



PATIENT

Bentley Moore

SPECIES

Canine

BREED

Yorkie Mix

SEX

Neutered Male

AGE

14 Years

WEIGHT

9.1 kg

INTERPRETED BY

Eric Lindquist, DMV,
 DABVP (Canine &
 Feline), Cert. IVUSS

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

AEC of the High
 Country

REFERRING VET

Dr. Fitch

INVOICE

35145

DATE

12/30/25

PRESENTING CLINICAL SIGNS

History: P had dental on December 22nd, one extraction, vaccinated, given metacam injection and then sent home on galliprant- doing well until Saturday- Not eating black stool, pale gums, PLT 220, HCT 14, Chem BUN 29, Crea 0.7, ALb decreased.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra 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 pelvic urethra was imaged 3.0 cm beyond the cystourethral junction. The residual prostate measured 1.28 cm.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild to moderate 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. The left kidney measured 4.87 cm. The right kidney measured 4.6 cm. Trace pyelectasia was noted bilaterally.

Adrenal Glands

The **right adrenal gland** was nodular at the cranial pole, measuring 1.34 cm at the cranial pole, 0.82 cm at the caudal pole, and 2.83 cm in length.

The **left adrenal gland** was enlarged, nodular, and heterogenous with swollen irregular contour without capsular escape or vascular invasion. The left adrenal gland measured 2.53 cm x 1.1 cm at the caudal pole and 0.86 cm at the cranial pole. The left adrenal gland was particularly vascular.

Spleen

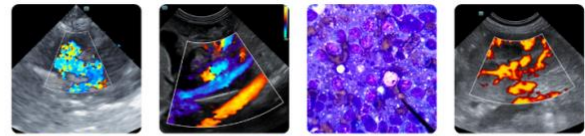
The **spleen** revealed multifocal hypoechoic ill-defined nodular changes with occasional hyperechoic lipid plaques. An overt concerning nodule was noted at the mid splenic body, measuring 1.6 cm. No evidence of hemorrhage.

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 tracts were of normal volume, and no evidence of congestion was noted. Occasional parenchymal cysts were noted, measuring up to 2.0 cm. The gallbladder was overdistended with inspissated bile and some striation.

Gastrointestinal

The **stomach** revealed a mucosal mass, consistent with well differentiated epithelial tumor, however, endoscopy is indicated to confirm. The small intestine and colon were unremarkable.



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Pancreas

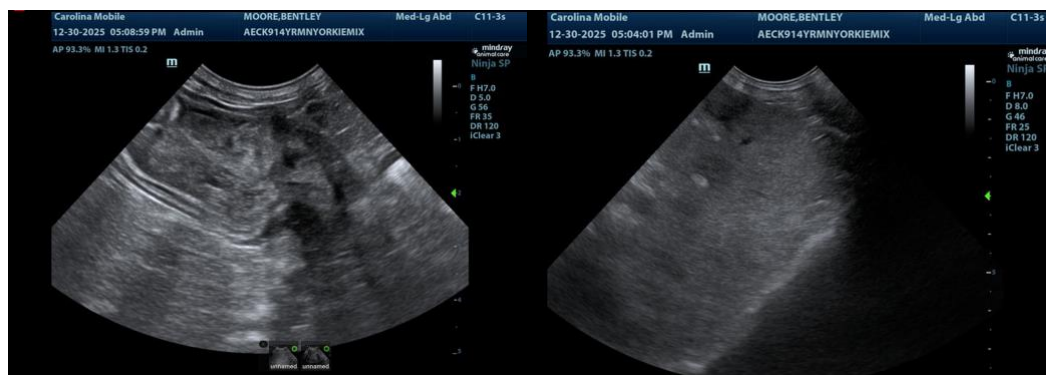
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

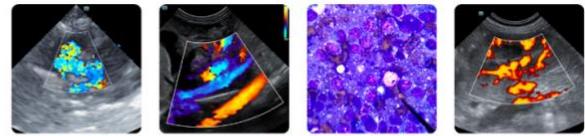
ULTRASONOGRAPHIC FINDINGS

- Undefined nodular splenic changes
- Emerging gallbladder mucocele
- Age-related hepatic changes with occasional parenchymal cysts
- Low grade epithelial tumor pattern in the stomach
- Nodular adrenal glands- Likely adenoma of the right adrenal, possible carcinoma or pheochromocytoma. Hyperplasia of the left adrenal gland is likely. Mild potential for emerging neoplastic event.
- Age-related renal changes with trace pyelectasia bilaterally.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

25-gauge FNA of the spleen is indicated to assess for neoplastic event. Otherwise, CBC path review is warranted +/- bone marrow aspirate. Serial blood pressures are warranted. If any hypertension is present, urine metanephrine level is indicated. No evidence of vascular invasion within the vena cava. Regarding the immediate issue, I'm most curious about the gastric mass. The gastric mass appears to be localized to the epithelial layer, and is most consistent with low grade epithelial tumor, yet may be causing hemorrhage/GI blood loss, which may be the cause of the anemia in this patient, especially if any melena is present. Endoscopy is indicated. Ursodiol therapy is warranted for long term management of the gallbladder, yet gallbladder motility study would be ideal to assess for gallbladder dysfunction.





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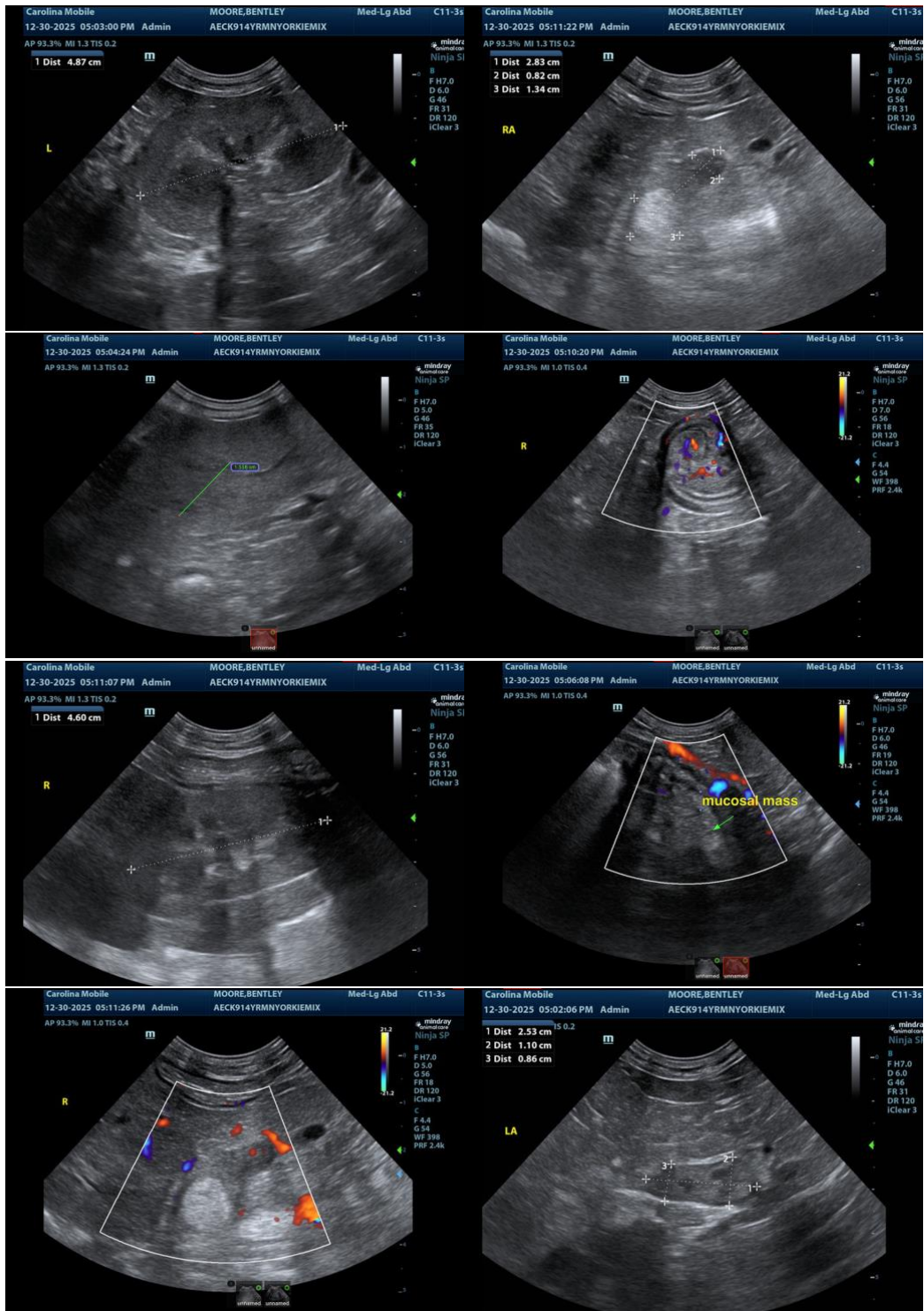
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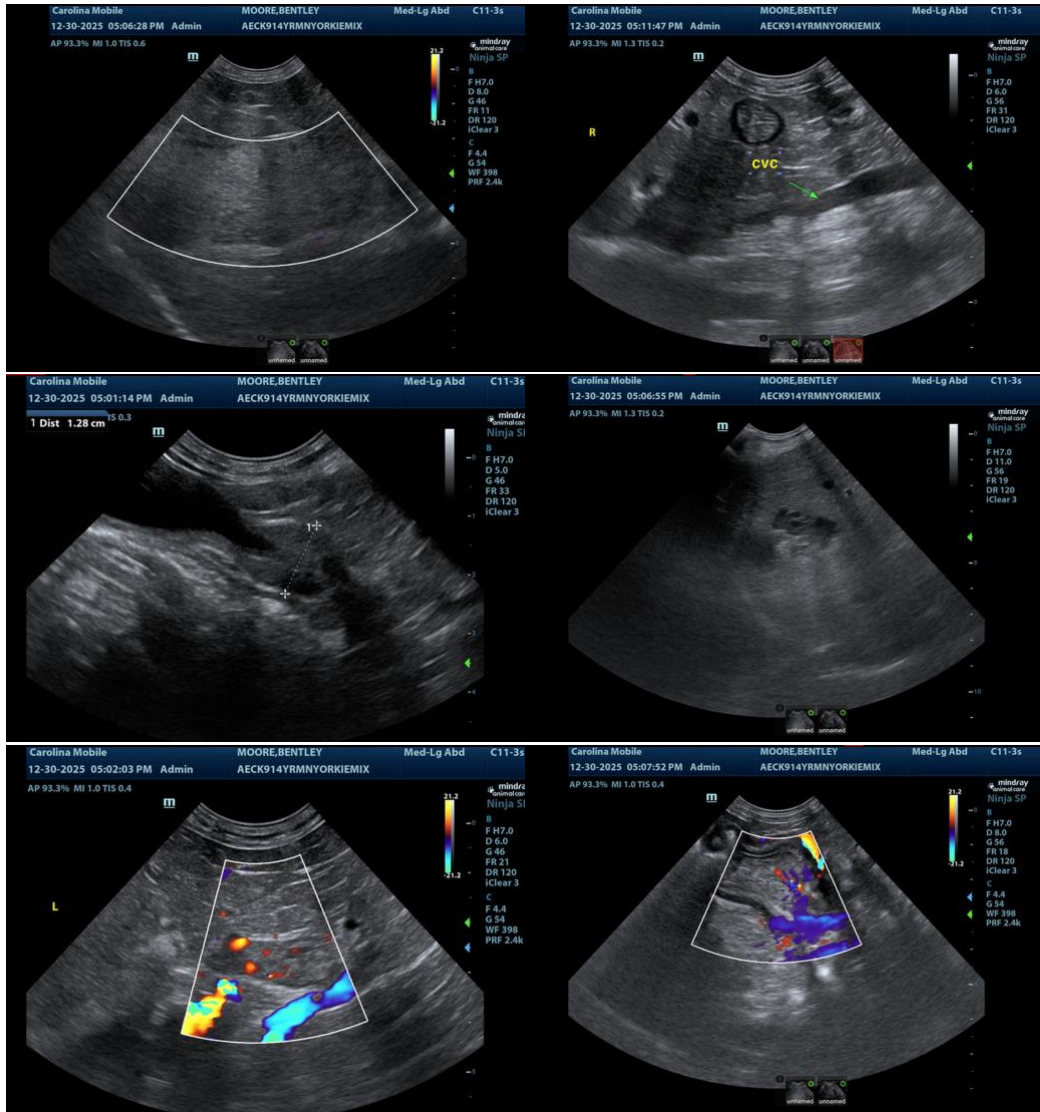
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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