



## PATIENT

Pogo Abromaitis

## SPECIES

Canine

## BREED

Chihuahua x

## SEX

Neutered Male

## AGE

5 Years 7 Months

## WEIGHT

21 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Ashley Whitesell

## HOSPITAL NAME

Dickson Animal Clinic

## REFERRING VET

Dr. Richard Hovis

## INVOICE

71693

## DATE

11/11/25

## PRESENTING CLINICAL SIGNS

8-16-2025 1) Thyroid T4 is normal at 2.0 2) Liver Test ALT 142 and Alkaline Phosphatase 350 and low urine specific gravity 1.015 is suggestive of Cushing's Disease. 3) Increased cholesterol and triglycerides is ok since dogs do not get clogged arteries. Weight gain, snoring more, worried about cushings. ACTH stim pending

Abnormal PE/Chem/CBC/UA Results: ALT 142 Alkp 350 Cholestrol 336 triglycerides 340

## 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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

The **kidneys** presented normal size and contour. Left kidney measured 4.24 cm. Right kidney measured 4.63 cm. Cortical collapse and infarct noted at the craniodorsal cortex of the right kidney. Slight areas of mineralization noted in the kidneys. Degenerative changes were minor. Blood flow to the kidneys appeared to be adequate on power doppler assessment.

### 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 right adrenal gland measured 0.49 cm at the cranial pole and 0.42 cm at the caudal pole. The left adrenal gland measured 0.54 cm at the caudal pole and 0.30 cm at the cranial 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 were noted.

### Liver

The **liver** presented mild heterogeneous parenchymal changes with normal vascularity. Minor generalized enlargement noted, consistent with benign hepatopathy. The gallbladder was unremarkable with a minor amount of normal physiologic dependent bile.

### 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.



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## Pancreas

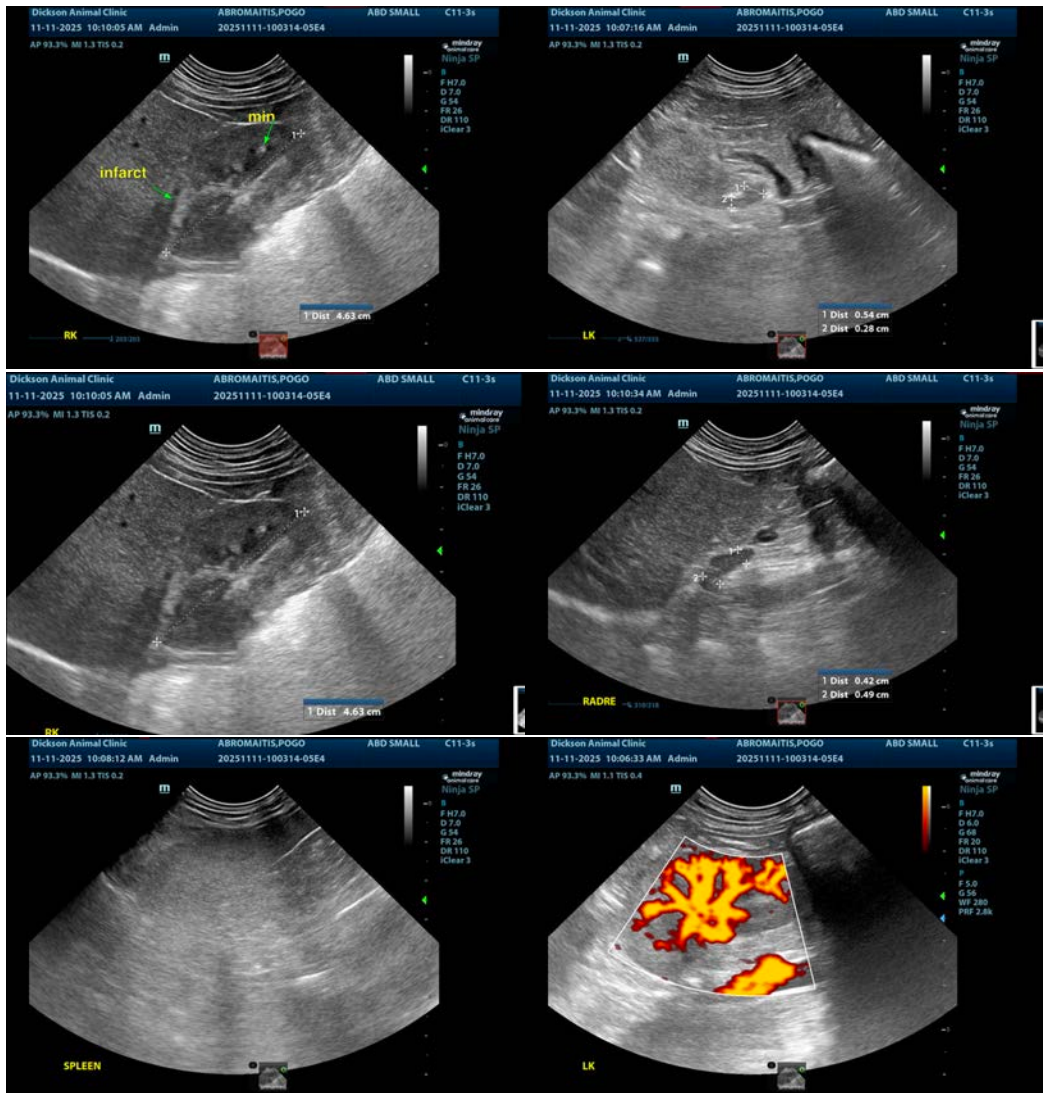
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

- Benign hepatopathy.
- Slight renal remodeling with mineralization and slight right renal infarct, stable.
- Structurally normal adrenal glands.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant disease. FNA of the liver could be considered for further definition yet subjectively appears benign.





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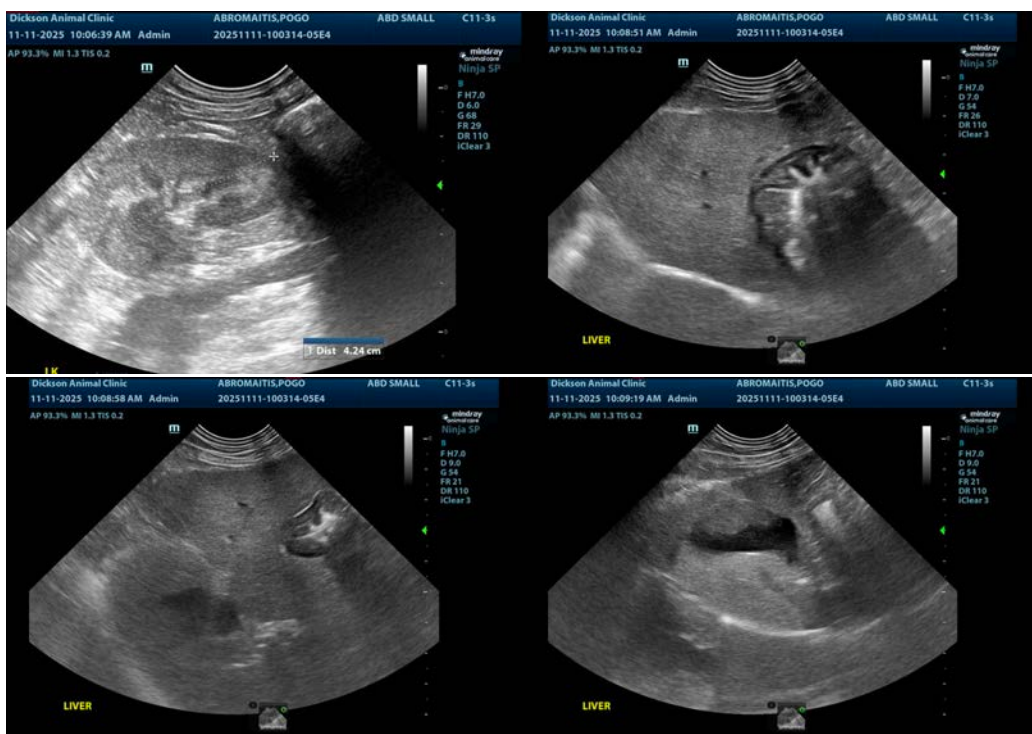
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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