



PATIENT

Tucker Walters

SPECIES

Canine

BREED

Miniature Pinscher

SEX

Neutered Male

AGE

14 Years

WEIGHT

12.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kitz

HOSPITAL NAME

Woodlands AH

REFERRING VET

Dr. Danielle Kitz

INVOICE

35313

DATE

1/8/26

PRESENTING CLINICAL SIGNS

History: Not eating well for several days.
Abnormal PE/Chem/CBC/UA Results: Pale MM with Anemia (HCT 23%)

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 mild to 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. The left kidney measured 4.4 cm. The right kidney measured 4.8 cm.

Adrenal Glands

The **right adrenal gland** was visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some mild heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The right adrenal gland measured 0.9 cm at the cranial pole and 0.55 cm at the caudal pole.

The **left adrenal gland** was mildly enlarged, measuring 0.8 cm at the caudal pole and 0.74 cm at the cranial pole.

Spleen

The **spleen** was slightly enlarged and mildly swollen with uniform parenchyma.

Liver

The **liver** in this patient revealed an expansive 8.0 cm hypoechoic undifferentiated mass, occupying the left liver. The liver mass is peripherally inflamed with hyperechoic surrounding fat. The gallbladder was overdistended with striating bile and rounded, consistent with mucocele formation, measuring approximately 4.0 cm.

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.



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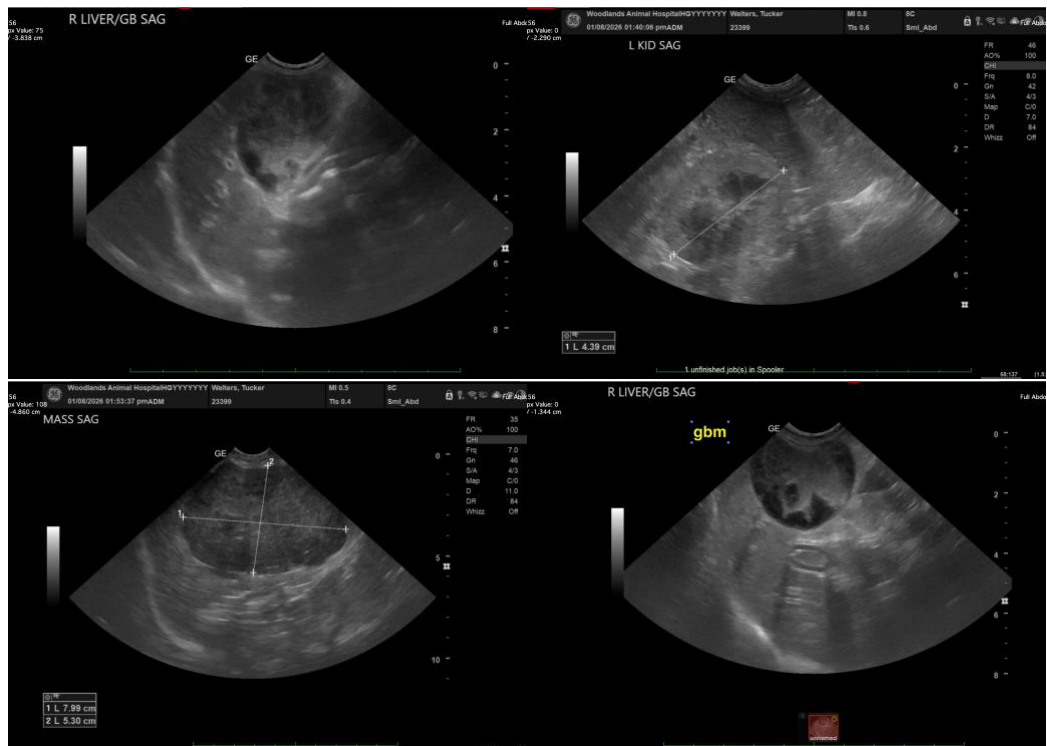
Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation, then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

- Left sided liver mass, potentially resectable
- Swollen spleen
- Gallbladder mucocele
- Mildly enlarged left adrenal gland
- Age-related renal and pancreatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver mass appeared potentially resectable; however, margins are ill-defined, extending into the medial liver. CT evaluation for surgical planning is indicated. Screening FNA of the spleen and liver mass is warranted. Eventual left liver lobectomy and cholecystectomy would be indicated in this patient. There is no evidence of active hemorrhage. The anemia may be related to bone marrow disease. CBC path review is indicated. Prognosis is guarded. Hemangiosarcoma/hepatocellular carcinoma, necrotic hepatoma, are possible, yet less likely.





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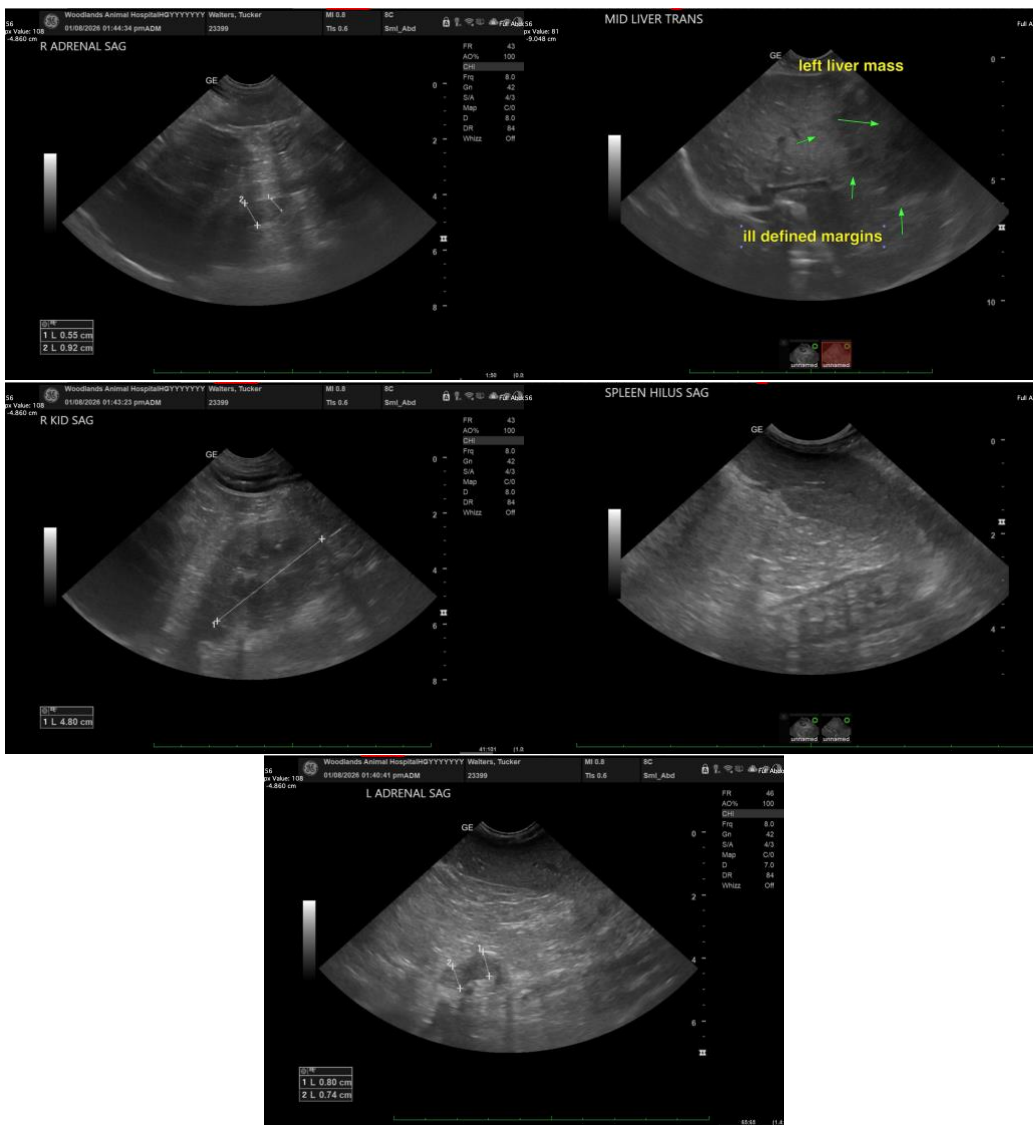
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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