



PATIENT

Aice West

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Neutered male

AGE

8 years

WEIGHT

19.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IUUSS

IMAGING PERFORMED BY

Rachel South, DVM

HOSPITAL NAME

River Valley AH

REFERRING VET

Dr. South

INVOICE

69432

DATE

12/9/25

PRESENTING CLINICAL SIGNS

History: Aice has been previously diagnosed with a benign hepatopathy (via ultrasound) back in January 2025. He presented for a COHAT in November and pre-anesthetic bloodwork showed a persistently elevated TBili and ALKP. Both UCCR and ACTH were performed and suggestive of Cushing's disease. Elected another full abdominal ultrasound prior to starting treatment given P's age.
Abnormal PE/Chem/CBC/UA Results: UCCR: Ratio - 126, Crea - 128.8, Cortisol - 52.2 ACTH Stim: Pre - 5.2, Post - 26.1

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a cystourethral junction polyp with areas of mineralization. The polyp measured 1.3 x 0.46 cm. There is a strong concern for carcinoma.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 5.17 cm. The right kidney measured 5.4 cm.

Adrenal Glands

Both **adrenal glands** were 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. The left adrenal gland measured 2.2 x 0.76 cm at the cranial pole and 0.75 cm at the caudal pole. The right adrenal gland measured 2.3 x 0.66 cm.

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** was uniformly swollen with minor, excessive gallbladder debris, yet no evidence of over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. Minor gallbladder polyps were noted. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is



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consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

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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.

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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.

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ULTRASONOGRAPHIC FINDINGS

Bilateral adrenal hypertrophy, mild, primarily on the left.

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Benign hepatopathy

Cystourethral junction polyp.

IMAGING PERFORMED BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend reassessing bilirubin values to ensure they are not artifactual. Ultrasound-guided traumatic catheterization of the bladder lesion is recommended in this patient. It is in a position that is strongly concerning for carcinoma. BRAF testing, cytospin and free catch urine sample is also indicated.

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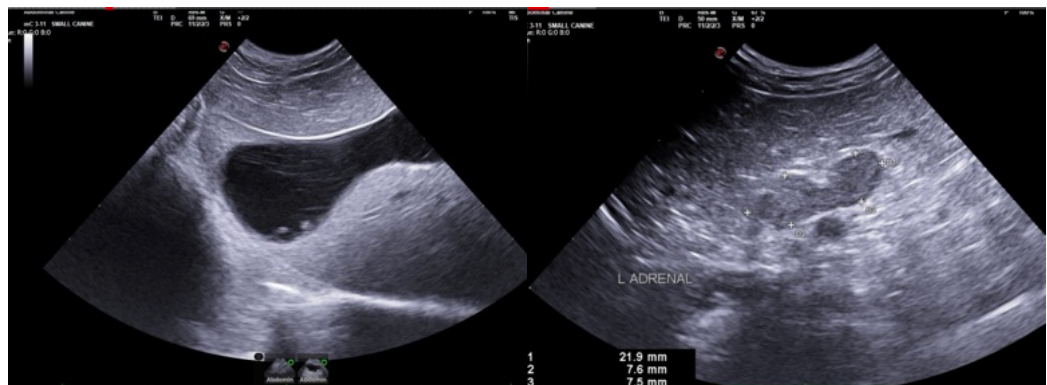
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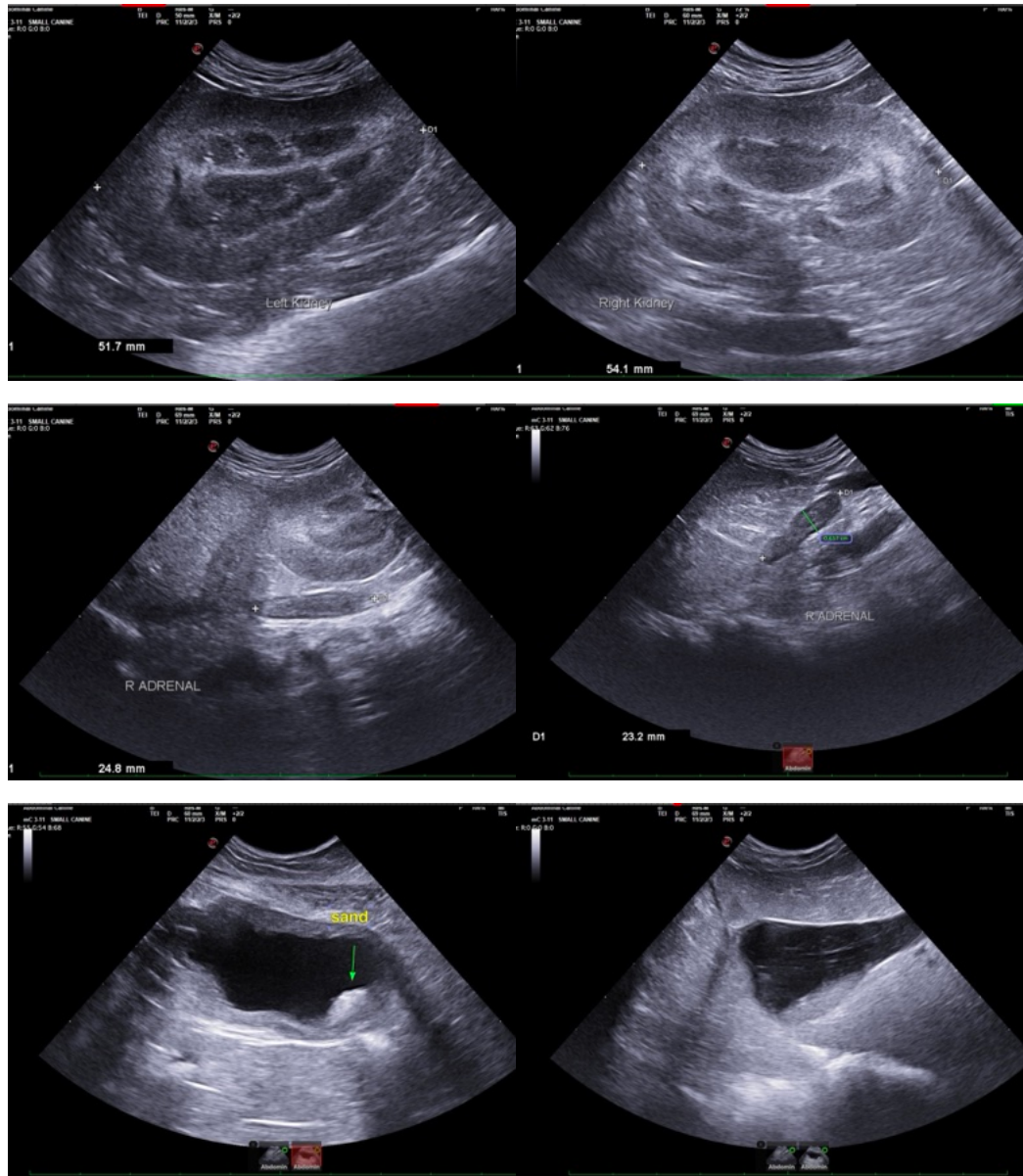
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com