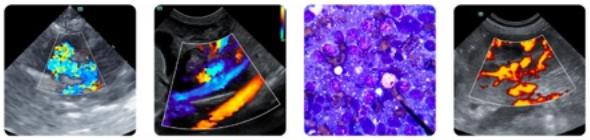


PATIENT

Troy Dutko

SPECIES

Canine

BREED

Yorkie

SEX

Neutered male

AGE

13 years

WEIGHT

17.5 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Harrs

INVOICE

68540

DATE

11/11/25

PRESENTING CLINICAL SIGNS

History: presented on 10/17 for collapse AFAST showed a liver mass , insulinoma vs paraneoplastic hypoglycemia
Abnormal PE/Chem/CBC/UA Results: BG 34 ALT 131 ALP 511

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. Small calculus was non-obstructive and measured 0.3 cm. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra 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. Non-obstructive mineralization was noted.

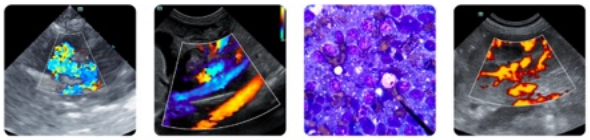
The residual prostate measured 0.95 cm.

Adrenal Glands

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins was noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The right adrenal gland measured 2.24 x 1.15 cm at the cranial pole and 0.93 cm at the caudal pole. The left adrenal gland measured 2.28 x 1.12 cm at the caudal pole and 1.21 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 was noted.



PATIENT

Troy Dutko

SPECIES

Canine

BREED

Yorkie

SEX

Neutered male

AGE

13 years

WEIGHT

17.5 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Harrs

INVOICE

68540

DATE

11/11/25

Liver

The **liver** revealed mild irregular hepatomegaly with macronodular changes. The nodules are isoechoic to mixed echogenic with lobar swelling of the left caudal liver with cystic changes creating mass effects. Coalescing nodules were noted in the left liver measuring up to 8.0 cm. This is most consistent with nodular hyperplasia; however, neoplasia cannot be ruled out. 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. 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

- Macronodular hepatic changes noted.
- Bilateral adrenal hypertrophy. Concern for PDH/Cushing's versus hyperplasia.
- Bladder calculus.
- Age related renal changes with mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver is indicated. Full urinary work-up is indicated. Blood pressure measurements and full CNS examination is indicated to assess for potential underlying expansive pituitary tumor. Hepatic neoplasia can have insulinoma type activity. There was no overt evidence of insulinoma present. However, insulin glucose ratio is indicated as well as hepatic sampling and bile acid profile.

PATIENT

Troy Dutko

SPECIES

Canine

BREED

Yorkie

SEX

Neutered male

AGE

13 years

WEIGHT

17.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

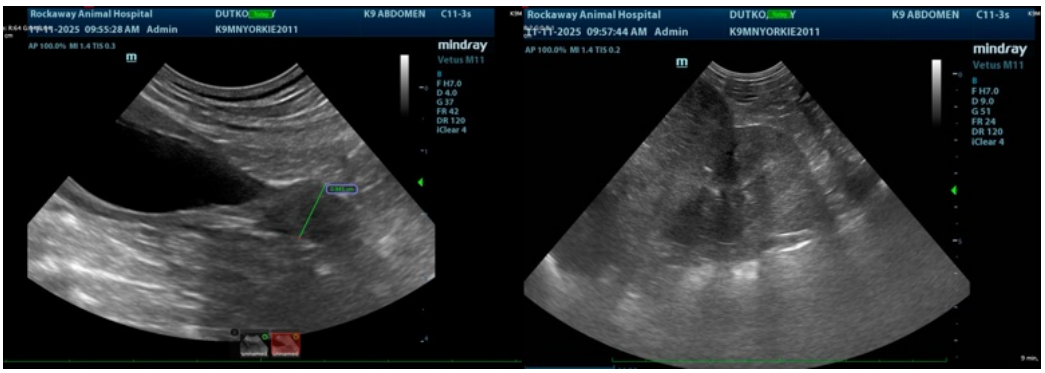
Dr. Harrs

INVOICE

68540

DATE

11/11/25



PATIENT

Troy Dutko

SPECIES

Canine

BREED

Yorkie

SEX

Neutered male

AGE

13 years

WEIGHT

17.5 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Harrs

INVOICE

68540

DATE

11/11/25

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