



PATIENT

Chet Modak

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Neutered male

AGE

13 years

WEIGHT

11.13 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sammy Williams

HOSPITAL NAME

Faith Animal Care

REFERRING VET

Dr. Faith

INVOICE

68852

DATE

11/19/25

PRESENTING CLINICAL SIGNS

History: Roughly a year ago an ultrasound was performed and based on the findings he was started on Ursodiol and had routine liver enzyme monitoring His ALP has remained elevated but consistent, his ALT recently returned to normal Earlier this year he developed a ravenous appetite. Due to that and his elevated liver enzymes, a LDDS test was done which came back negative for cushings. He then started drinking more than usual and his T4 dropped. An ACTH stim test was done which supported a diagnosis of atypical Cushing's disease. Bloodwork was done again and he was then diagnosed with diabetes. Since started insulin, his T4 has returned to normal Currently he is on Vetsulin 5 units BID, Ursodiol 75mg SID Also using metacam and gabapentin for possible neuropathy
Abnormal PE/Chem/CBC/UA Results: Attached past MSU endocrinology Reports

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction and appeared normal. 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 normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 4.3 cm.

Adrenal Glands

The right **adrenal gland** was at the upper limits of normal and measured 0.7 cm. The left adrenal gland was slightly enlarged and mildly heterogenous. The left adrenal gland measured 0.8 cm.

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.

Liver

The **liver** revealed non-specific mildly increased portal markings. Normal vascular and hepatic volume. The gallbladder wall was slightly echogenic and fibrosed. This is consistent with porcelain gallbladder. There was no evidence of masses. Slightly increased portal markings were noted.



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Gastrointestinal

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A minor amount of non-shadowing, non-obstructive ingesta was noted in the **stomach**. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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

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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some 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.

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ULTRASONOGRAPHIC FINDINGS

WEIGHT

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Non-specific, hepatic remodeling.

Porcelain gallbladder. History of cholecystitis is likely.

INTERPRETED BY

Full stomach.

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Left adrenal enlargement, likely PDH given the patient's history.

IMAGING PERFORMED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sammy Williams

The gallbladder is not over distended. It may be dysfunctional. Gallbladder motility study can be assessed. However, over distension is not an issue.

HOSPITAL NAME

FNA of the liver can be considered for further definition.

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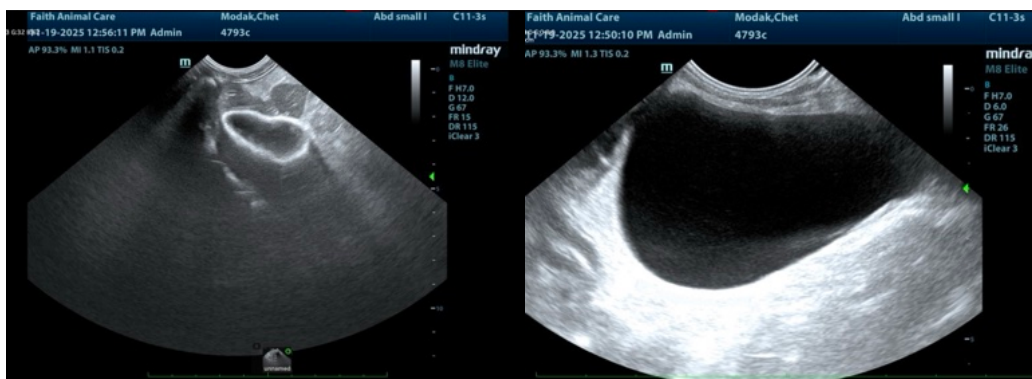
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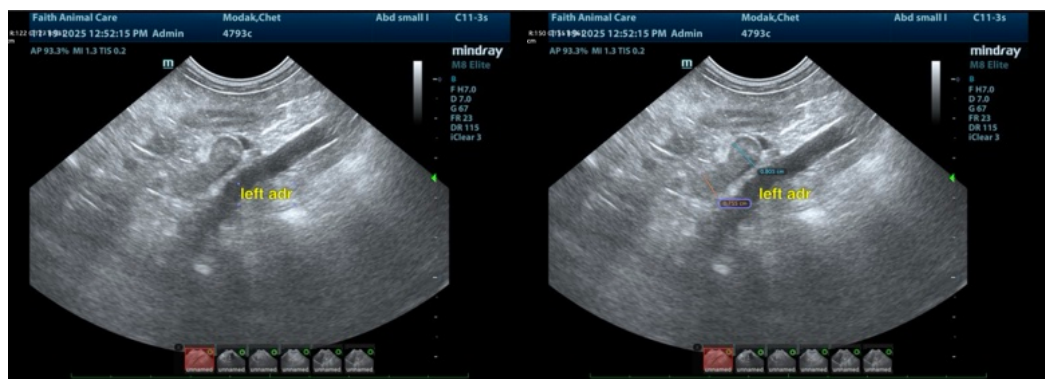
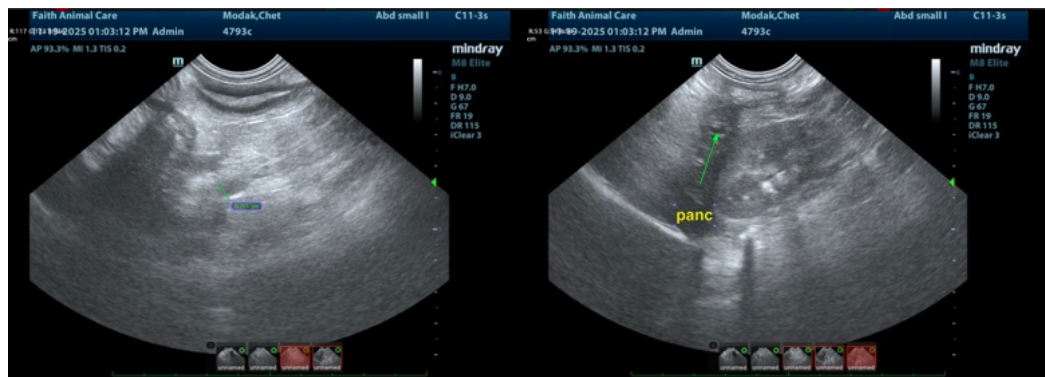
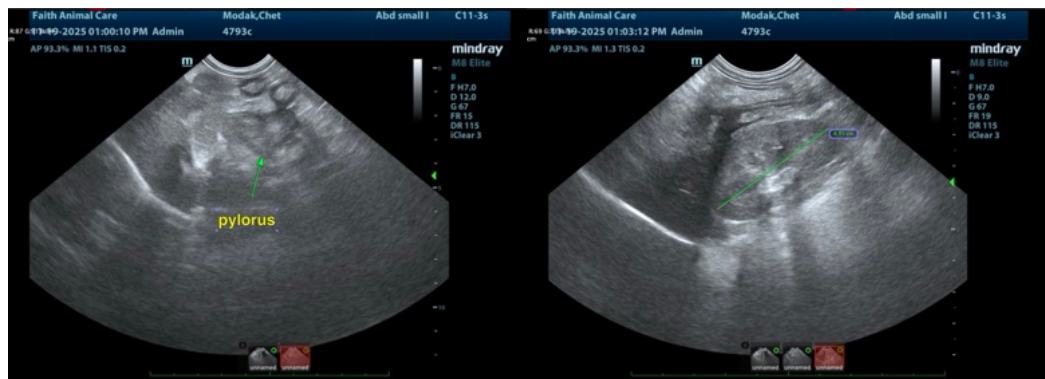
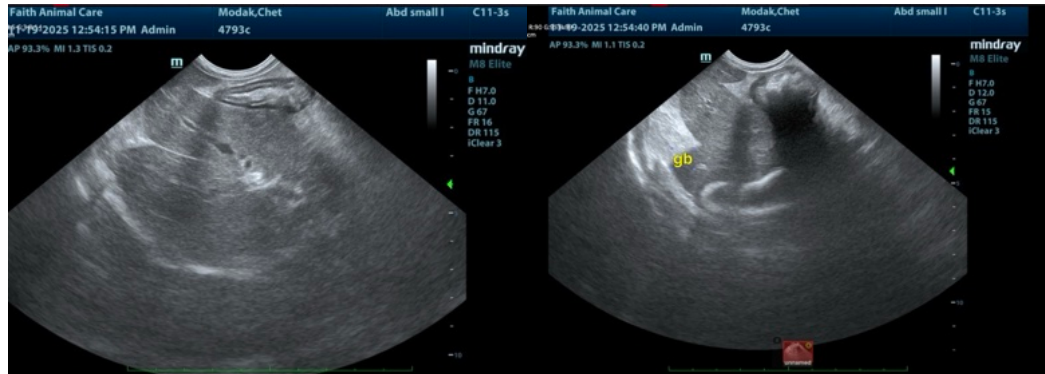
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

info@SonoPath.com