



PATIENT

Jameson Bosi

SPECIES

Canine

BREED

Mal-Shi

SEX

Neutered Male

AGE

15 Years

WEIGHT

11.7 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse, LVT,
CVT

HOSPITAL NAME

Park Ridge AH

REFERRING VET

Dr. Rosenblum

INVOICE

35228

DATE

1/9/26

PRESENTING CLINICAL SIGNS

History: Possible ascites, abdominal distension, feces are thin according to O, pollakiuria, firm distended abdomen Current meds: Cefpodoxime 50mg SID.

Abnormal PE/Chem/CBC/UA Results: SDMA 16, ALP 161, PLT 577, Neuts 10368, lymph 6624, Monos 1536.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a minimal amount of urine at the time of the sonogram. The bladder wall was unremarkable.

The **left kidney** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 4.0 cm. **See Free Abdomen section.

Adrenal Glands

The **left 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 left adrenal gland measured 1.92 cm x 0.52 cm at the cranial pole and 0.62 cm at the caudal pole. **See Free Abdomen section.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

See Free Abdomen section. The **gastrointestinal tract itself was unremarkable, yet the mass effects upon the GI tract were multiple.

Pancreas



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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.

Free Abdomen

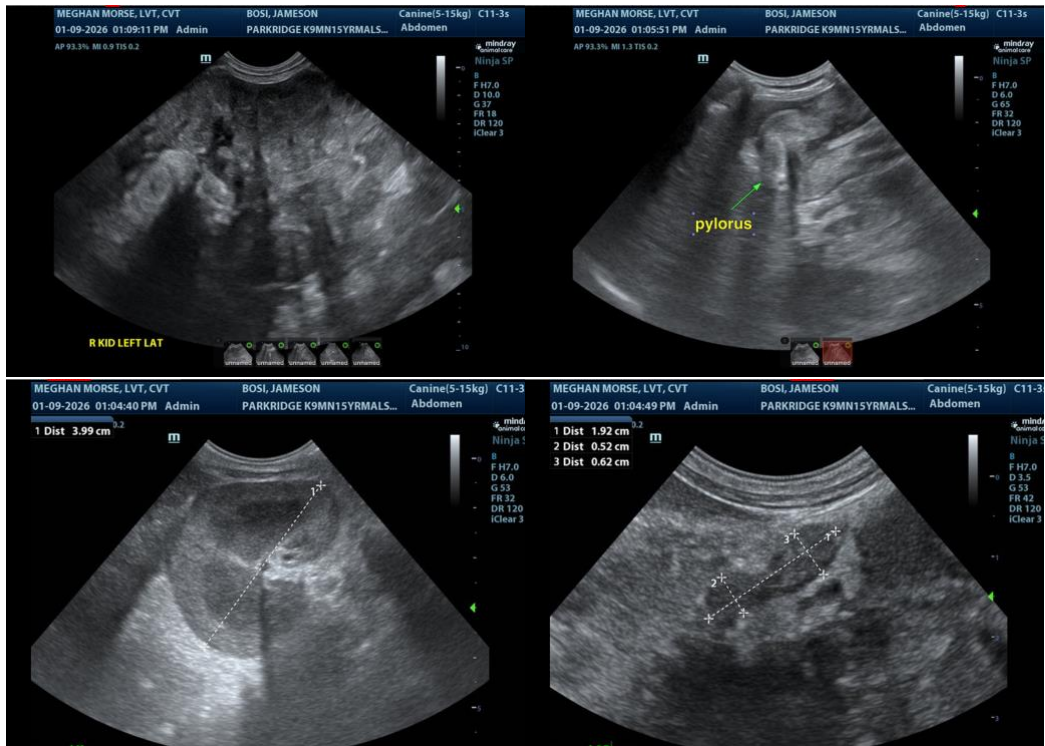
An undifferentiated mixed hypoechoic **mass** was noted throughout the mid abdomen, deviating the GI tract and other organs. The mass appears to be deriving from the region of the right adrenal gland. The mass appears to enter into the esophageal inlet. The mass extended for at least 15.0+ cm. A minimal amount of ascites was noted.

ULTRASONOGRAPHIC FINDINGS

- Extensive mid to cranial abdominal mass with minimal ascites
- Volume contracted spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Origin of the mass is unclear. Suspect renal and/or right adrenal origin given the architecture and behavior. Extension into regional omentum appears to be present. FNA could be considered for further definition, as well as CT, however, I do not believe this is surgically resectable. Neither right kidney or right adrenal gland were visualized, and therefore, the undifferentiated mass is likely deriving from either, or both, of those structures. FNA should provide further definition as to the origin of the mass. Note, there was only trace ascites noted in the abdomen. The entire radiographic appearance is tissue density with minor pockets of fluid within the mass and outside of the mass.





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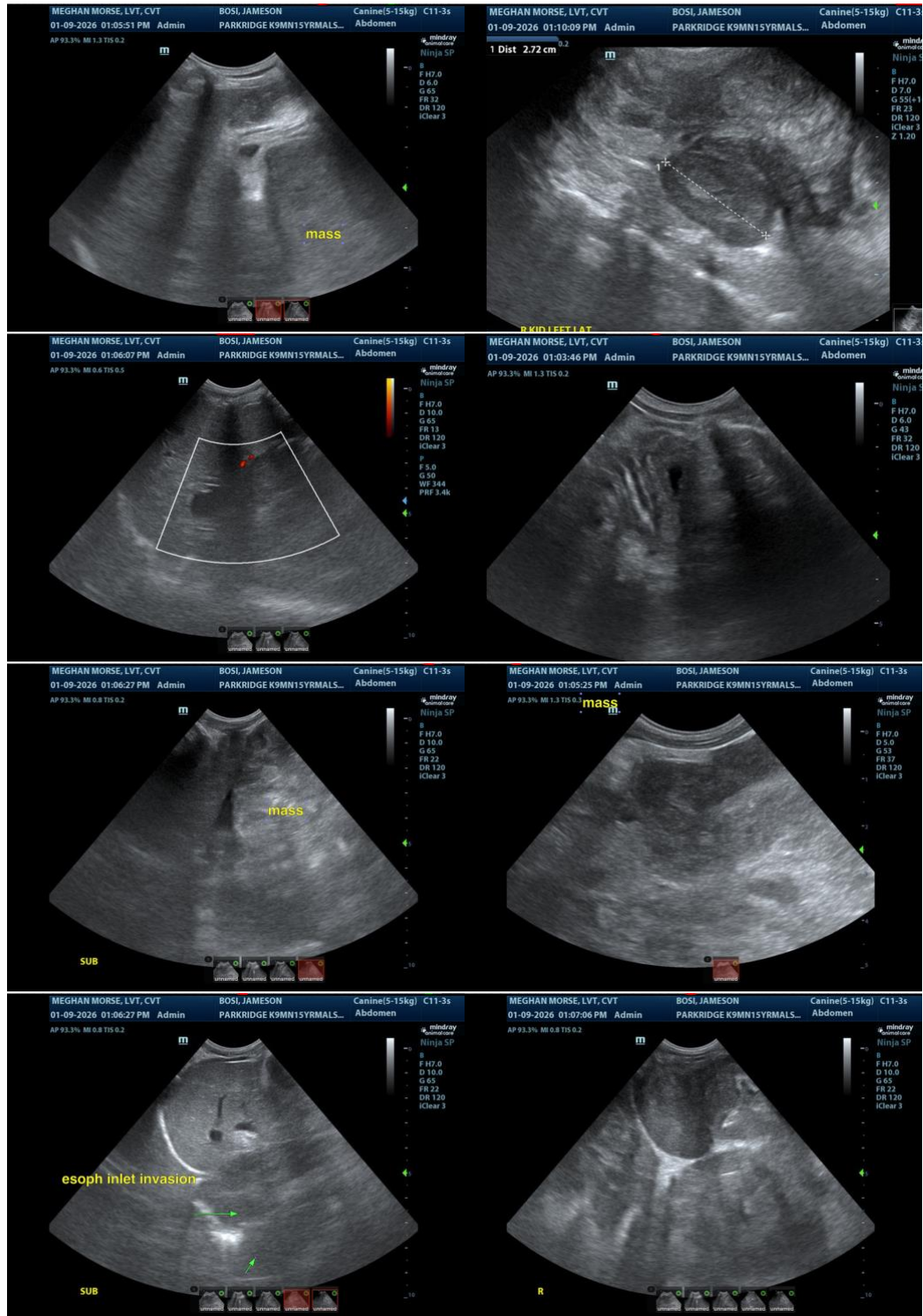
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology



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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,
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info@SonoPath.com