



PATIENT

Beauty Recklinghausen

SPECIES

Canine

BREED

Wolf Cross

SEX

Spayed female

AGE

7 years

WEIGHT

88 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

69469

DATE

12/19/25

PRESENTING CLINICAL SIGNS

History: 1 week history of progressive hyporexia, PU/PD, and lethargy.
Abnormal PE/Chem/CBC/UA Results: CBC - regenerative anemia (HCT 27.3) - microcytic, hypochromic mild reticulocytosis (197 (10-100) - less than expected for anemia Mild neutrophilia
CHEM - Elevated Creatinine Elevated GGT (24) Pancreatic Lipase - normal

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 2.0 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** in this patient were bilaterally enlarged with disrupted multi-focal, mixed hypoechoic and hyperechoic nodular cortical changes. The left kidney measured 9.0 cm. The right kidney measured 8.5 cm.

Adrenal Glands

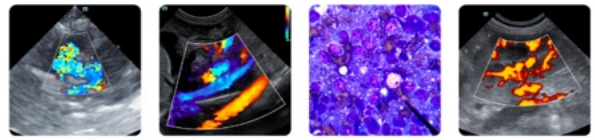
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 2.41 x 0.8 cm at the cranial pole and 0.4 cm at the caudal pole. The left adrenal gland measured 2.0 x 0.5 cm.

Spleen

The **spleen** was enlarged and irregular with micronodular changes with honeycomb type pattern.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.



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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 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.

Free Abdomen

The cranial mediastinum revealed hypoechoic tissue. This is suggestive for metastatic disease.

ULTRASONOGRAPHIC FINDINGS

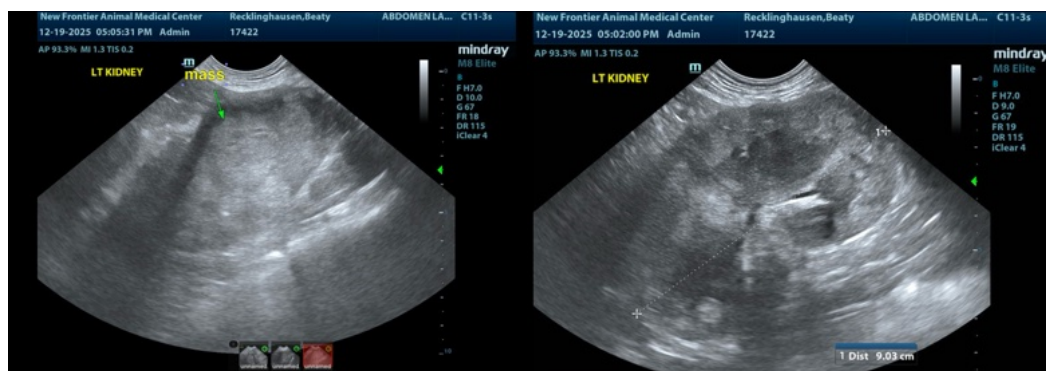
Enlarged nodular renal changes.

Enlarged, irregular spleen.

Hypoechoic cranial mediastinal.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the splenorenal presentation FNA of the liver is warranted to assess for metastatic disease. FNA of the spleen was performed. FNA of the renal cortex would also be ideal. FNA of the cranial mediastinum is also indicated. Granulomatous disease or fungal disease is possible if present in your area.





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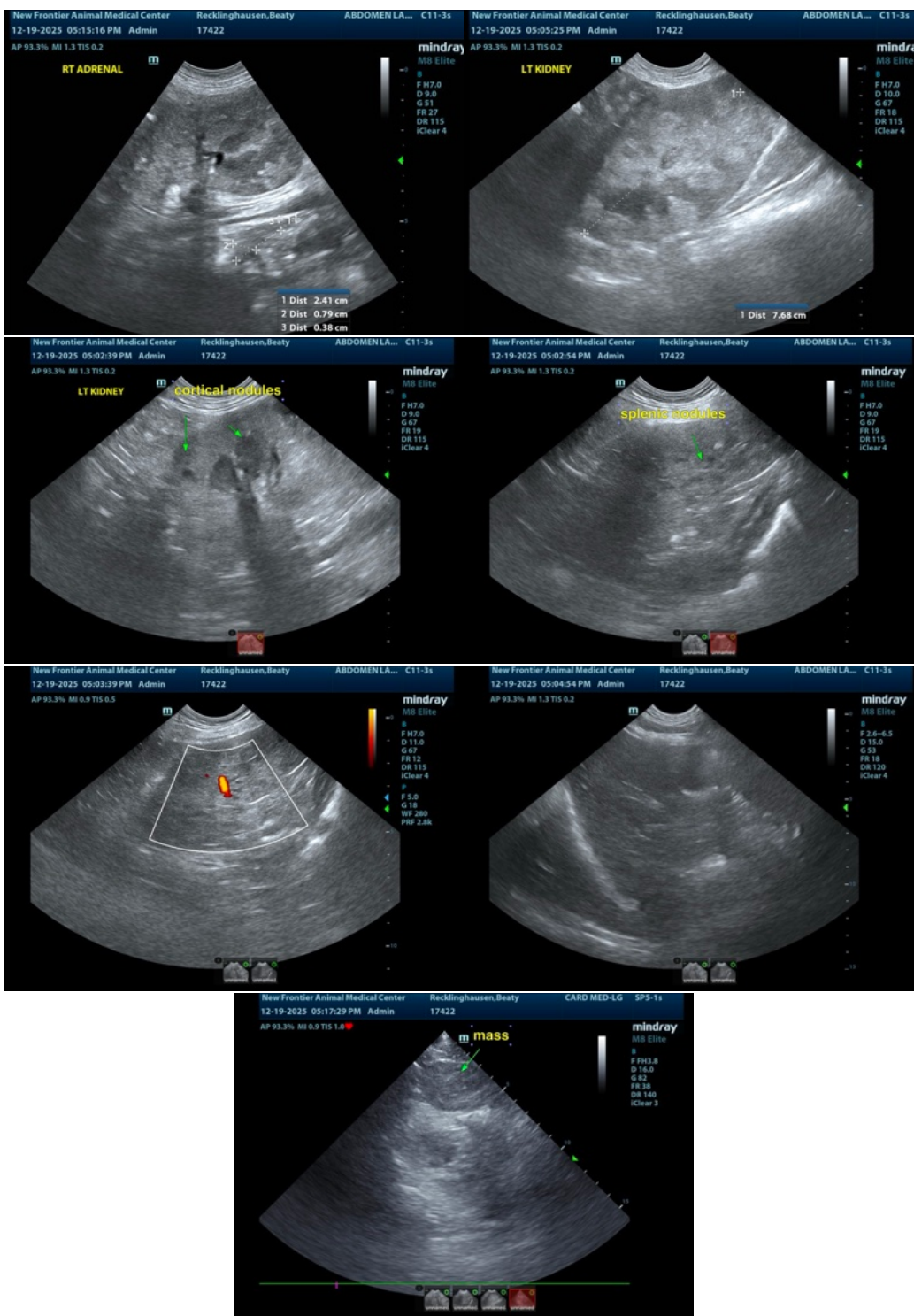
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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