



PATIENT

Max Wilder

SPECIES

Canine

BREED

Poodle x

SEX

Neutered Male

AGE

13 Years

WEIGHT

11.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Countryside Animal
Clinic

REFERRING VET

Dr. Heider

INVOICE

72980

DATE

2/13/26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Icteric, weight loss, tachycardic, heart murmur

ABNORMAL Labwork Values: CBC PMN 9.8 (3.0-9.7), Mono 1.0 (0.1-0.7), Eos 0.09 (0.1-1.9), Plt 469 (120-412), slight polychromasia and anisocytosis, Chem CystB 1332 (0-99), Alb 2.5 (2.7-3.9). ALT 931 (18-121). AST 153 (16-55), ALP 7804 (5-160), GGT 232 (0-13), TBil 12.5 (0-0.3), Chol 991 (131-345), UA USG 1.016, pH 6.0, Prot 1+, Bili 3+, inactive sediment

R/O Primary Hepatic Dz causing icterus. Rec) Abdominal U/S vs empiric tx vs euthanasia

Current Medications: None

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 were 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Mineralization noted in both kidneys. The right kidney measured 5.22 cm. The left kidney measured 4.74 cm.

Adrenal Glands

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins were noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. Left measured 2.01 cm x 0.60 cm at the cranial pole and 0.78 cm at the caudal pole. Right measured 1.93 cm x 0.80 cm at the cranial pole and 0.66 cm at the caudal pole.

Spleen

The **spleen** was folded upon itself cranially. It 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 **liver** revealed an extensive mixed echogenic mass occupying the medial liver, measuring 6.9 cm. Regional inflammation noted. The mass is microcystic and impinges upon the gallbladder and common bile duct, yet no evidence of post hepatic obstruction present. The mass extends mediocranially and dorsally.



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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.

Pancreas

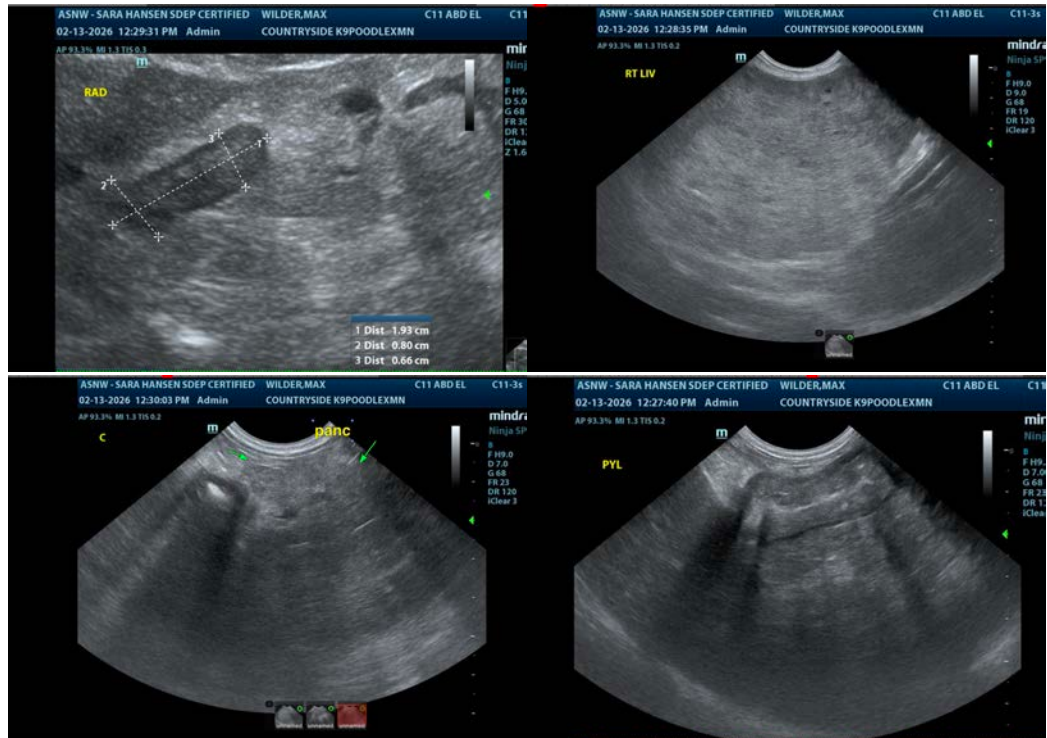
The right limb of the **pancreas** is heterogeneous, hypoechoic and irregular. Regional inflammation noted.

ULTRASONOGRAPHIC FINDINGS

- Extensive hepatic mass.
- Concurrent pancreatitis.
- Mild bilateral adrenal enlargement.
- Age related renal changes with mineralization.
- Folded spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass is not likely resectable. However, CT evaluation would be necessary for further definition and surgical planning. Ultrasound guided FNA of the liver mass warranted. Concurrent inflammatory disease may also be playing a role, and comorbidity may be an issue.





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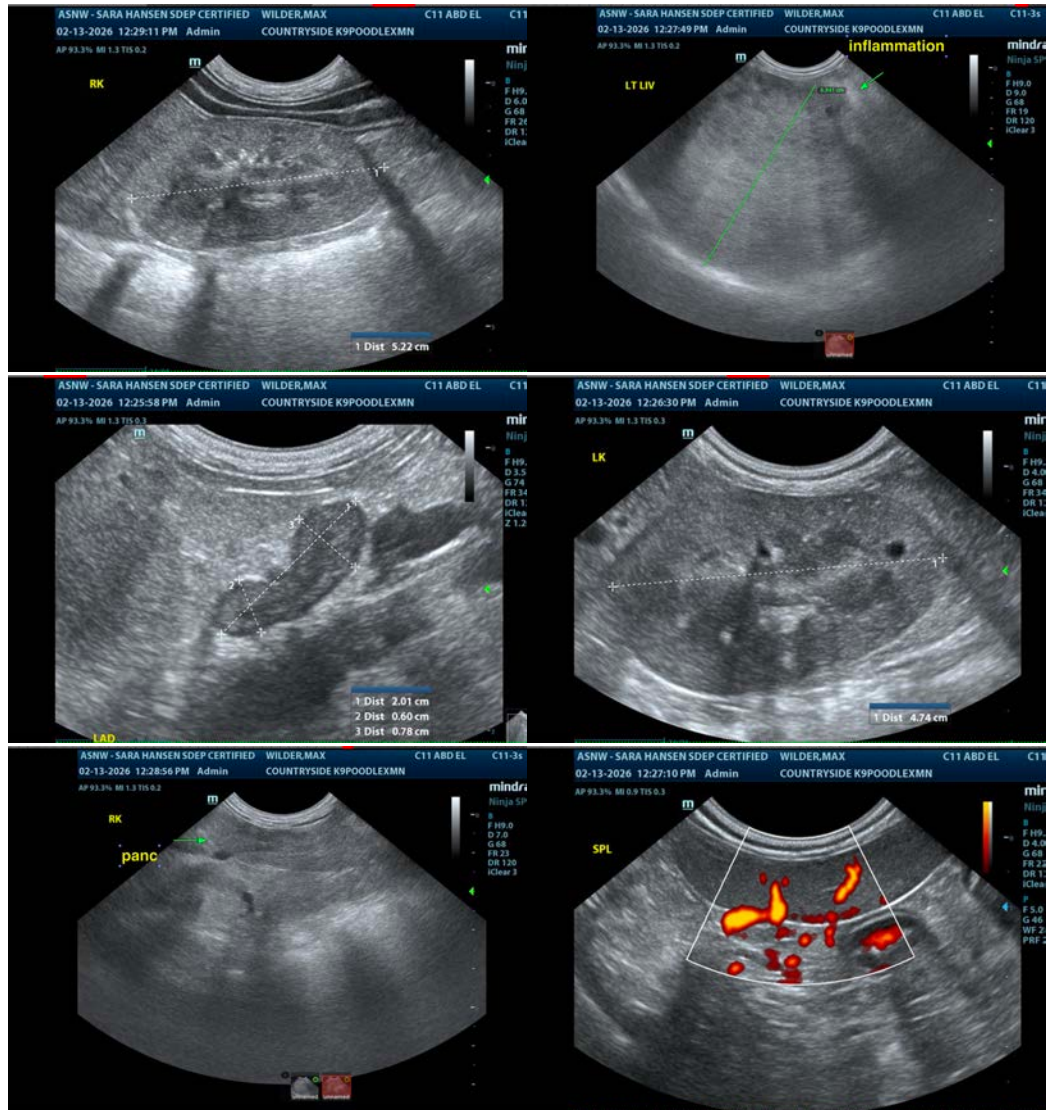
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
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