



PATIENT

Cudi Nunez

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Male

AGE

15 years

WEIGHT

28.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Leanna Boyd

HOSPITAL NAME

Oakridge VC

REFERRING VET

Dr. Nguyen

INVOICE

69949

DATE

1/7/26

PRESENTING CLINICAL SIGNS

History: 15yo intact male Chihuahua mix presented for possible doggy dementia i.e. getting stuck behind open doors and staring. PU/PD at home. Patient did eat in the morning.
Bloodwork showed elevated ALT, ALP, GGT and leukocytosis. Suspected presence of bacteria on UA. Patient did eat in the morning.

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. The right kidney measured 5.77 cm. The left kidney measured 5.24 cm with slight pinpoint mineralization.

The **prostate** was uniformly enlarged with lobar swelling appeared to impinge upon the urethra and mildly deviate the descending colon. The prostatic tissue was hyperechoic containing focal areas of decreased echogenicity. These changes are suggestive of either chronic inflammatory episodes, benign cystic pathology or both. Underlying neoplasia cannot be completely ruled-out but is lower on the differential list. This presentation is most consistent with benign prostatic hyperplasia with possible active prostatitis. Neutering or off-label Finasteride (Propecia) (0.1-0.5 mg/kg Sid) treatment is indicated +/- FNA or prostatic wash cytology and culture. The prostate measured 3.15 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. The left adrenal gland measured 1.94 x 0.5 cm. The right adrenal gland measured 2.17 x 0.5 cm.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. A slight, focal 0.4 cm nodule was noted at the mid body. Minor heterogenous changes were noted elsewhere. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes was noted.



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Liver

The **liver** revealed an extensive, mixed echogenic, left-sided liver mass that extended at least 10 + cm with microcystic, complex, expansive parenchymal components with pericapsular inflammatory pattern. The mass is primarily in the left liver, but also extended to the right cranial liver. Gallbladder polyps were noted.

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

Extensive hepatic neoplasia, does not appear subjectively resectable. Likely hepatocellular carcinoma, less likely granulomatous disease or hemangiosarcoma.

Gallbladder polyps.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT evaluation with ultrasound-guided FNA of the left-sided mass as well as right-sided nodular change that can be considered for further definition. The hepatic mass is peripherally inflamed and at risk for necrosis or torsion.



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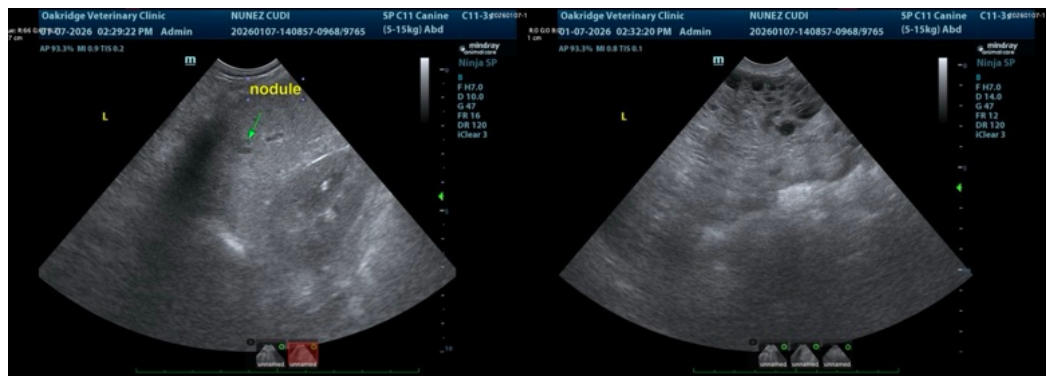
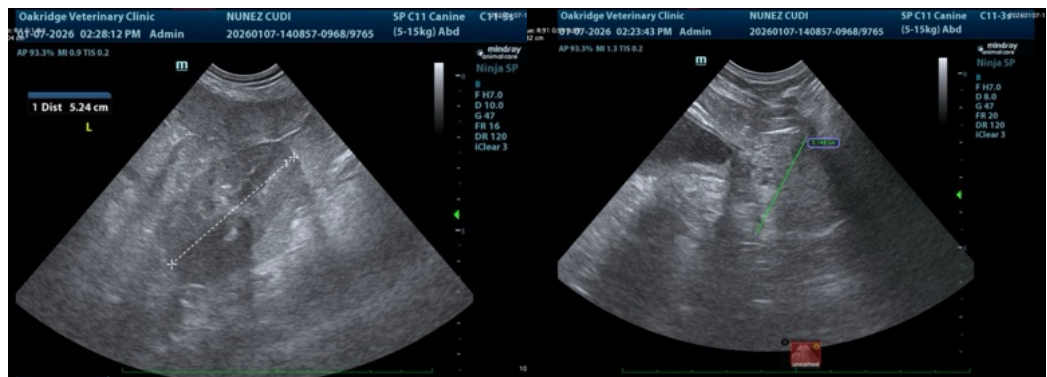
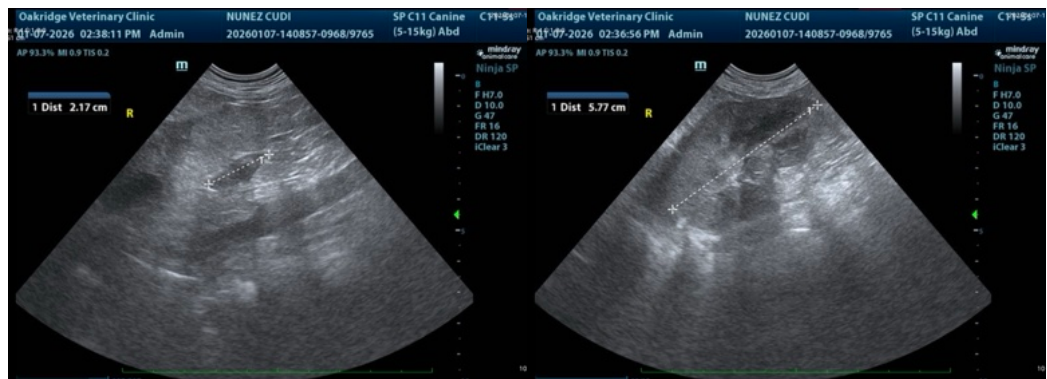
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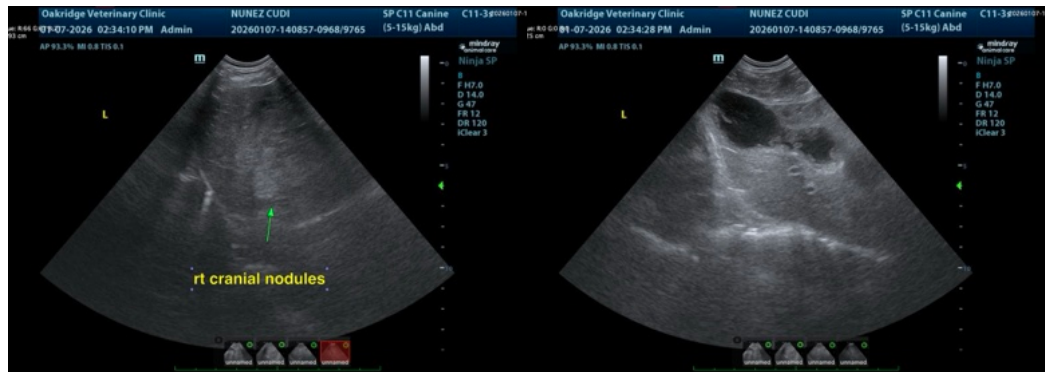
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 of SonoPath.com

info@SonoPath.com