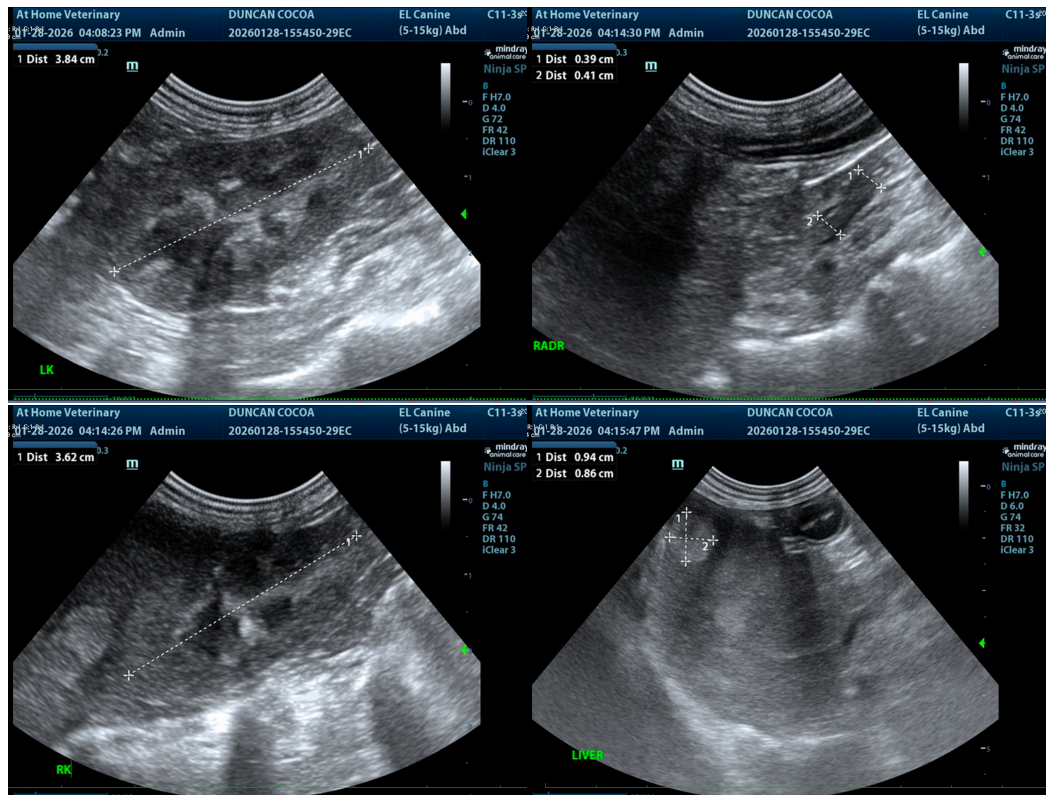
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

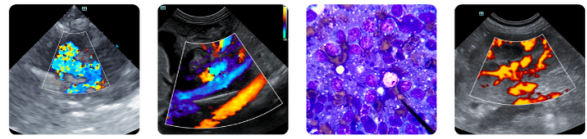
ULTRASONOGRAPHIC FINDINGS

- Liver nodules.
- Age-related renal changes.
- Potential regrowth in the area of the left adrenal fossa- should be monitored as hyperplasia is probable as well as metastatic disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the liver nodules is indicated. Recheck sonogram is indicated in one month.





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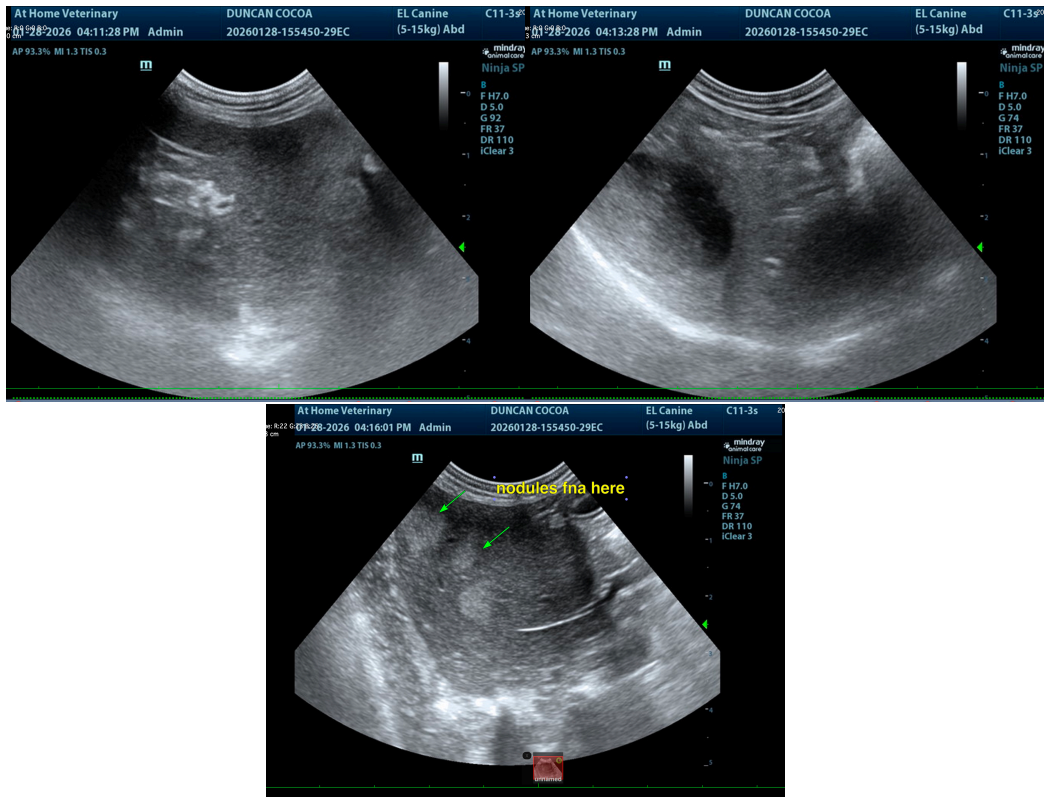
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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