



## PATIENT

Loca Papinchak

## SPECIES

Canine

## BREED

Puggle

## SEX

Spayed female

## AGE

12 years

## WEIGHT

25 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Todd

## HOSPITAL NAME

Lambs Gap AH

## REFERRING VET

Dr. Todd

## INVOICE

69330

## DATE

12/4/25

## PRESENTING CLINICAL SIGNS

History: Loca is a twelve year old, FS, Puggle with a history of right adrenal gland mass. Last AUS on 5/1/25 read by Dr. Lindquist. Loca also has a history chronic UTI's and gastrointestinal problems. Her diet is Purina HA hydrolyzed. Current medications: fluoxetine 15 mg SID, PPA 25 mg BID, SMZ-TMP 360 mg BID for UTI, visbiome 2 caps SID, gabapentin 150 mg SID, cranberry D-mannose supplement and phycox. Recently Loca has had inappetence and borborygmus (treating with cerenia), no diarrhea, hematuria/pyuria culture showed E. Coli.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder** revealed subjectively poor urethral tone. The bladder itself was unremarkable. The apical wall was slightly thickened.

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. Mild mineralization was noted in the kidneys. The right kidney measured 5.36 cm. The left kidney measured 5.0 cm.

### Adrenal Glands

The left **adrenal gland** was uniform and measured 1.8 x 0.58 cm at the cranial pole and 0.68 cm at the caudal pole. The right adrenal gland measured 2.5 cm with a hyperechoic, expansive nodule at the cranial pole measuring 1.6 x 1.6 cm. The capsular expansion is persistent without capsular escape. However, the nodule appears to have increased in size within the gland itself. The vena cava did not reveal any evidence of invasion.

### 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 from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. A hypoechoic, non-disruptive nodule was noted at the right cranial liver measuring 2.9 cm. 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



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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.

**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.

**ULTRASONOGRAPHIC FINDINGS**

Progressively increased right adrenal nodule.

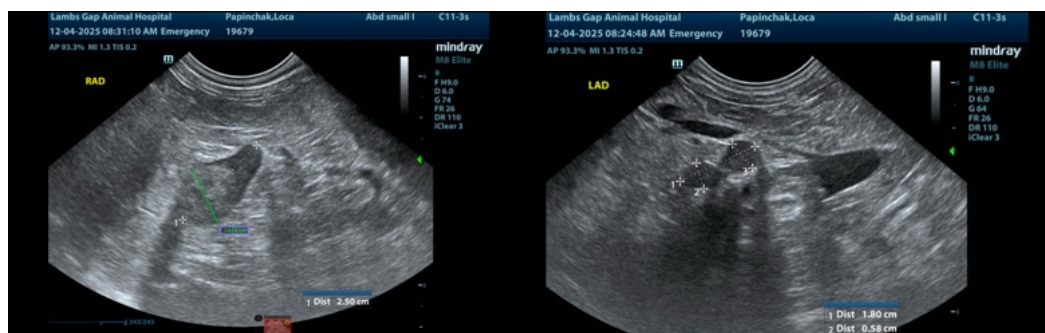
Liver nodule.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Adenoma and hyperplasia is still possible; however, given the architecture of the right adrenal gland and the increase in size by 0.5 cm, I recommend surgical removal. Repeat blood pressure measurements are indicated. If hypertension is an issue then urine catecholamine is indicated.

The liver nodule is a new development. FNA is indicated. I do not believe this is pathological as the changes are subtle.

The poor urethral tone may be contributing to recurrent UTI's. Supplement with Phenylpropanolamine or similar tone enhancer may be appropriate assuming that the patient is not hypertensive.





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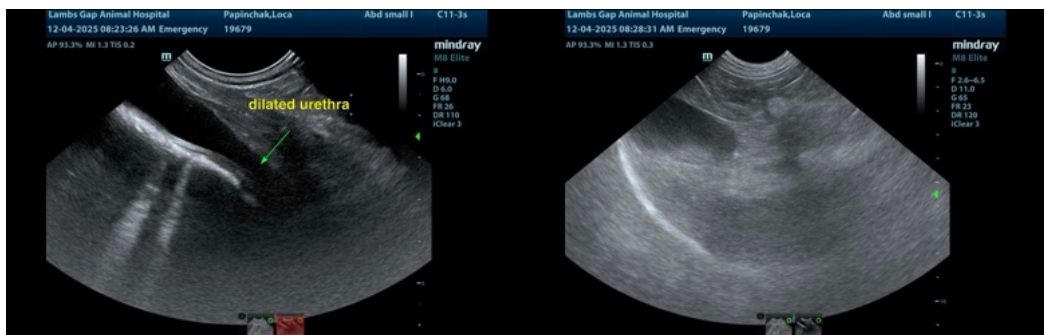
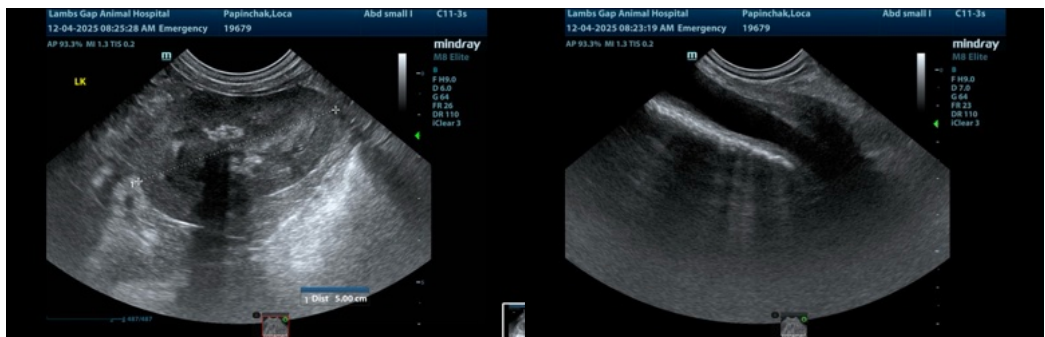
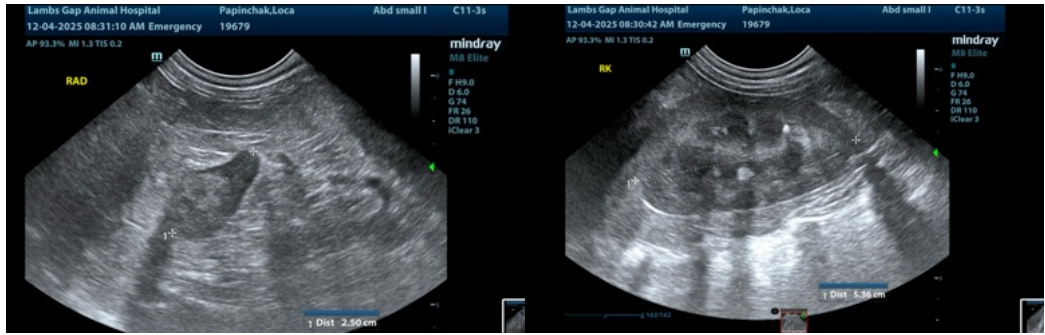
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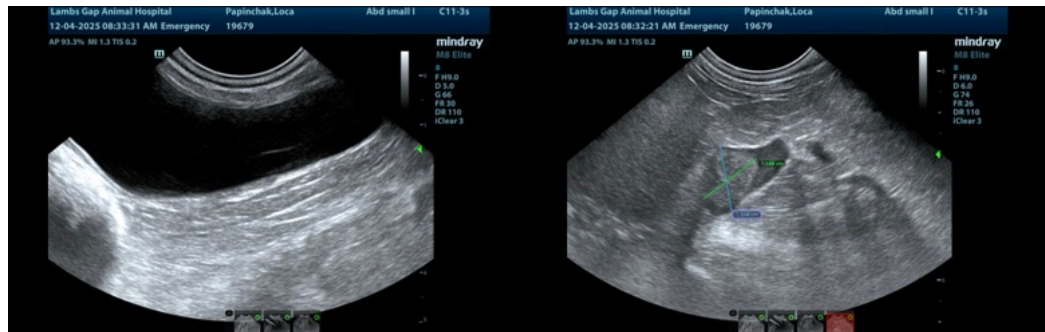
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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