



PATIENT

Taylor Hance

SPECIES

Canine

BREED

Chihuahua Terrier X

SEX

Neutered Male

AGE

14 Years

WEIGHT

4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Catherine Alexander,
LVT

HOSPITAL NAME

Northstar VS, PLLC

REFERRING VET

Dr. Robinson

INVOICE

35292

DATE

1/7/26

PRESENTING CLINICAL SIGNS

History: 1) Left popliteal lymph node - Compatible with mast cell tumor 2) Mass - Left Inguinal region - Inflamed subcutaneous MCT - surgically excised in September of 2025 7) Mass left lateral thigh - Broadly ulcerated, multifocal necrotic, severely hemorrhagic and inflamed malignant mast cell tumor, Patnaik grade II/high grade, appears narrowly excised - surgically excised in March 2025 8) Ultrasound-guided aspirates of the spleen/liver 10/30/25: no metastatic disease 9) Enlarged left MILN noted 10/30/25 - unable to sample; suspicion for metastatic disease pphx: recent wt loss 12/11 (4.4kg) to 12/24 (4kg).

Abnormal PE/Chem/CBC/UA Results: 12/24/25: - CBC: PDW 8.5 fl (L), Hemoglobin 11.9 g/dL (L), Hematocrit 33.6 % (L), RBC 4.94 M/ μ L - CHEM: 55mg/dL

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 moderate 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. Minor mineralization was noted. The right kidney measured 3.4 cm. The left kidney measured 2.62 cm.

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 0.48 cm at the caudal pole and 0.49 cm at the cranial pole.

The **left adrenal gland** cranial pole was swollen. The left adrenal gland measured 0.82 cm at the cranial pole and 0.62 cm at the caudal pole.

Spleen

The **spleen** revealed multifocal hypoechoic nodular changes, measuring up to 0.7 cm. 25-gauge FNA is indicated, especially given the patient history.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no



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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.

Free Abdomen

Iliac **lymph nodes** (1.68 cm x 0.7 cm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia. FNA is indicated. A separate hypoechoic distorted lymph node was noted, measuring 3.1 cm x 1.6 cm. FNA is also indicated.

ULTRASONOGRAPHIC FINDINGS

- Iliac lymphadenopathy- strongly suggestive for metastatic lesions with distorted architecture.
- Splenic nodules- strong concern for metastatic lesions.
- Swollen cranial pole of the left adrenal gland
- Mild age-related hepatic changes
- Age-related renal changes with minor mineralizations.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

25-gauge FNA of the larger iliac lymph node and splenic nodules are recommended. Oncological intervention is recommended based on cytology results.



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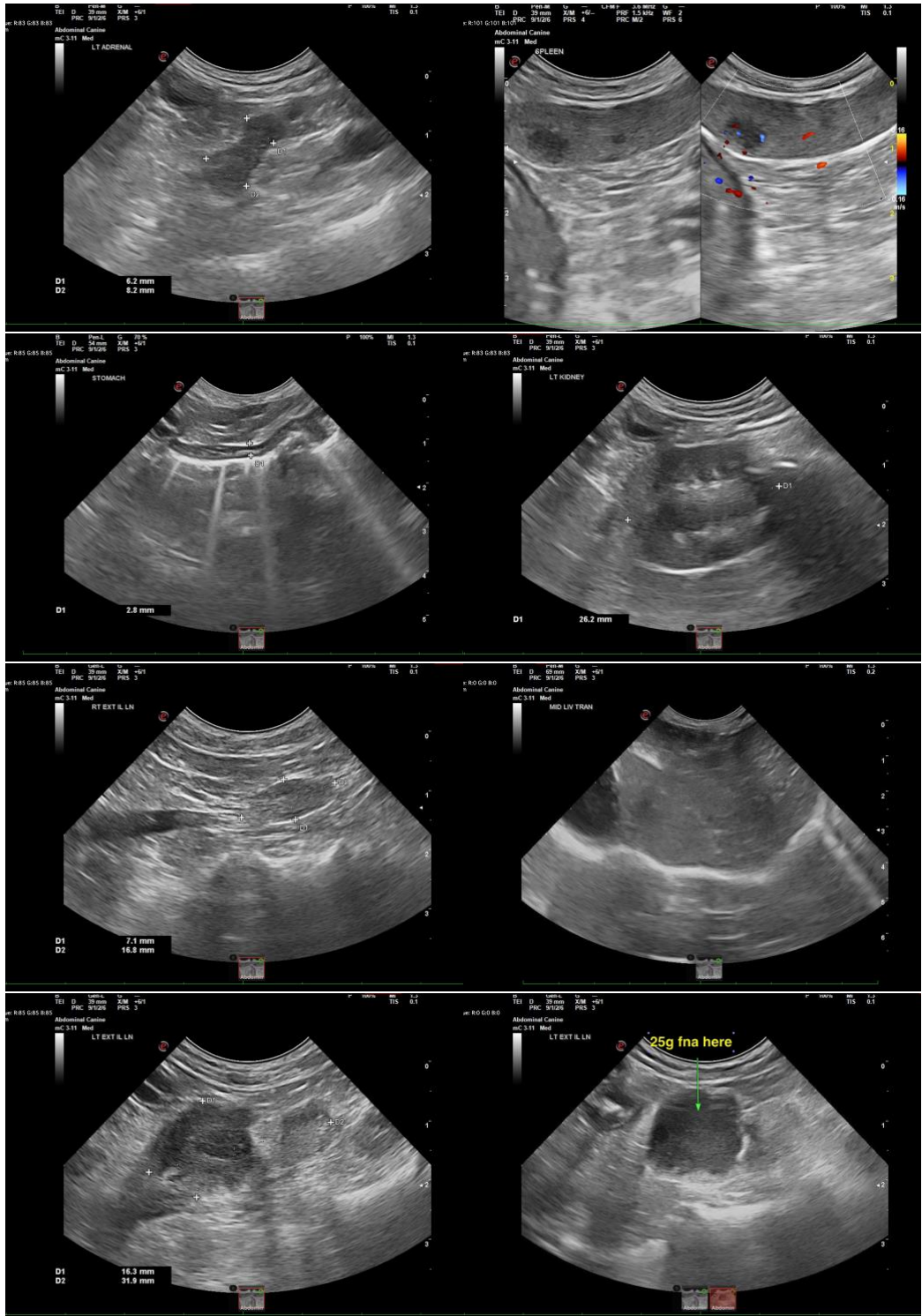
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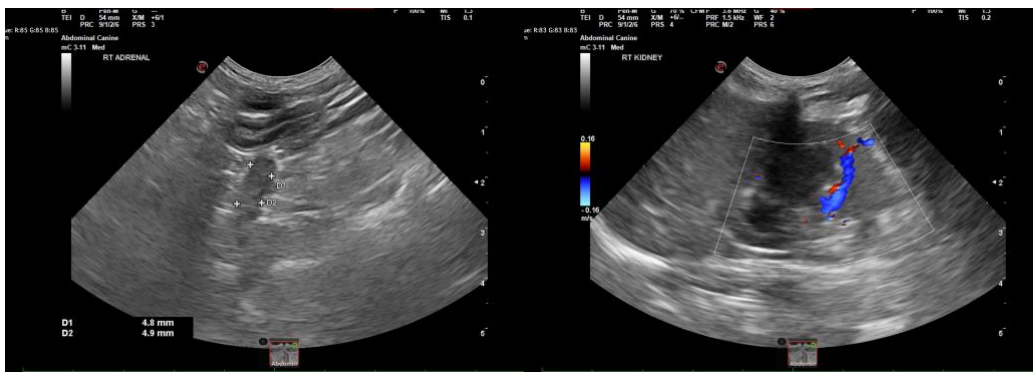
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
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