



PATIENT

Rocket Searcy

SPECIES

Canine

BREED

Terrier Mix

SEX

Neutered male

AGE

13 years

WEIGHT

20.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IUUSS

IMAGING PERFORMED BY

Dr. Andrew Beachy

HOSPITAL NAME

Linn VH

REFERRING VET

Dr. Beachy

INVOICE

69602

DATE

12/11/25

PRESENTING CLINICAL SIGNS

History: The patient initially presented in August 2025 for a pre-dental evaluation. Blood work at that time revealed increased liver values. An abdominal ultrasound in August 2025 revealed a liver mass; the right kidney was not visualized at that time. The liver mass was surgically removed in September 2025 at OVRA. Histopathology confirmed hepatocellular carcinoma that was fully removed with clean margins. A recheck liver panel on November 29, 2025, showed that liver values were still elevated but had decreased since August. Blood urea nitrogen was also elevated. A renal panel on December 9, 2025, revealed elevated kidney values and phosphorus, leading to a suspicion of stage 3 chronic kidney disease. A recheck ultrasound of the kidneys was performed today. The R kidney was still not able to be located. Rads were taken as well.

Abnormal PE/Chem/CBC/UA Results: Renal panel 12/9/25 CBC: NSF Chem SDMA 21, Crea 3.1, BUN 94, Phos 6.4 U/A: USG 1.014

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

13 Videos were submitted

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 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 **right kidney** was not visualized. The visible left kidney revealed moderate chronic changes.

The **left kidney** 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. Occasional cortical cyst was noted as well as hyperechoic medullary rim sign. The left kidney measured 4.8 cm.

A lipoma was noted and measured 9.4 x 5.8 cm.

ULTRASONOGRAPHIC FINDINGS

Chronic cystitis bladder pattern.

Moderate chronic renal changes.

Cranial abdominal lipoma.



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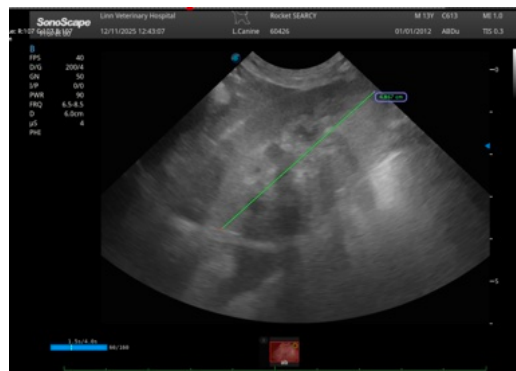
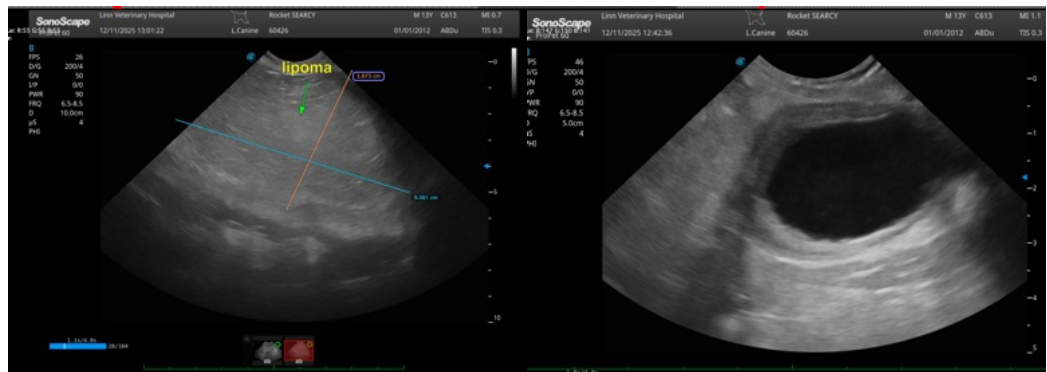
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend addressing any hypertension or UTI that may be present along with 72-hour IV fluid protocol followed by reassessment of the azotemia. The prognosis is guarded. I recommend further imaging of the entire abdomen.



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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