



## PATIENT

ZuZu Maher

## SPECIES

Canine

## BREED

Mixed

## SEX

Spayed Female

## AGE

12

## WEIGHT

59

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Michelle Roche

## HOSPITAL NAME

Fredon Animal  
Hospital

## REFERRING VET

Dr. Michelle Roche

## INVOICE

73137

## DATE

2/20/26

## PRESENTING CLINICAL SIGNS

1/20/26 Profound swelling of RF limb/quadrant- no limp, non responsive to NSAID. Responded well to prednisone at subsequent visit. Had dog return for palpation of area when swelling was down, no masses palpated to aspirate. Swelling returned when steroid ran out, this time prominent limp RF as well. Increased thirst even though off steroid for > 1 week. Rads unremarkable

Abnormal PE/Chem/CBC/UA Results: BW WNL. Many "presumed" lipomas throughout trunk swelling/edema most prominent in axillary region, ventral chest, and proximal RF. Dog does have new pea sized ulcerated growth on muzzle today.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder** 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 pelvic urethra was imaged 3.0 cm beyond the cystourethral junction. Poor urethral tone noted.

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. Left kidney measured 6.28 cm. Right kidney measured 6.28 cm.

### Adrenal Glands

The **adrenal glands** were not visualized.

### Spleen

The **spleen** was mildly enlarged with subtle hypoechoic micronodular changes noted.

### Liver

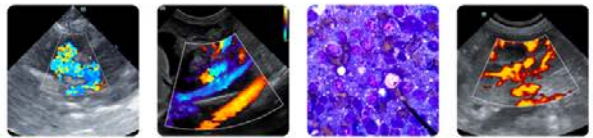
The **liver** revealed hypoechoic subtle micronodular changes. Gallbladder calculi noted.

### 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. 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.



**PATIENT**

**Free Abdomen**

ZuZu Maher

The videos performed at 3:01:24 revealed a hypoechoic lymph node with fascial edema in the surrounding tissues. The lymph node measured 1.9 cm.

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**ULTRASONOGRAPHIC FINDINGS**

- Lymphadenopathy with fascial edema.
- Micronodular spleen and liver.
- Age related renal changes.
- Partially full stomach.

**SEX**

Spayed Female

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommend FNA of the accessible lymph node with cytology and culture, as well as FNA of the spleen and liver with cytology. Note that Prednisone may be partially suppressing a lymphoproliferative/neoplastic presentation. PCR or PARR evaluation may be necessary for definitive diagnosis, given the Prednisone history.

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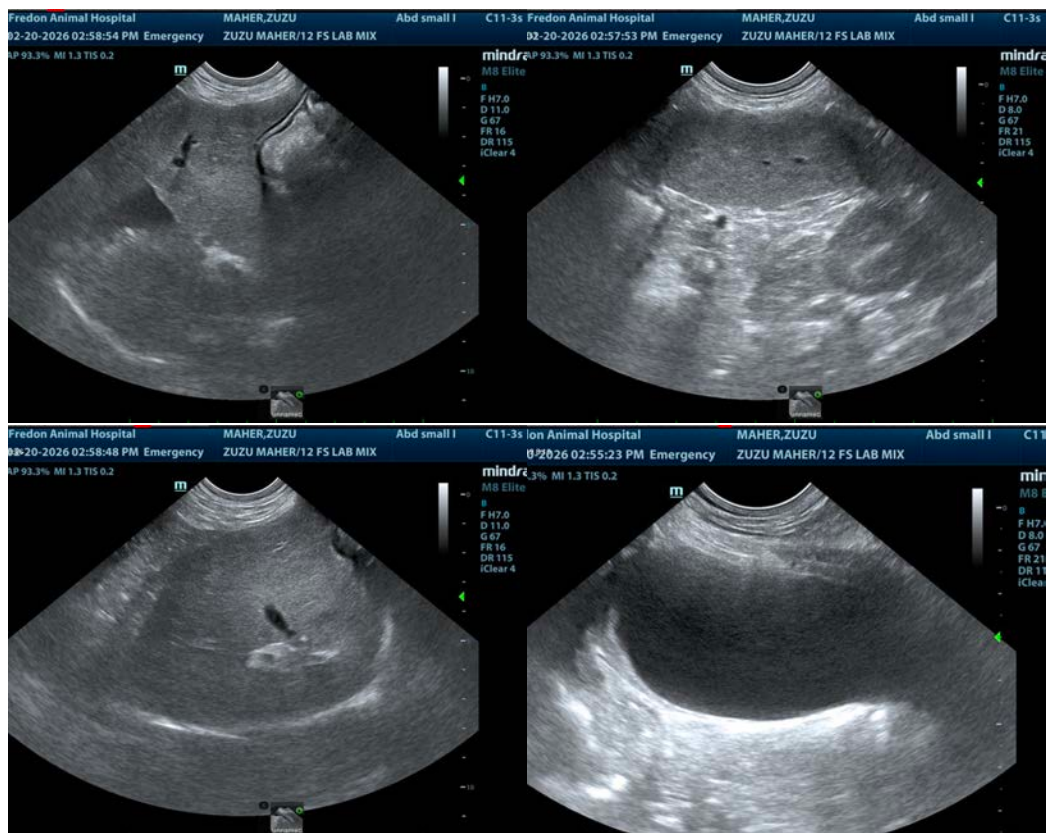
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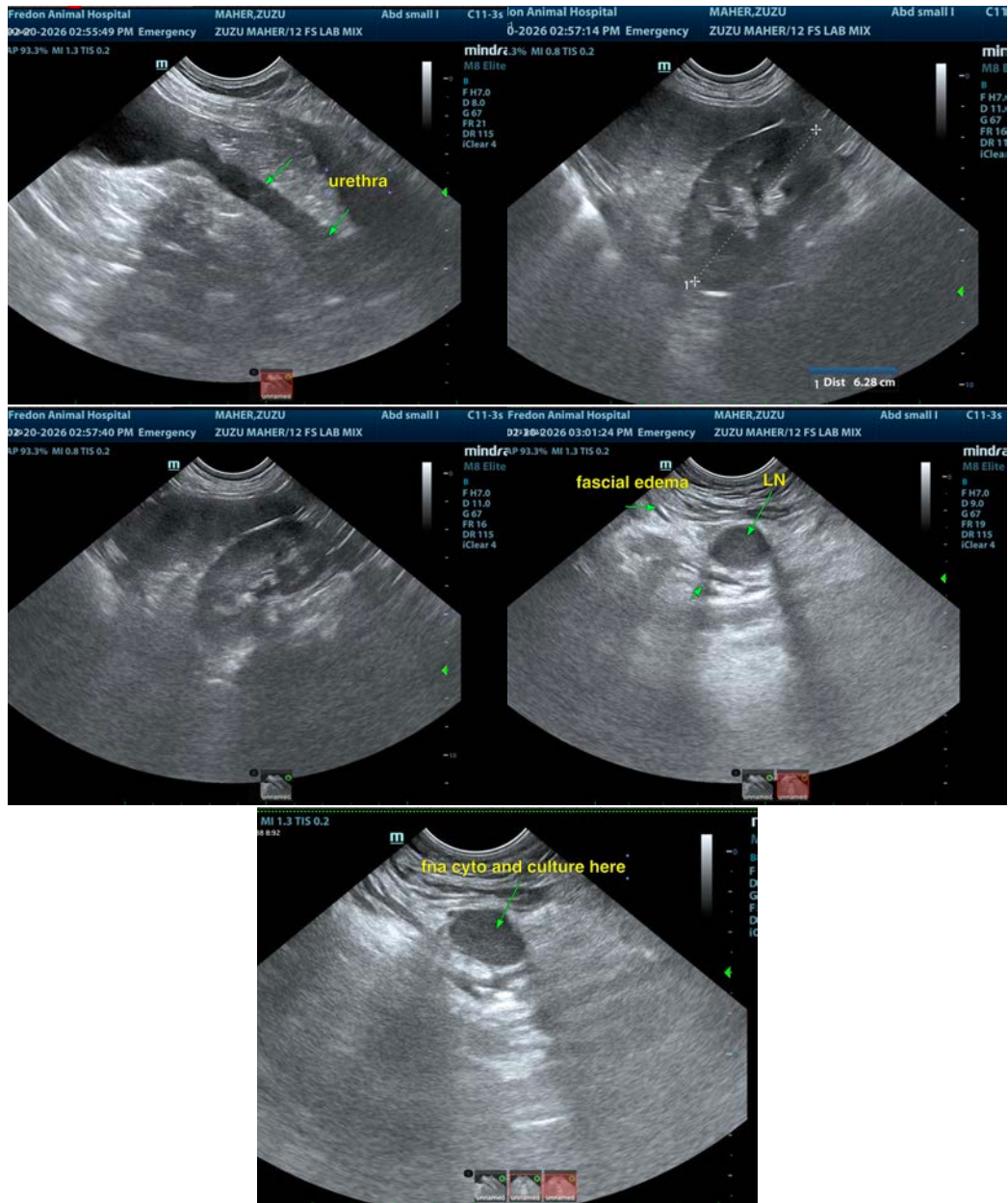
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,**  
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