



PATIENT

Princeton Thompson

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered male

AGE

14 years

WEIGHT

21 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Laura Klaassen

HOSPITAL NAME

Animal Care Group of
Lake Oswego

REFERRING VET

Dr. Wisniewski

INVOICE

69709

DATE

12/30/25

PRESENTING CLINICAL SIGNS

History: - hind end weakness - liver value elevation noted
Abnormal PE/Chem/CBC/UA Results: ALT 130 ALKP 866 GGT 26 T bili 0.1 U A 1.012 all else wnl

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 was noted. Ureteral papillae were normal.

The **kidneys** 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. Areas of pinpoint mineralization was noted. The left kidney measured 5.4 cm. An anechoic cyst was noted at the cranial pole measuring 1.2 cm in the right kidney. The right kidney measured 6.5 cm.

Mineralization was noted in the prostatic urethra.

Adrenal Glands

The **left adrenal gland** was enlarged and hypoechoic with loss of structural detail at the caudal pole measuring 1.1 cm at maximum width. Capsular expansion without capsular escape was noted. The right adrenal gland appeared flattened and isoechoic measuring 0.5 cm in width.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. An anechoic cyst was noted in the spleen measuring 1.5 x 2.0 cm. Hyperechoic lipid plaques were noted. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction.

Liver

The **liver** revealed coarse architecture with increased portal markings. The liver revealed a relatively normal size with a moderate amount of remodeling. The gallbladder had a slightly echogenic wall with striating bile and minor over distension without full mucocele formation.



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Gastrointestinal

The **stomach** in this patient revealed hypertrophied muscularis and echogenic mucosal remodeling. The small intestines and colon were unremarkable with normal curvilinear mural patterns and content.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

Moderate degenerative renal changes with occasional cysts.

Prominent left adrenal gland. Differentials include hyperplasia (likely) or possible emerging carcinoma or pheochromocytoma.

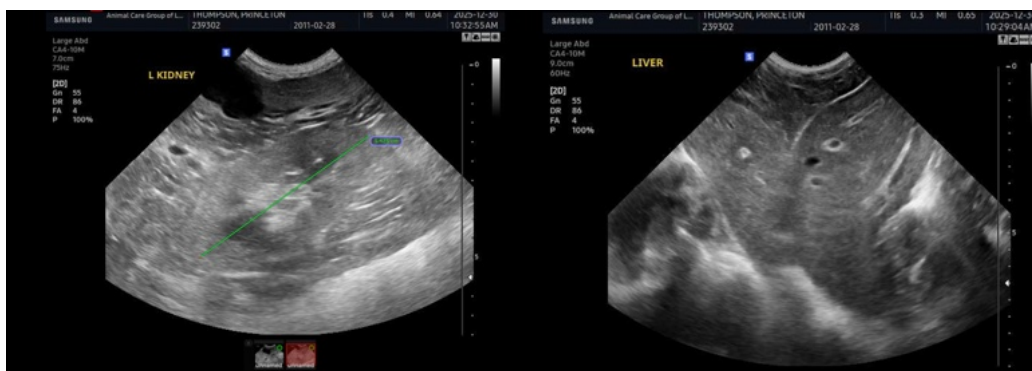
Splenic cyst and lipogranulomatous changes.

Moderate hepatic remodeling.

History of chronic gastritis is likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the global presentation chronic inflammatory hepatopathy is likely in this patient. If the patient appears Cushingoid work-up for adrenal dependent Cushing's is indicated. Full urinalysis is indicated. Passage of catheter may be appropriate depending on if any straining to urinate is present owing to the urethral sand. Bile acid profile is indicated given the degree of hepatic changes. Ursodiol therapy could be justified given the gallbladder presentation. The splenic cyst appears benign, but may be somewhat precarious for eventual rupture.





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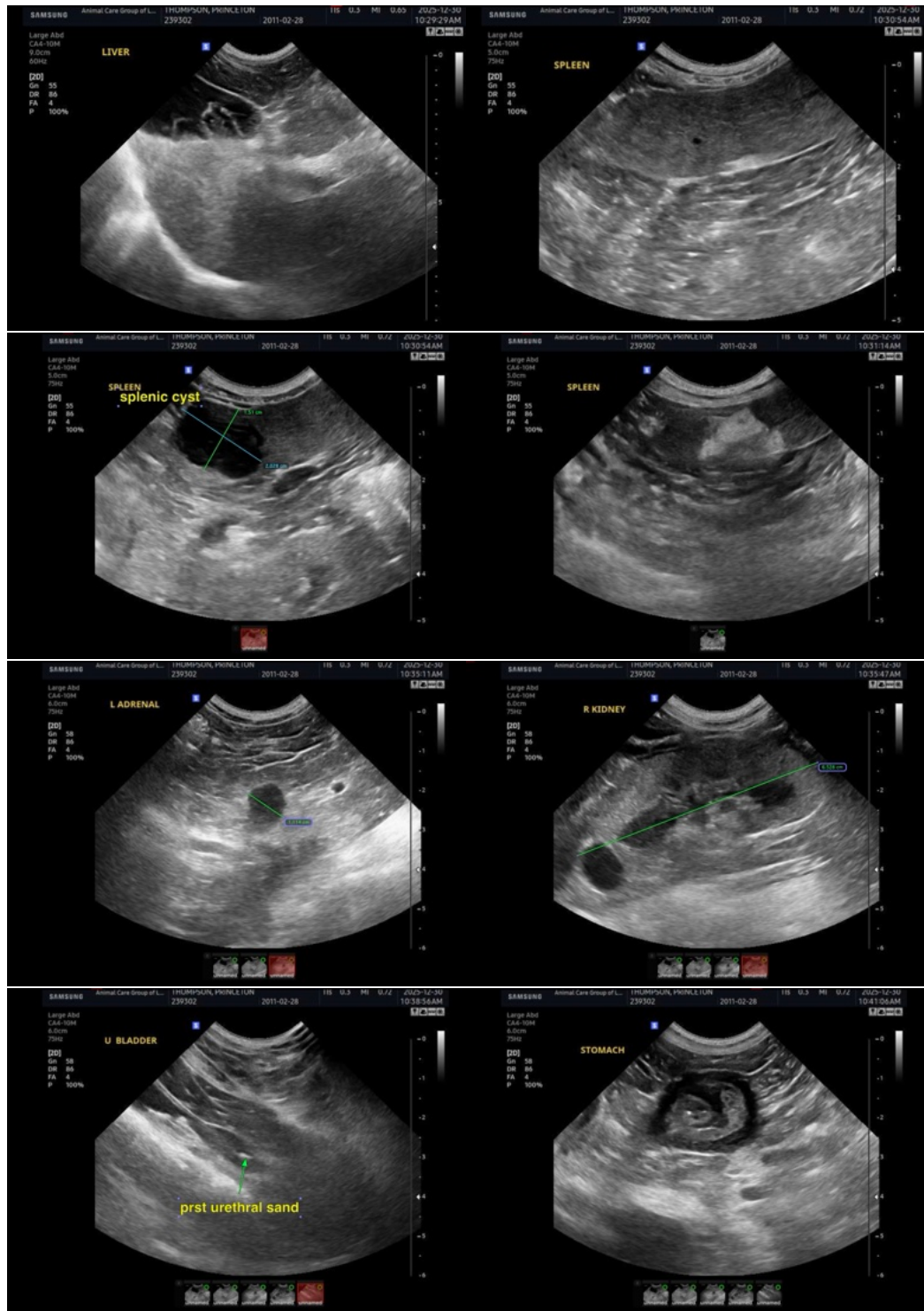
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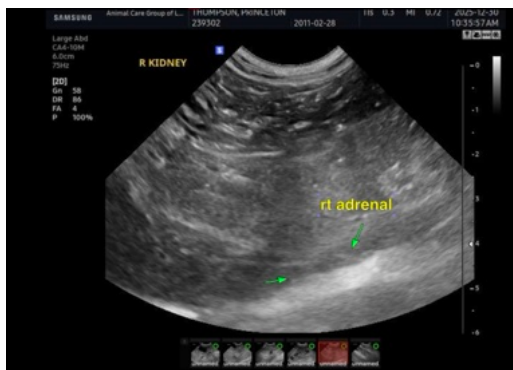
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

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