



## PATIENT

Peppermint Pyne

## SPECIES

Canine

## BREED

Chihuahua

## SEX

Neutered male

## AGE

11 years

## WEIGHT

7.49 kg

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Gira

## HOSPITAL NAME

Fishcreek Pet Hospital

## REFERRING VET

Dr. Leslie

## INVOICE

69832

## DATE

1/6/26

## PRESENTING CLINICAL SIGNS

Pertinent History: Vomiting, ADR History of Cushing's. Has been on veteryl for ~5 weeks, 4 weeks at 5mg (0.66mg/kg) PO BID dosing. Is also on gabapentin. Bloodwork showed HCT of 37% (was 49% in Nov/25), low renal values (Creat 22, BUN 1.9), elevated liver values (ALT 358, ALP 3497, GGT 50, cholesterol 8.47), lactate high 4.97, cortisol high at 197.9

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

**\*\*The file size was excessive at 1.6 gigabyte. File compression is necessary**

### *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 left kidney measured 5.13 cm with pinpoint mineralization. The right kidney measured 4.9 cm.

### *Adrenal Glands*

The left **adrenal gland** was at the upper limits of normal and measured 0.77 cm at the cranial pole and 0.66 cm at the caudal pole and the right adrenal gland was uniform enlarged and measured 1.1 cm at the cranial pole and 0.7 cm at the caudal pole.

### *Spleen*

The **spleen** was folded upon itself with mild irregular contour. No overt masses were noted. However, irregular contour was evident. FNA is warranted to ensure that this is a benign presentation.

### *Liver*

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. The caudate process was prominent. This is consistent with hepatoma or hyperplasia. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Increased portal markings were noted. 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



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LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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## 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.

## SEX

Neutered male

## Pancreas

## AGE

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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.

## WEIGHT

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## ULTRASONOGRAPHIC FINDINGS

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

Irregular spleen, suspect malformation.

Chronic hepatic remodeling.

Bilateral adrenal enlargement, consistent with likely PDH.

Structurally unremarkable GI tract. Non-specific gastrointestinal upset.

## IMAGING PERFORMED BY

Dr. Gira

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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FNA of the spleen and liver (general liver and caudate process) is indicated for further definition. I believe these lesions are likely benign. The liver enzyme elevation is likely owing to chronic inflammatory hepatopathy.

## REFERRING VET

Dr. Leslie

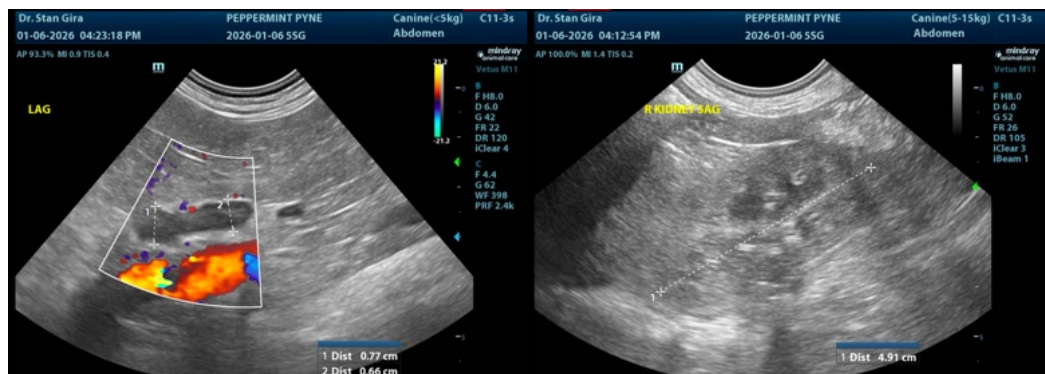
Splenic malformation or accessory lobe is likely.

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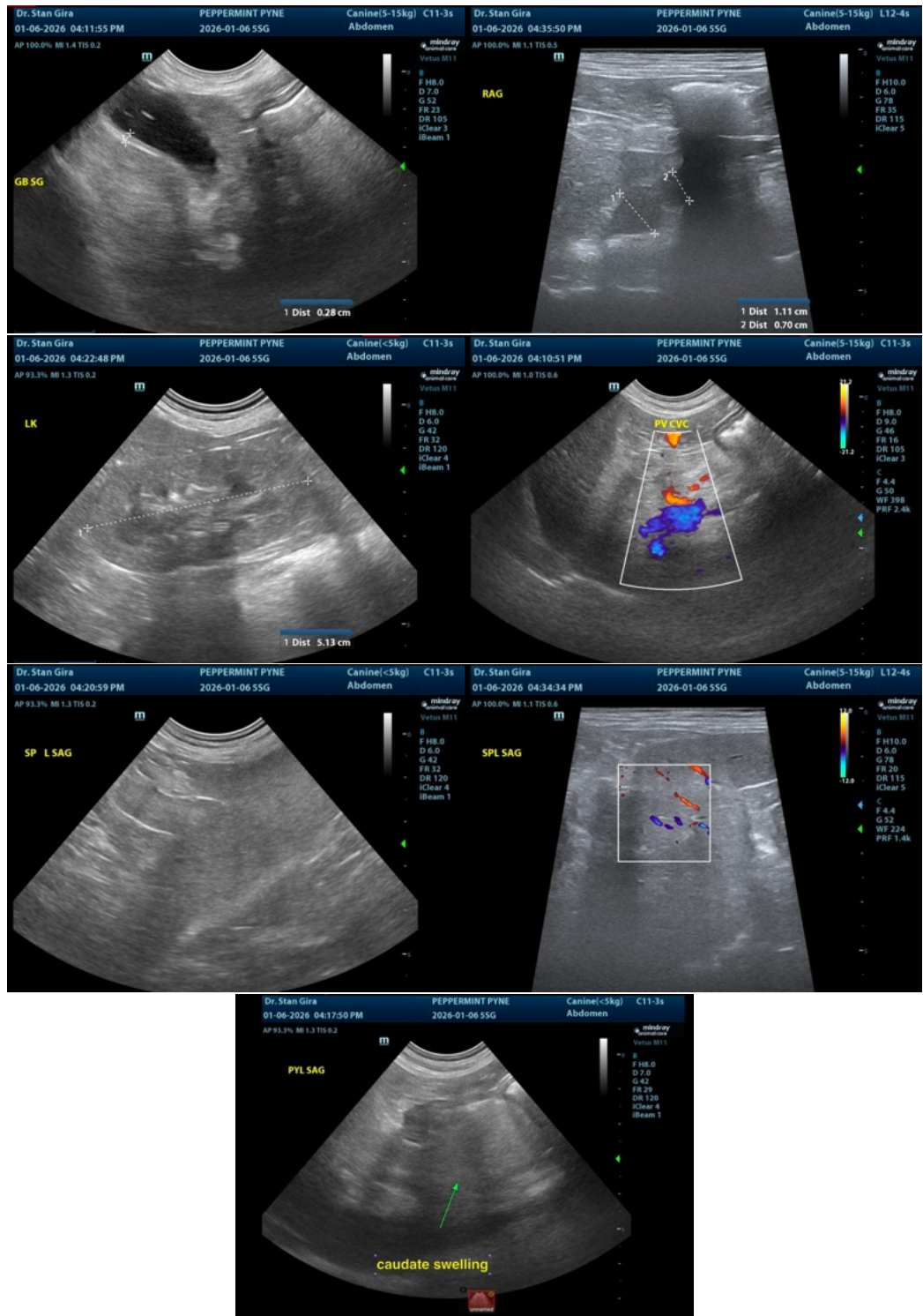
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology



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**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

[info@SonoPath.com](mailto:info@SonoPath.com)