



PATIENT

Charlie Bowling

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

12 Years

WEIGHT

6.6 kg

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Dr. Hayley Gaynor

HOSPITAL NAME

Lambertville
Veterinary Clinic

REFERRING VET

Dr. Hayley Gaynor

INVOICE

72393

DATE

12/5/25

PRESENTING CLINICAL SIGNS

Lethargy, Decreased appetite and intermittent vomiting since 10/17/25 -Limited response to prednisone (1mg/kg tapering dose), cerenia, ondansetron, gabapentin, metronidazole and bland diet - Intermittent loose stool, 1 episode of tarry stool

Abnormal PE/Chem/CBC/UA Results: PE 12/1/15: QAR, mm pale/m,<2sec; painful on palpation of cranial abdomen Chem/CBC 12/1/25: Regenerative anemia; leukocytosis with neutrophilia, monocytosis; Elevated ALT, ALP (improving from initial high steroid dose, 11/12 ALT 588, ALP 6590, GGT 115)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 4.8 cm with pelvic mineralization noted. The left kidney measured 4.4 cm. Degenerative changes were moderate on the right and mild on the left.

Adrenal Glands

The **left adrenal gland** was 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. Left measured 1.2 cm x 0.39 cm at the caudal pole and 0.36 cm at the cranial pole.

The region of the **right adrenal gland** was imaged yet not overtly visualized. No gross pathology. The views were obscured by the ascending colon.

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 were noted.

Liver

The left **liver** revealed an expansive, mixed echogenic, moderately disruptive 2.8 cm x 1.9 cm mass impinging medially upon the gallbladder. The remainder of the liver was uniform with mild swelling, no evident of pathology. Minor dependent gallbladder debris noted.



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Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end 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.

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 subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

- Left-sided liver mass with subjectively benign hepatopathy otherwise – carcinoma versus pronounced nodular hyperplasia, granulomatous disease possible.
- Age related urinary bladder and kidney changes.
- Age related pancreatic changes.
- Partially full stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA or direct left liver mass removal indicated. Full urinary workup warranted if not already performed. At surgery, manual expression of the gallbladder indicated. Note that the Prednisone may be suppressing a more significant presentation. Other causes of lethargy such as orthopedic pain, CNS or thoracic disease should also be ruled out, as the liver mass may be a completely incidental finding.





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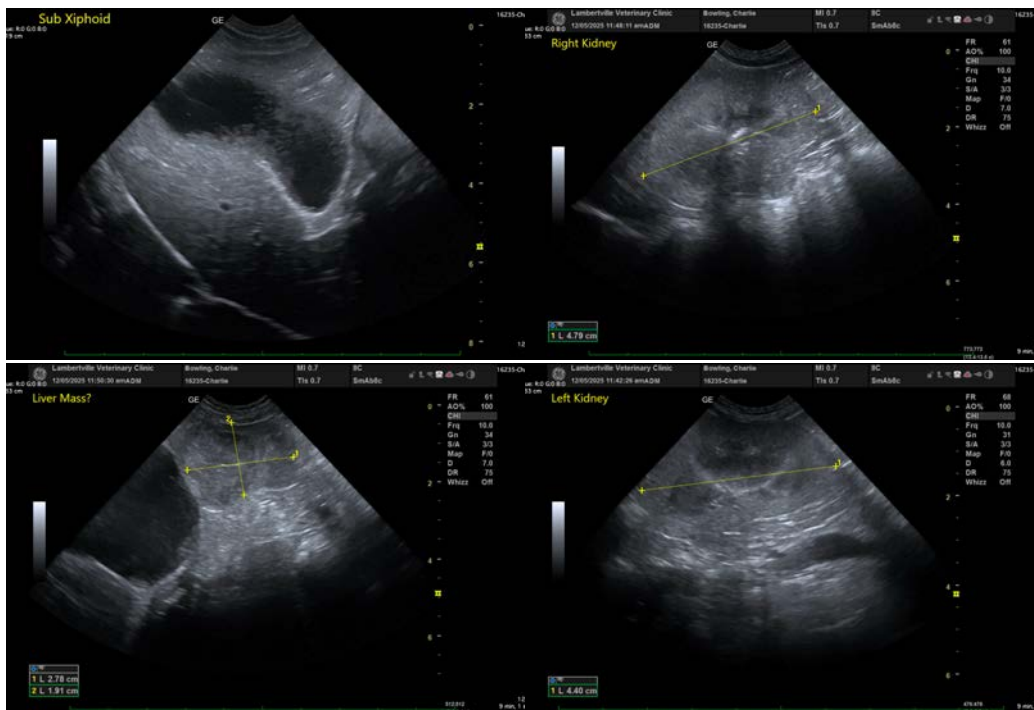
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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