



PATIENT

Domino Olsen

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Neutered Male

AGE

11 Years

WEIGHT

18 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Britta Kiffney

HOSPITAL NAME

Northshore Veterinary
Hospital

REFERRING VET

Dr. Britta Kiffney

INVOICE

12510

DATE

11/26/25

PRESENTING CLINICAL SIGNS

mass on ultrasound found by another veterinary clinic in town, being worked up for PU/PD, Cushing's is suspected

Abnormal PE/Chem/CBC/UA Results: thoracic rads are clear of mets.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra (to a depth of 2.0 cm) 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 **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.91 cm in length. The right kidney measured 4.46 cm in length.

Adrenal Glands

The left adrenal gland exhibited a swollen caudal pole and slight irregular contour. The left adrenal gland measured 1.18 cm x 0.48 cm width at the cranial pole and 0.94 cm width at the caudal pole.

The right adrenal gland exhibited a swollen cranial pole and slight irregular contour. The right adrenal gland measured 2.23 cm in length and 0.57 cm width at the caudal pole and 0.97 cm width at the cranial pole with a 5.0 mm hyperechoic nodule presented.

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** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion.

The gallbladder was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.

Gastrointestinal



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A mixed hypoechoic undifferentiated mass was present measuring 2.7 cm x ~7.0 cm. The mass appeared to be deriving from the wall of the distal small intestine. Regional inflammation was noted with potential colonic involvement. The mass extended into the omentum from the intestinal wall.

Pancreas

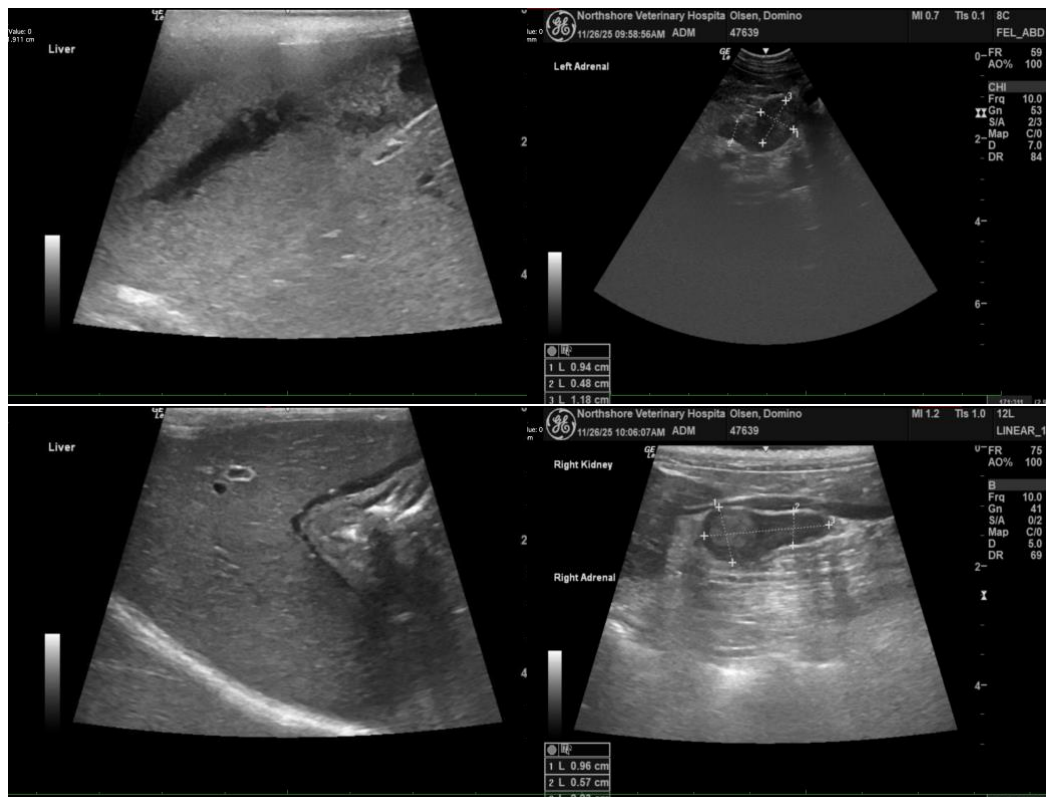
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Bilateral adrenal enlargement with slight irregular contour and nodular changes consistent with PDH (Cushing's if clinical parameters are consistent).
- Age-related renal changes.
- Gallbladder sludge.
- Undifferentiated intestinal mass- suspect stromal tumor or leiomyosarcoma. Round cell neoplasia possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the mass is indicated. Clean resection of the mass is unlikely. Chemotherapeutic intervention is indicated. Chest radiographs are warranted to assess for metastatic disease. The patient may be Cushingoid/PDH.





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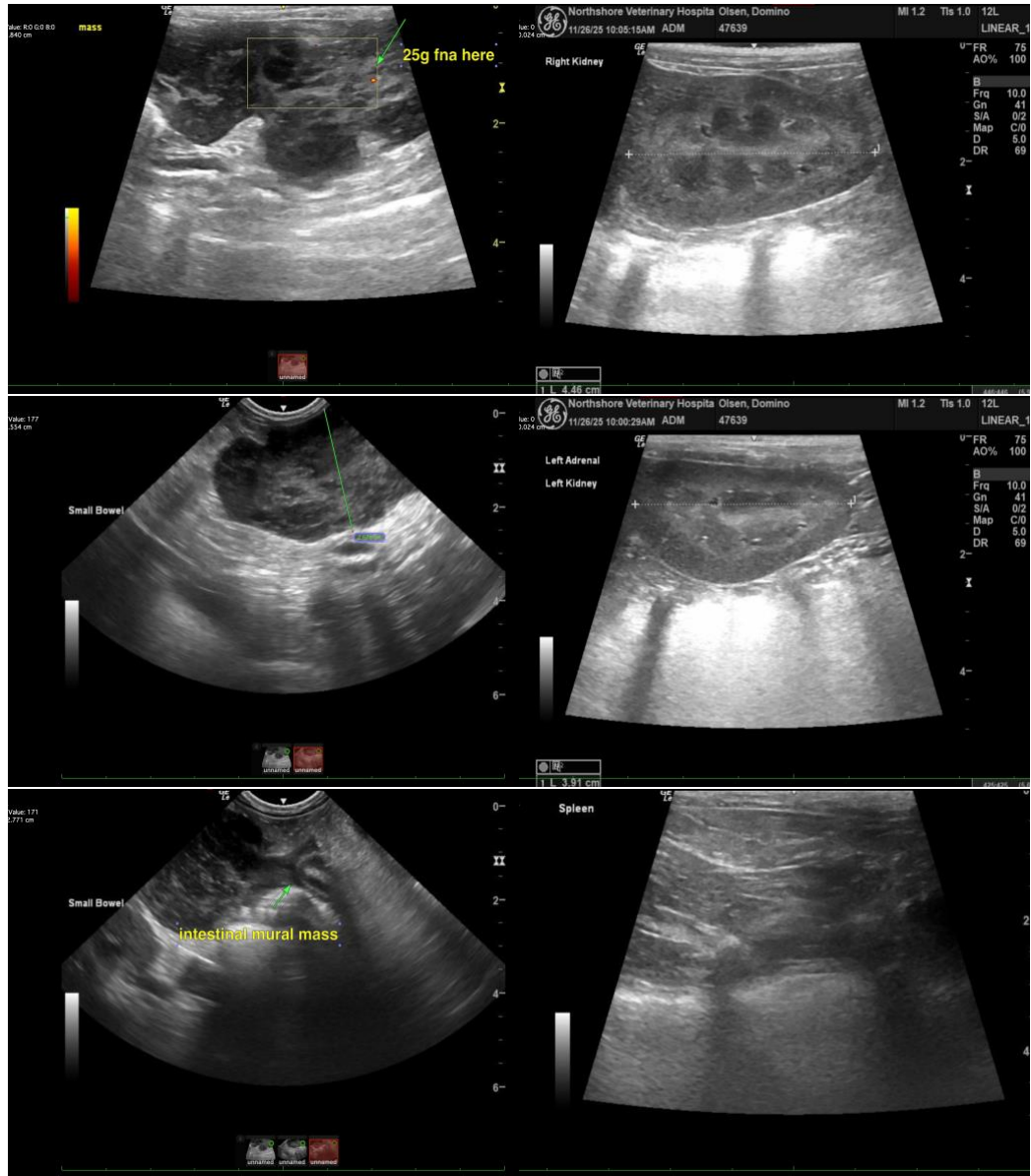
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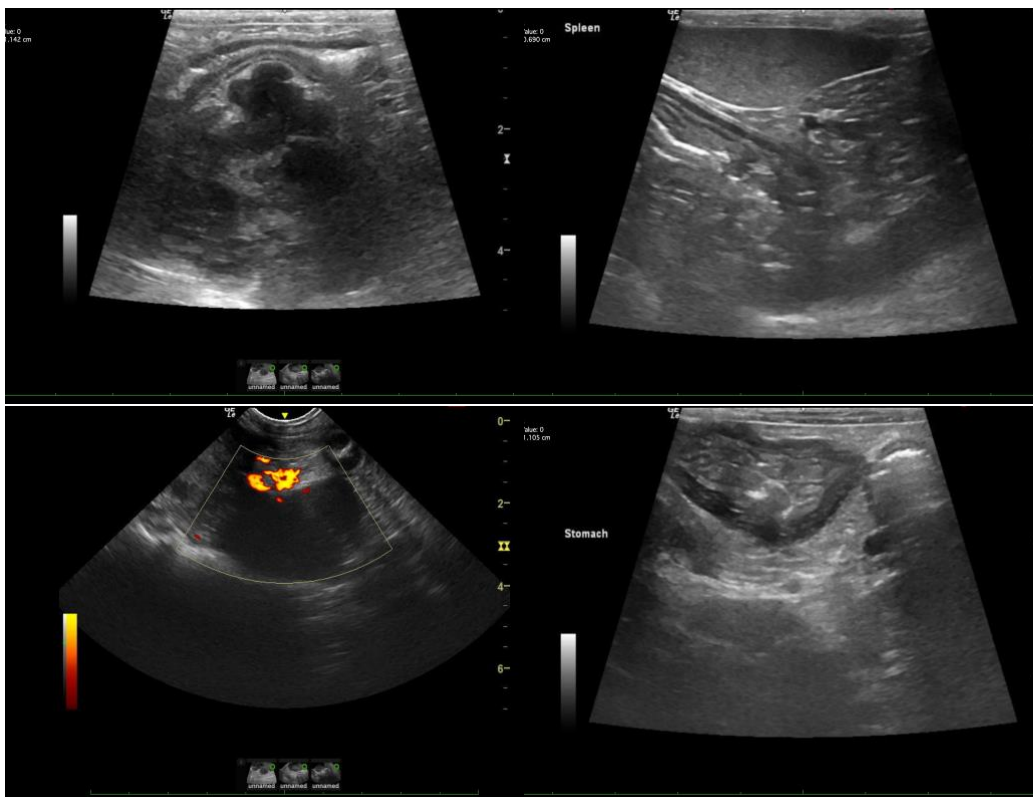
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,

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