



PATIENT

Olivia Cranley

SPECIES

Canine

BREED

Mix

SEX

Spayed female

AGE

12 years

WEIGHT

50.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Christine Barnhorst

HOSPITAL NAME

Walker Valley VH

REFERRING VET

Dr. Barnhorst

INVOICE

71556

DATE

2/12/26

PRESENTING CLINICAL SIGNS

- Patient has a history of mild ALT elevation and chronic anaplasma and chronic Lyme. Yesterday she presented on emergency with an acute episode of vomiting multiple times (food and bile), diarrhea and difficulty walking especially in the R rear leg with mild ataxia on presentation that completely resolved within an hour of presentation. We did Senior profile, radiographs and scheduled ultrasound for today due to chronic liver enzyme elevation and rounded edges on the liver. O reports she was acting fine overnight. No clinical signs of Cushing's Disease.
- Abnormal PE/Chem/CBC/UA Results: On presentation mild ataxia that resolved, abdomen was a little bloated and hard and she grunted on palpation. Very mild discomfort thoracolumbar spine that was not repeatable. Senior profile - Chol = 423, ALT = 358, ALKP = 259, T4 = 1.1, X-ray telemedicine report - narrowing of L5-6 IV disc space, mild hepatomegaly with rounded margins. gas in the stomach. No signs of foreign bodies or GI obstruction. Unremarkable thorax. UA pending. Had UTI 4/2025

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 6.1 cm. The right kidney measured 7.0 cm.

The iliac trifurcation was unremarkable.

Adrenal Glands

The left **adrenal gland** was enlarged at the caudal pole measuring 1.87 cm x 0.84 cm at the cranial pole and 3.26 cm in length. Nodular changes were also noted in the left adrenal gland measuring 1.3 cm. The right adrenal gland was at the upper limits of normal in size at 3.13 x 1.11 cm at the cranial pole and 0.96 cm at the caudal pole. The right adrenal gland also revealed nodular changes.

Spleen

The **spleen** revealed a focal, hypoechoic microcystic nodule measuring 0.56 cm. The remainder of the spleen was largely unremarkable with occasional hyperechoic lipid plaque.



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Liver

The **liver** presented coarse architecture with no overt masses. A mild amount of hepatic remodeling. The gallbladder was over distended with dependent bile and polypoid changes. This can be best categorized as atypical emerging mucocele.

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

Nodular adrenal changes; however, the left adrenal gland was expansive. Differentials include adenoma, photochromism and nodular hyperplasia. Although the right adrenal gland has the same differentials, yet less concerning. There was no evidence of vascular invasion or capsular escape.

Atypical emerging mucocele.

Splenic nodule, likely benign; however, this should be monitored. Likely cystic hyperplasia or emerging hemangiosarcoma is technically possible.

Cystitis bladder pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I am most concerned about the gallbladder in this patient as poor contractility and dysfunction may be an issue. Gallbladder motility study would be ideal. An argument could be made for left adrenalectomy, cholecystectomy or manual expression of the gallbladder. Liver biopsy +/- splenectomy is recommended based on the appearance of the splenic cystic nodule. Chest radiographs +/- echocardiogram is warranted to assess for metastatic disease.

Serial blood pressure measurements are recommended in this patient. If hypertension is an issue metanephrine level is recommended. If the patient appears Cushingoid and urine specific gravity is less than 1.020 then work-up for adrenal dependent Cushing's is indicated. Recheck is recommended in 2-3 weeks to assess for any progression of the adrenal gland.



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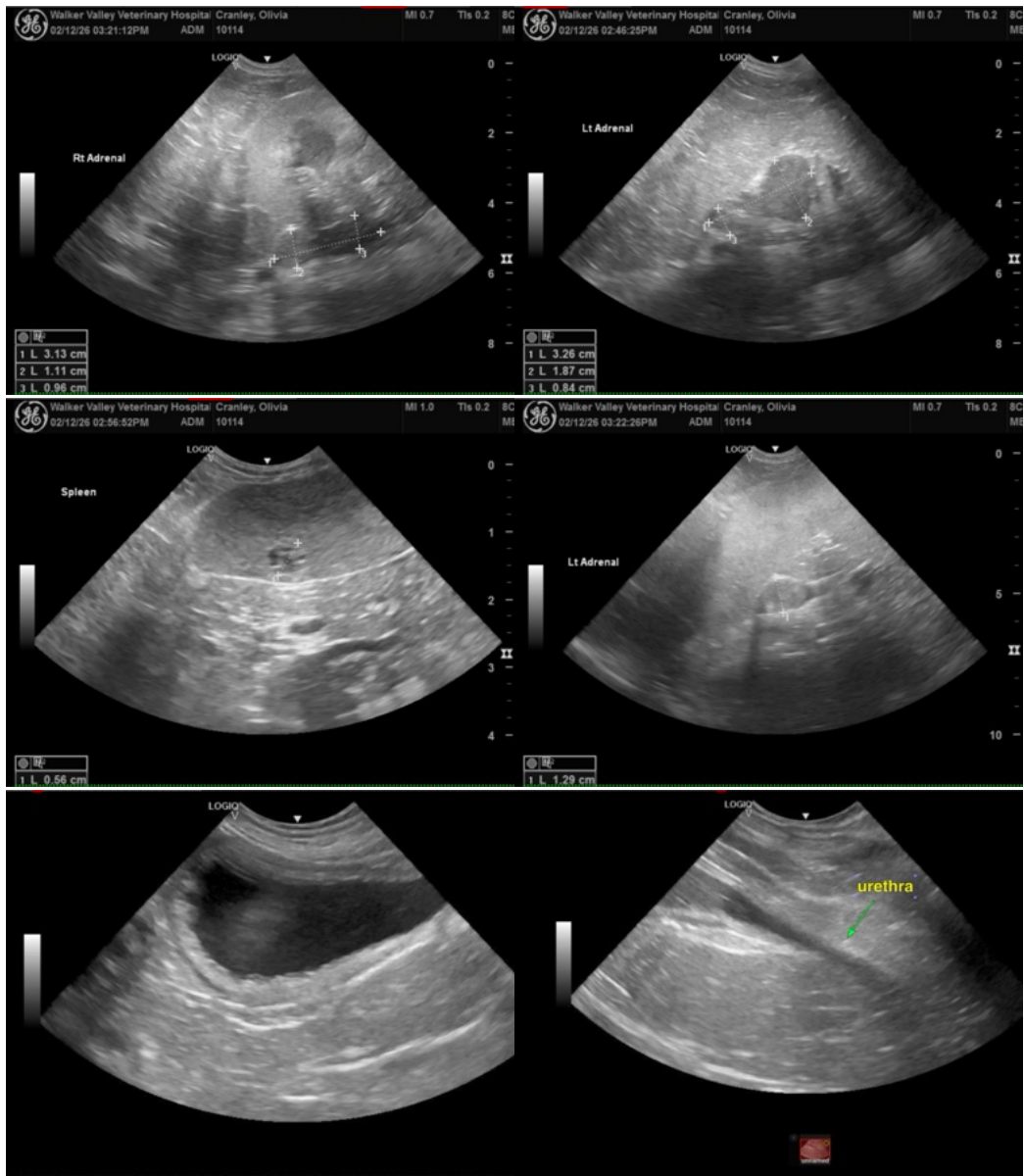
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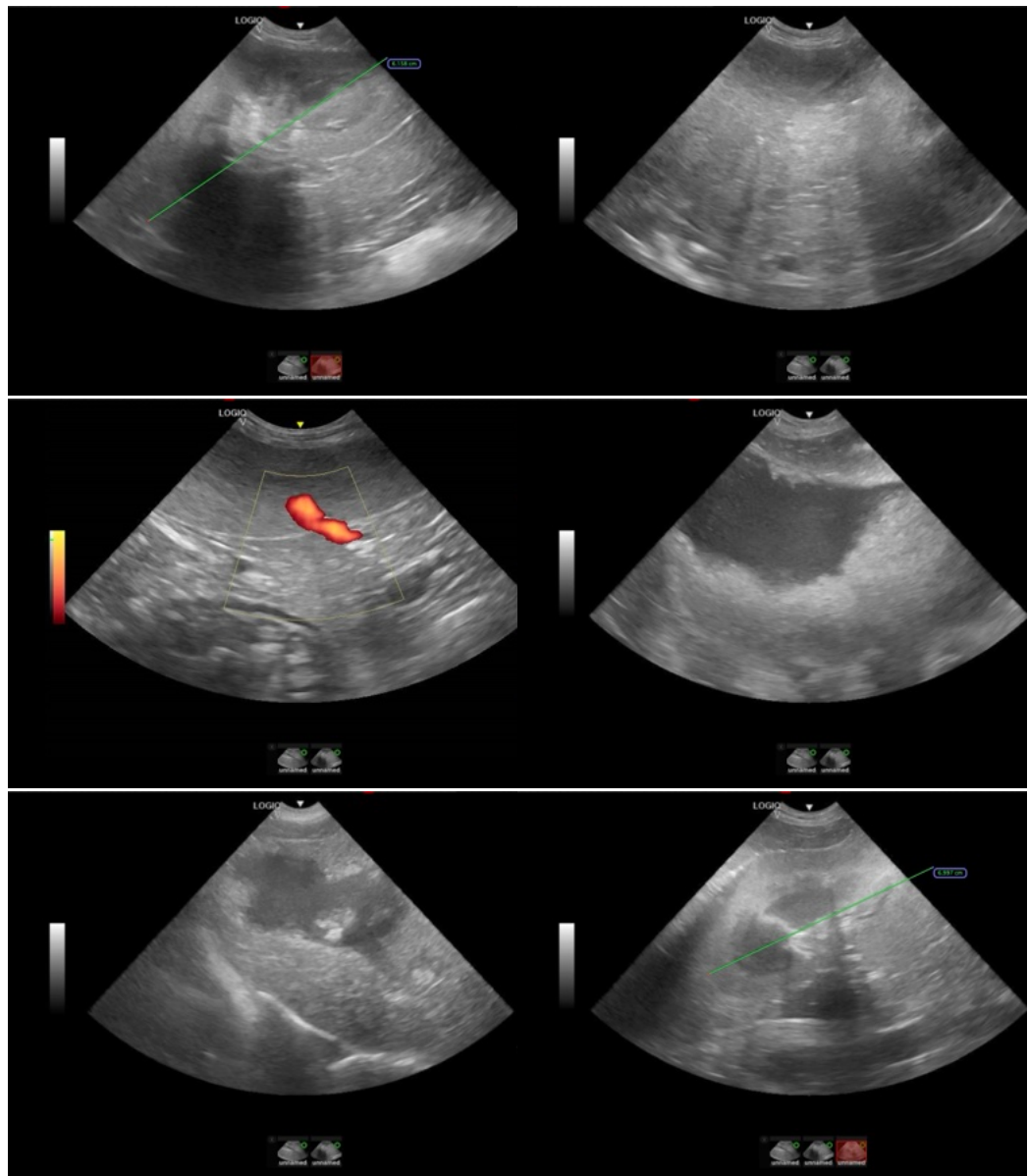
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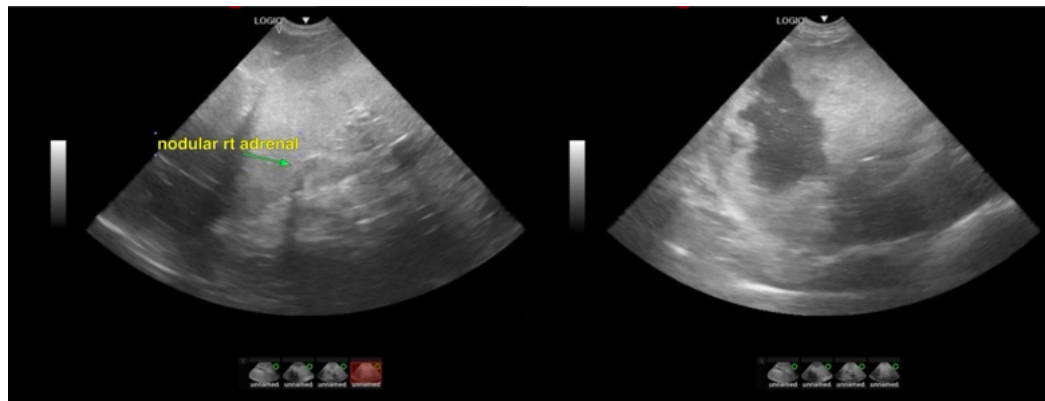
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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