



PATIENT

Mozart Smith

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered male

AGE

8 years

WEIGHT

18 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Betsy LaCroix

HOSPITAL NAME

Inspire AH Highlands
Ranch

REFERRING VET

Dr. Wolsky

INVOICE

69561

DATE

12/23/25

PRESENTING CLINICAL SIGNS

History: Patient has been having increasing lethargy, not wanting to go on walks, was working up for increased sneezing. Now having mild anemia. Thoracic rads taken yesterday (see rad report findings).

On galliprant, gabapentin, and hydroxyzine

Missing LH leg (previously amputated) Rad review: Left lung lobe pulmonary nodules. Rule out metastatic disease versus less likely granulomas (parasitic in origin versus less likely eosinophilic) Patchy interstitial pattern. Differentiate between parasitic pneumonitis, lymphoma, contusions from coagulopathy, or atypical metastatic disease. Cranial mediastinal dense lymph node versus nodule within the medial aspect of the right cranial lung lobe. Hepatomegaly. Rule out a mass versus reactive hepatopathy such as an endocrinopathy. 12/11: Chem: mild ALP elevation 213, otherwise NSF CBC: non-regenerative anemia with Hct 30%, mild leukopenia WBC 3.2 (>4), platelets 139 with estimate decreased- does have some small clumps in sample that could contribute UA: USG 1.027, UPC 0.3 4DX neg

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 3.0 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** were significantly swollen with thickened, irregular cortices with loss of corticomedullary definition and pericapsular inflammatory pattern. Mineralization was noted in the kidneys. The left kidney measured 6.0 cm. The right kidney measured 5.19 cm.

Adrenal Glands

The region of the **right gland** revealed an undifferentiated mass. This may be the source of the multi-centric pathology.

Spleen

The **spleen** revealed hypoechoic nodule in the mid body. The nodule was expansive measuring 1.3 cm.

Liver

The **liver** was riddled with multiple, mixed echogenic, expansive masses. Isoechoic to mixed echogenic nodular changes were noted in the left liver, but also in the right liver. This is strongly consistent with metastatic pattern. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.



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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 **pancreas** was largely unremarkable, yet some extension of inflammation from the other organ pathology.

Free Abdomen

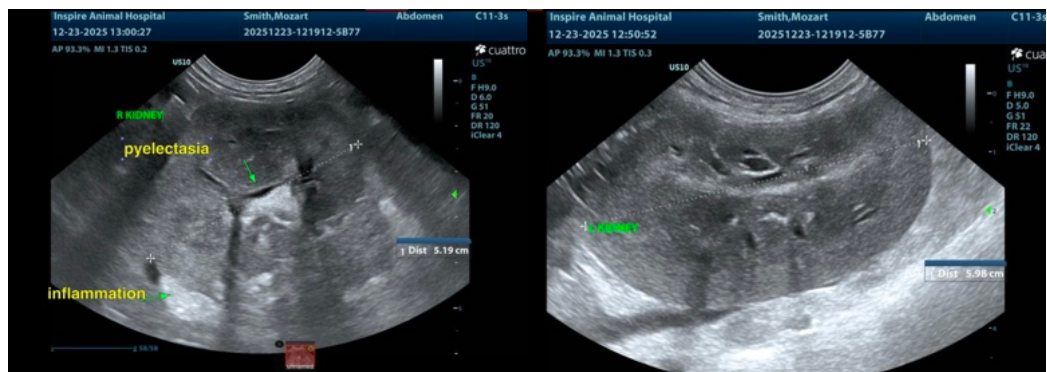
Retroperitoneal fluid and areas of free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

Multi-centric neoplasia possibly deriving from the right adrenal gland, but involves kidneys, liver and spleen and given the patient's history likely lung.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Humane euthanasia or hospice management would be recommended in this patient.





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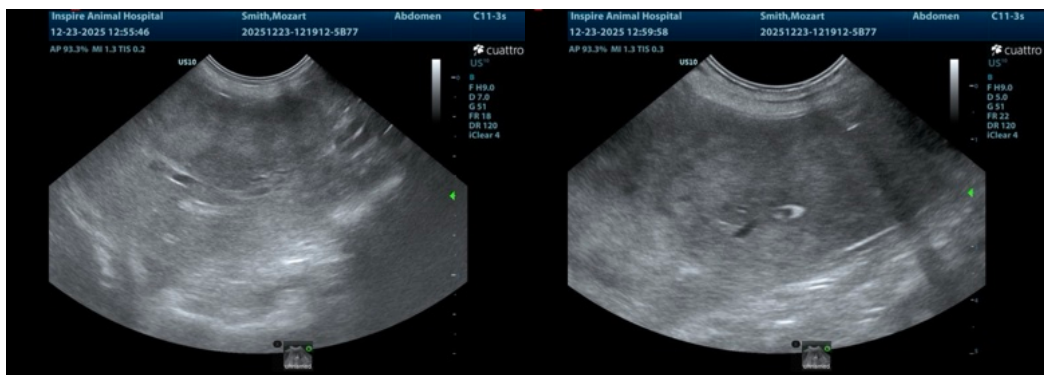
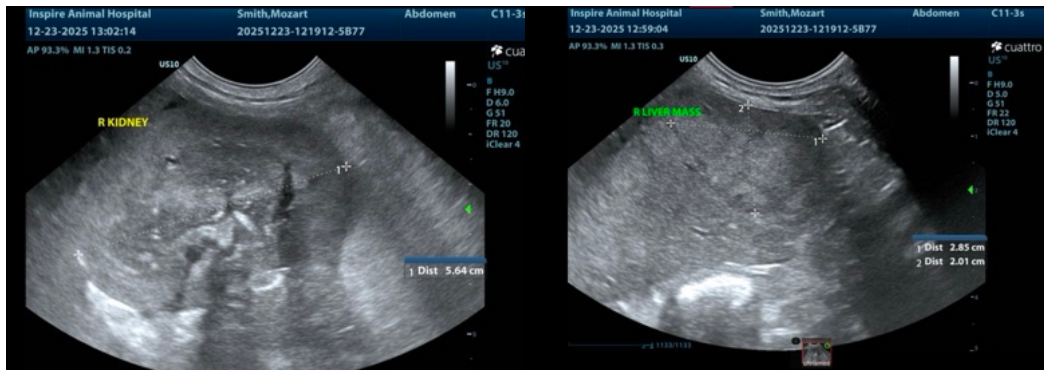
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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