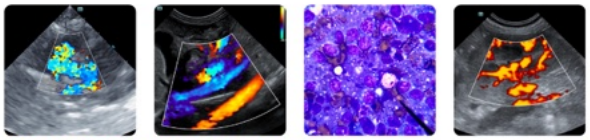


PATIENT

Princess Quintana

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed female

AGE

9 years

WEIGHT

6 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Catherine Alexander, LVT

HOSPITAL NAME

NorthStar VS

REFERRING VET

Dr. Souza

INVOICE

69953

DATE

1/7/26

PRESENTING CLINICAL SIGNS

History: Left front limb amputated on 11/12/25. (3/2025) Left elbow SQ soft tissue mass has grown recently double in size now 5cm. (4/10/25) Tumor on elbow 2cm x 1cm - left lateral, growing slowly (11/2023) Mass (Basal Cell Carcinoma) on spine previous mass removal (12/2022) Disc issues in cervical neck, pain management and rest. Resolved. Adopted in 2022 ##Prior Diagnostics 10/29/25 FNA/Cytology (Mass on lateral left elbow) 10/29/25 CBC/Chem: Plateletcrit 0.59% H, ALP 1,132U/L H 10/29/25 UA -- Rods Present Cocci Suspected
Previous AUS Findings: Liver- An amorphous, hypoechoic region is noted in the liver that measures 1.5 cm x 1.1 cm. A 1.2 cm hypoechoic nodule is noted in the caudate lobe. The liver is overall hyperechoic and mottled due to ill-defined nodules. Kidneys- Display mildly decreased corticomedullary distinction Adrenal glands- The left adrenal gland is enlarged with a cranial pole nodule that measures 1.2 cm in thickness and an overall enlarged caudal pole at 0.8 cm in thickness. The right adrenal is moderately enlarged with a hyperechoic cranial pole mass. The mass measures 1.7 cm x 2.0 cm x 2.2 cm.

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 left kidney measured 4.25 cm.

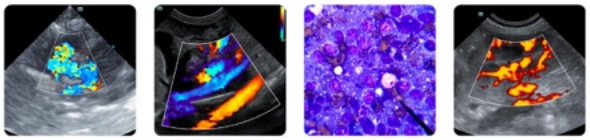
Adrenal Glands

The **right adrenal gland** was enlarged, swollen and uniform in this patient measuring 2.0 cm x 0.9 cm. The left adrenal gland measured 1.25 cm at the cranial pole and 0.7 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



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The caudate process of the liver revealed a hyperechoic nodule with microcystic changes measuring 2.0 cm. A separate, hypoechoic nodule was noted and measured 1.9 cm in the right cranial liver and a separate nodule measuring 1.0 cm in the right cranial liver as well as other smaller nodules. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were 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.

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 subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

Bilateral adrenal enlargement. Hyperplasia versus adenomas or myelolipomas. Carcinoma, pheochromocytoma are possible yet less likely.

Nodular hyperplasia liver pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the caudate and right sided liver nodules are recommended. I am most concerned about the right adrenal gland. There is impingement on the vena cava noted, yet there was no overt invasion. The adrenal glands may be completely incidental and benign or related to hypertension or possible Cushingoid process.

Serial blood pressure measurements are recommended in this patient. If hypertension is an issue metanephrine level is recommended. If the patient appears Cushingoid and urine specific gravity is less than 1.020 then work-up for adrenal dependent Cushing's is indicated. Recheck is recommended in 2-3 weeks to assess for any progression of the adrenal gland.

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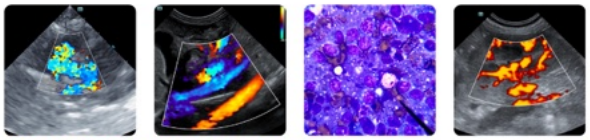

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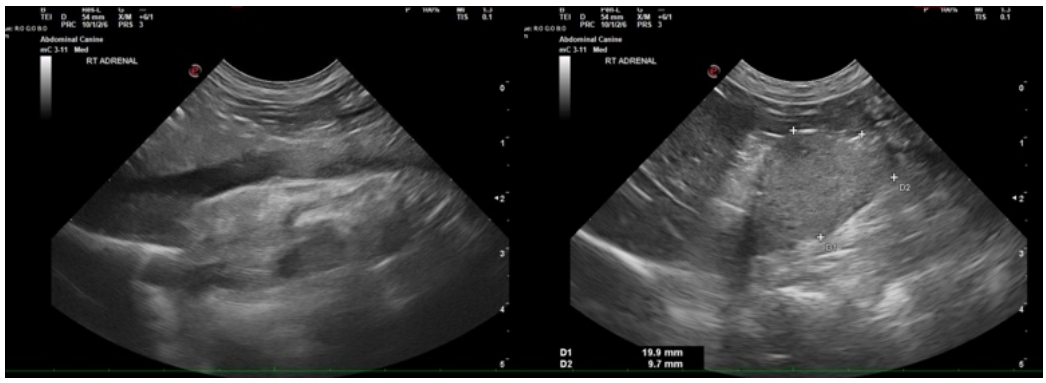

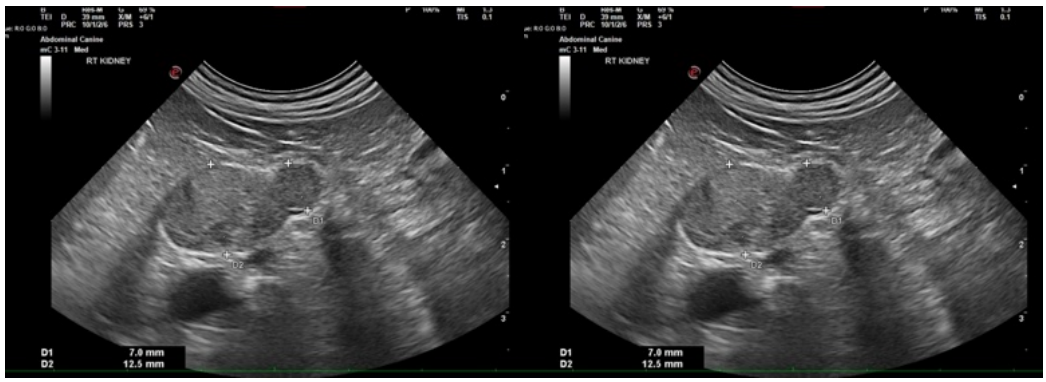

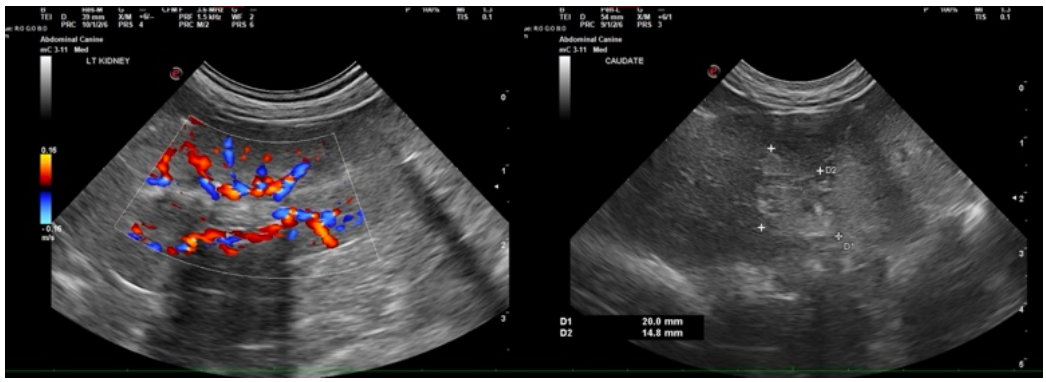

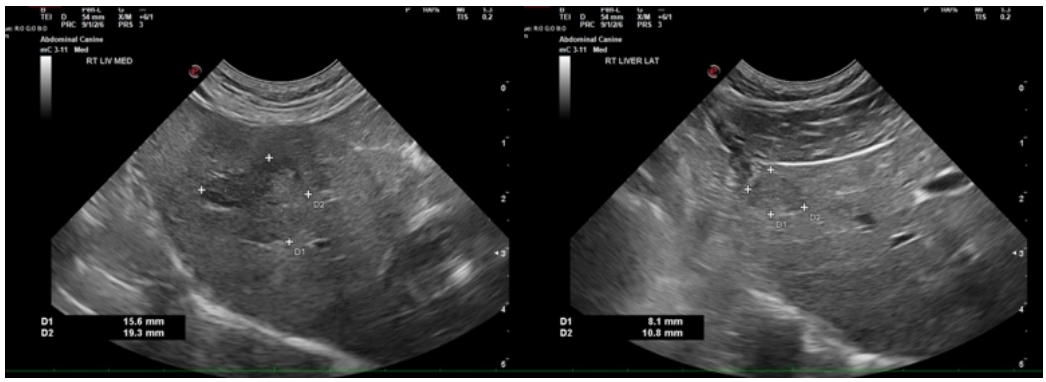

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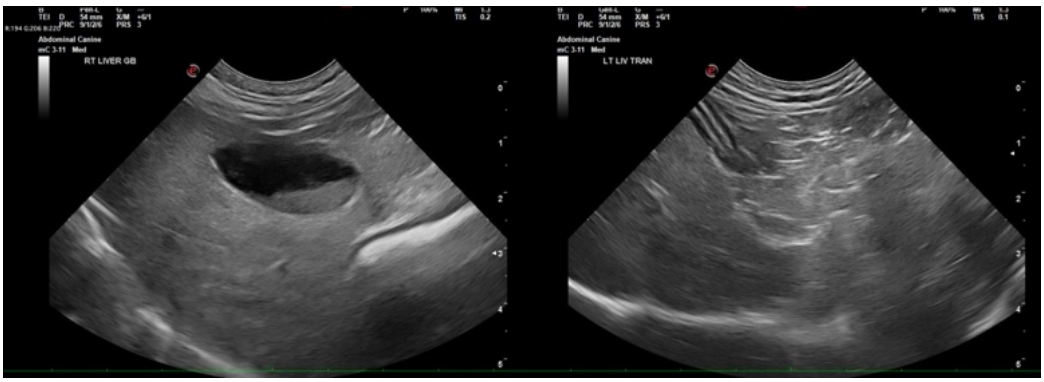

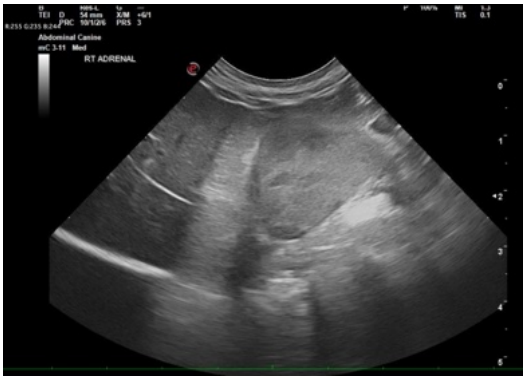

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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