



PATIENT

Reeses Ehrman

SPECIES

Canine

BREED

Mix

SEX

Spayed female

AGE

14 years

WEIGHT

59.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Gillian Striano Kaplan

HOSPITAL NAME

Ramsey VH

REFERRING VET

Dr. Kaplan

INVOICE

68865

DATE

11/20/25

PRESENTING CLINICAL SIGNS

History: Cushing's, osteoarthritis with lumbar disease, elevated liver enzymes, recent increase in panting and restlessness at night; on: Vetoryl 30mg 1T SID, Galliprant 60mg 1T SID, Gaba 300mg 1C Am/2C PM, Amantadine 100mg 1C BID, Denamarin Adv, Joint supplement 1T PM, Omega 3 supplement SID, Adequan monthly

Abnormal PE/Chem/CBC/UA Results: osteoarthritis, blood pressure 130 calcium 12.0, total protein 7.7, albumin 4.0, ALT 181, ALP 405, hemoglobin 14.2, WBC 5.3, upc ratio 1.9, urine protein 3+

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a relatively uniform thickening of the cranioventral and craniodorsal mucosae with micropolypoid mucosal changes without involvement of the submucosae. The bladder wall measured 0.6 cm. The urine presented some echogenicity consistent with suspended debris. No evidence of urethral pathology was present. This presentation is most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out without histopathological review but is not overtly suspected based on this pattern. Cystocentesis and urine culture +/- pathological review of urine cytology would be warranted. No overt calculi were present at this time.

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. The left kidney was deviated caudally and measured 7.58 cm. The right kidney measured 7.07 cm.

Adrenal Glands

A mixed, hypoechoic 2.9 x 2.3 cm round, **left adrenal** mass was noted in this patient. The left adrenal mass expanded into a larger mass medial to the kidney and appears to extend caudally. The mass may partially be a blood clot owing to caval invasion.

The region of the **right adrenal gland** was unremarkable.

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.



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Liver

The **liver** was swollen, hypoechoic, irregular and nodular. This may potentially be involved in a neoplastic process. 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 **pancreas** revealed mildly enhanced mesentery extending from the left adrenal pathology.

Free Abdomen

Undifferentiated sublumbar mass was noted. This is likely deriving from the left adrenal mass.

Heart

Rapid view of the heart revealed no evidence of pathology.

ULTRASONOGRAPHIC FINDINGS

Left adrenal mass with sublumbar and medial extension, likely caval invasion.

Swollen liver, potentially involved in the neoplastic process.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT evaluation is warranted or further definition. FNA of the mass can be considered for further definition. Serial blood pressure measurements and abdominal CT for potential surgical assessment as well as FNA is recommended. The prognosis is guarded to poor.



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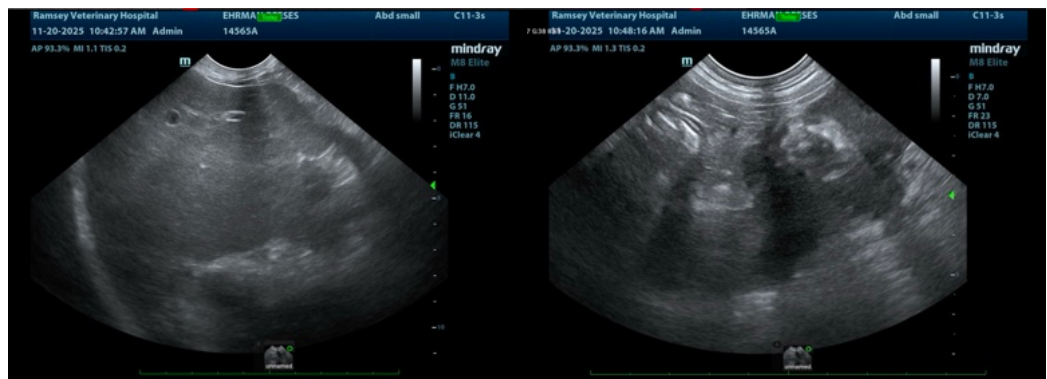
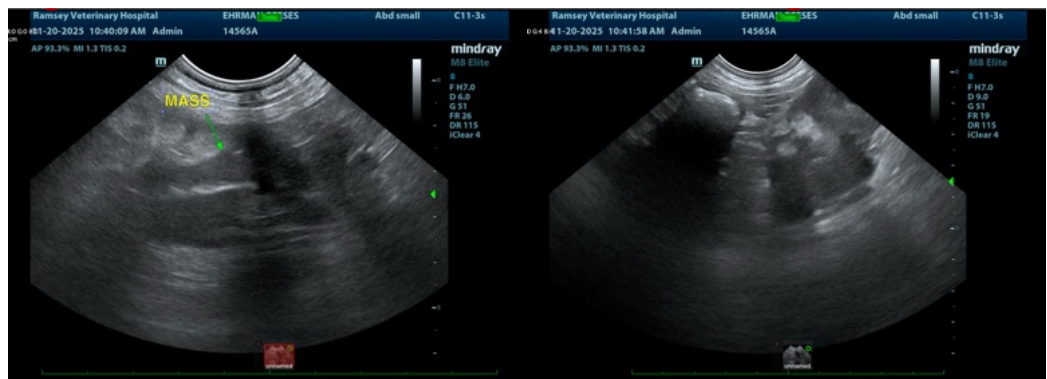
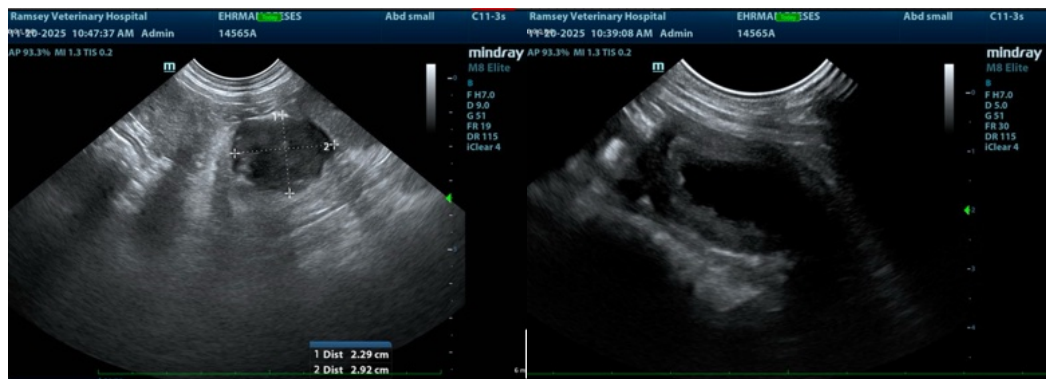
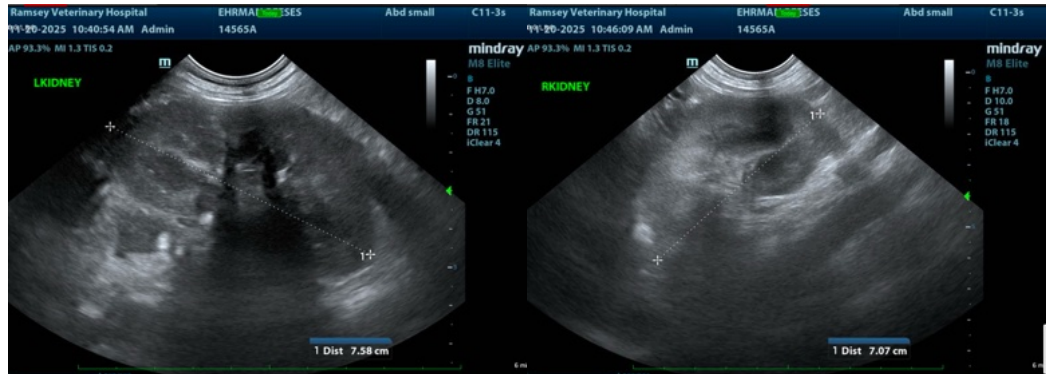
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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