



## PATIENT

Jackson Masga

## SPECIES

Canine

## BREED

Maltese

## SEX

Neutered male

## AGE

8 years

## WEIGHT

20 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Gudrun Gunther

## HOSPITAL NAME

New Frontier Animal  
Medical Center

## REFERRING VET

Dr. Watts

## INVOICE

69566

## DATE

12/23/25

## PRESENTING CLINICAL SIGNS

History: Elevated liver values - 10/2 -ALT 129; 12/15 - ALT 195 10/2 ALP 1735; 12/15 ALT >2000 Pt is on Hepato for liver support LDS done 11/14 and came back neg for Cushing's

## 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** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex. The capsules were acceptably uniform without significant irregularities. Slight pinpoint mineralization was noted in the kidneys. The left kidney measured 4.45 cm. The right kidney measured 4.08 cm with slight pyelectasia.

The residual prostate measured 0.9 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 left adrenal gland measured 1.85 x 0.6 cm at the cranial pole and 0.63 cm at the caudal pole. The right adrenal gland measured 1.33 x 0.35 cm at the cranial pole and 0.54 cm at the caudal pole.

### 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** 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 presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic



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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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## Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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

The **pancreas** revealed a minor amount of heterogenous parenchymal changes in the right base and right limb.

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## ULTRASONOGRAPHIC FINDINGS

Unremarkable abdomen.

Pinpoint renal mineralization and slight pyelectasia on the right.

Acute hepatic insult.

Pancreatic changes are consistent with history of pancreatitis with a potential for low-grade pancreatitis.

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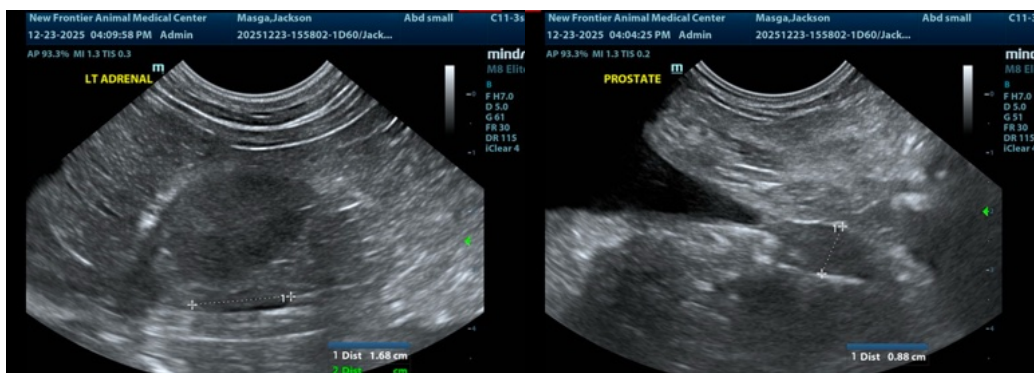
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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Leptospirosis, toxin exposure and extension from the pancreatic presentation is possible. FNA of the liver would be indicated for further definition. There was no evidence or suspicion of neoplasia.





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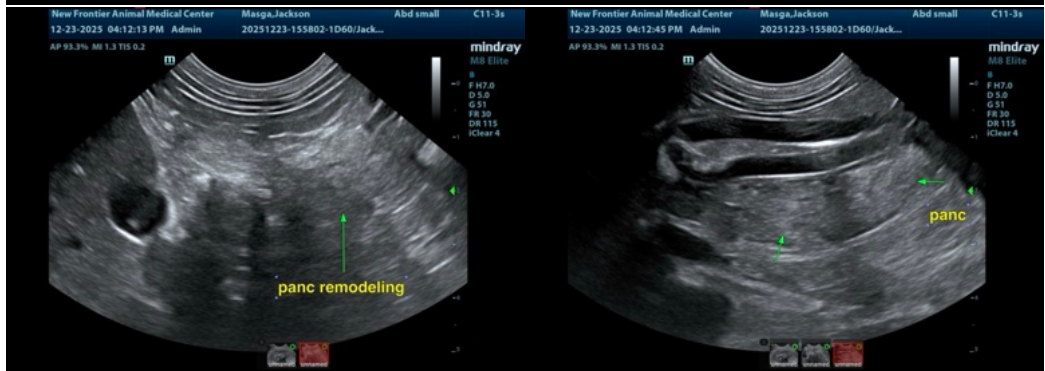
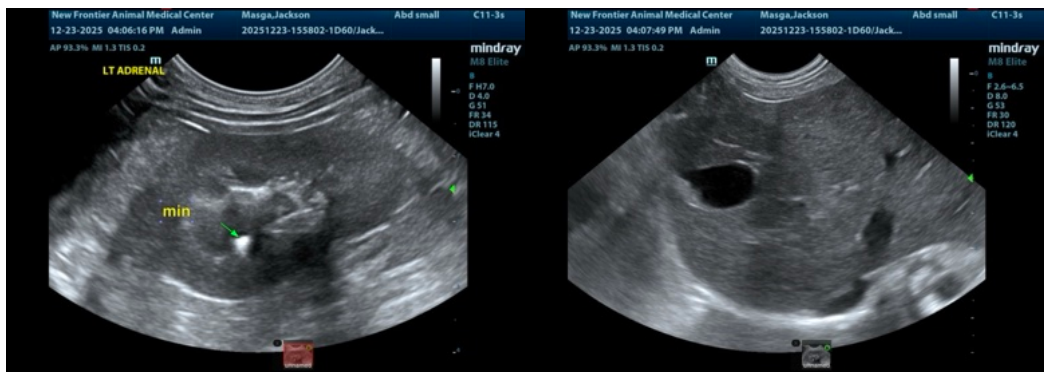
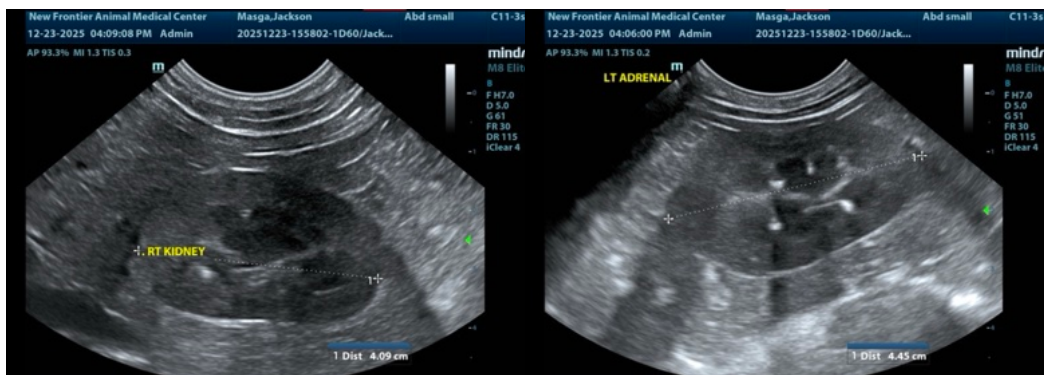
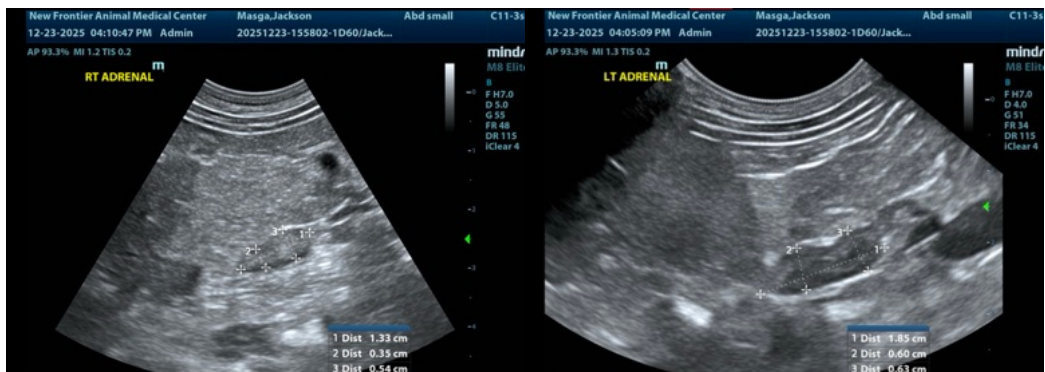
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The information and recommendations provided are based on the images presented by the



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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

[info@SonoPath.com](mailto:info@SonoPath.com)