



PATIENT

Jet Holderness

SPECIES

Canine

BREED

Terrier Cross

SEX

Spayed female

AGE

12 years

WEIGHT

15.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Gudrun Gunther

HOSPITAL NAME

New Frontier Animal
Medical Center

REFERRING VET

Dr. Gunther

INVOICE

69035

DATE

11/25/25

PRESENTING CLINICAL SIGNS

History: Patient has liver mass (well defined hepatocellular carcinoma) surgically resected on 7/18/2025. Patient is doing well and asymptomatic. AUS for monitoring

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. Slight cystourethral junction polyp was noted. The polyp measured 0.3 x 0.25 cm. 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 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. Slight pyelectasia was noted in the kidneys. Microcystic cortical changes were noted in the kidneys. The right kidney measured 5.5 cm with mild to moderate cortical remodeling. The left kidney measured 4.99 cm. Blood flow to the kidneys appeared to be adequate on Power Doppler assessment.

The iliac trifurcation was unremarkable.

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 left adrenal gland measured 1.8 x 0.57 cm at the caudal pole and 0.52 cm at the cranial pole. The right adrenal gland measured 1.65 x 0.42 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** was heterogenous and mildly swollen with no significant disruption of architecture. Hyperechoic lipid plaques were noted. The gallbladder revealed a minor amount of normal physiologic dependent bile.



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Gastrointestinal

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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

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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.

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ULTRASONOGRAPHIC FINDINGS

Subjectively benign hepatopathy with lipid plaques, appears to be stable. No evidence of masses.

WEIGHT

15.5 lbs

Otherwise, geriatric abdomen.

Slight cystourethral junction bladder polyp to monitor.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BRAF testing is indicated in this patient as well as free catch urine sample. I do not recommend cystocentesis unless absolutely necessary in this patient. recheck sonogram of the polyp is recommended in 4 weeks.

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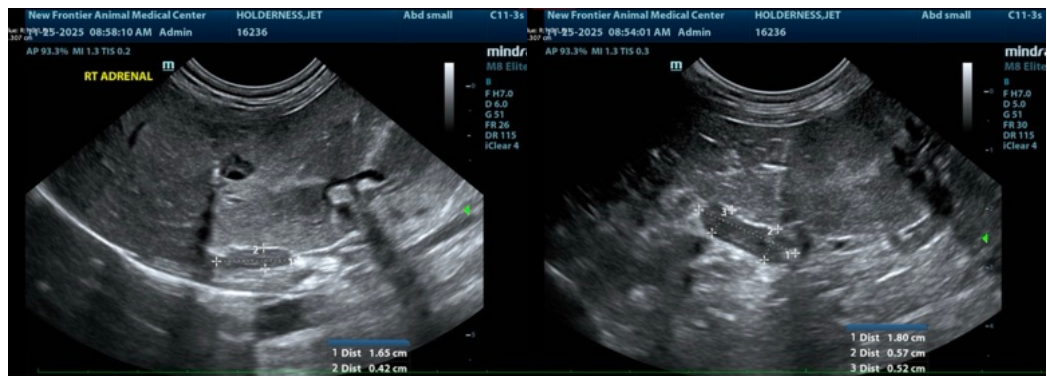
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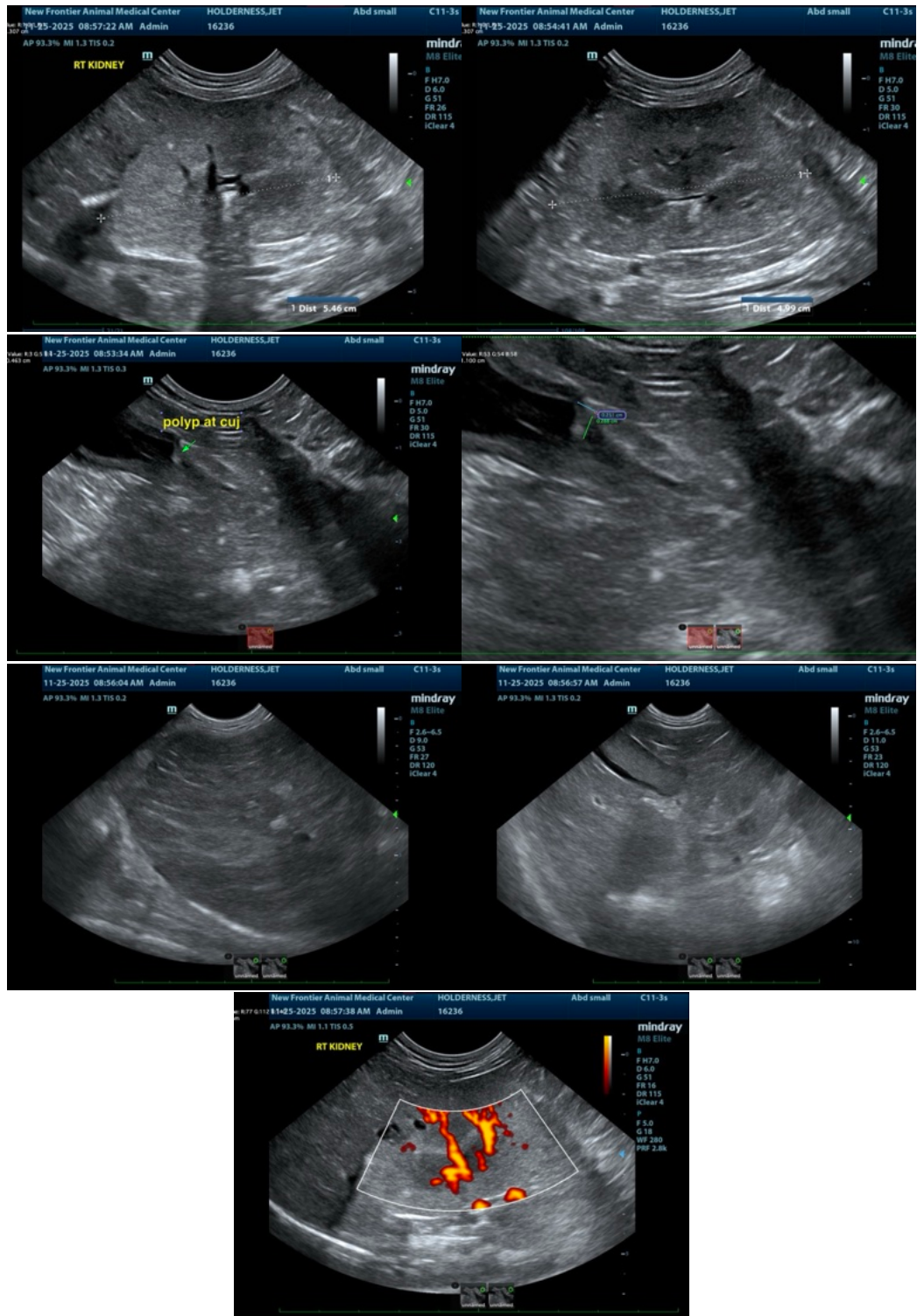
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology



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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, CEO of SonoPath.com

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