



PATIENT

Spencer Ward

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Neutered male

AGE

11 years

WEIGHT

27 lbs

PRESENTING CLINICAL SIGNS

- Pu (inappropriate urination, accidents), possible Pd for the past month
- Occasional anorexia
- Chem - ALT 322, ALP 1464, GGT 20 UA - USG 1.018, UPC 7.7, RBC 50-75 CBC NSF, T4 wnl, 4dx negative Low dose dexamethasone suppression test performed - suppressed at 4hr and 8hr post dex ~5cm lipoma on L inguinal area BCS 8/9

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction and appeared normal. 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 was 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Cortical cysts were noted in both kidneys. The left kidney measured 5.5 cm. The right kidney measured 5.4 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

The left **adrenal gland** was visualized obliquely and measured 0.7 cm. The right adrenal gland was not visualized.

IMAGING PERFORMED BY

Dr. Beachy

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.

HOSPITAL NAME

Linn VH

REFERRING VET

Dr. Beachy

Liver

The **liver** revealed multi-focal, hyperechoic macronodular changes. Coalescing nodular changes revealed a lesion in the left cranial liver measuring approximately 5.0 cm. Isoechoic nodular changes were noted in the right and left liver. A gallbladder polyp was noted without gallbladder over distension.

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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 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

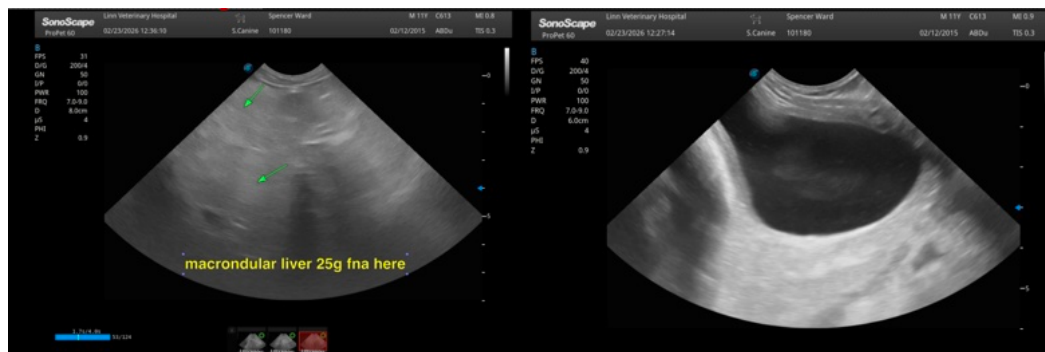
Moderate, degenerative, non-specific renal changes.

Nodular hyperplasia liver pattern with mild potential for underlying carcinoma or low-grade carcinoma.

Gallbladder polyp.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided 25-gauge FNA of the general hepatic parenchyma and nodular changes are indicated. Further imaging of the adrenal glands under sedation would be helpful, particularly the right adrenal gland. An argument could be made for potential emerging renal failure. Urine culture and sensitivity, blood pressure measurements, diet change and empirical treatment for occult UTI with washout effect would all be valid interventions with reassessment of the urinalysis.





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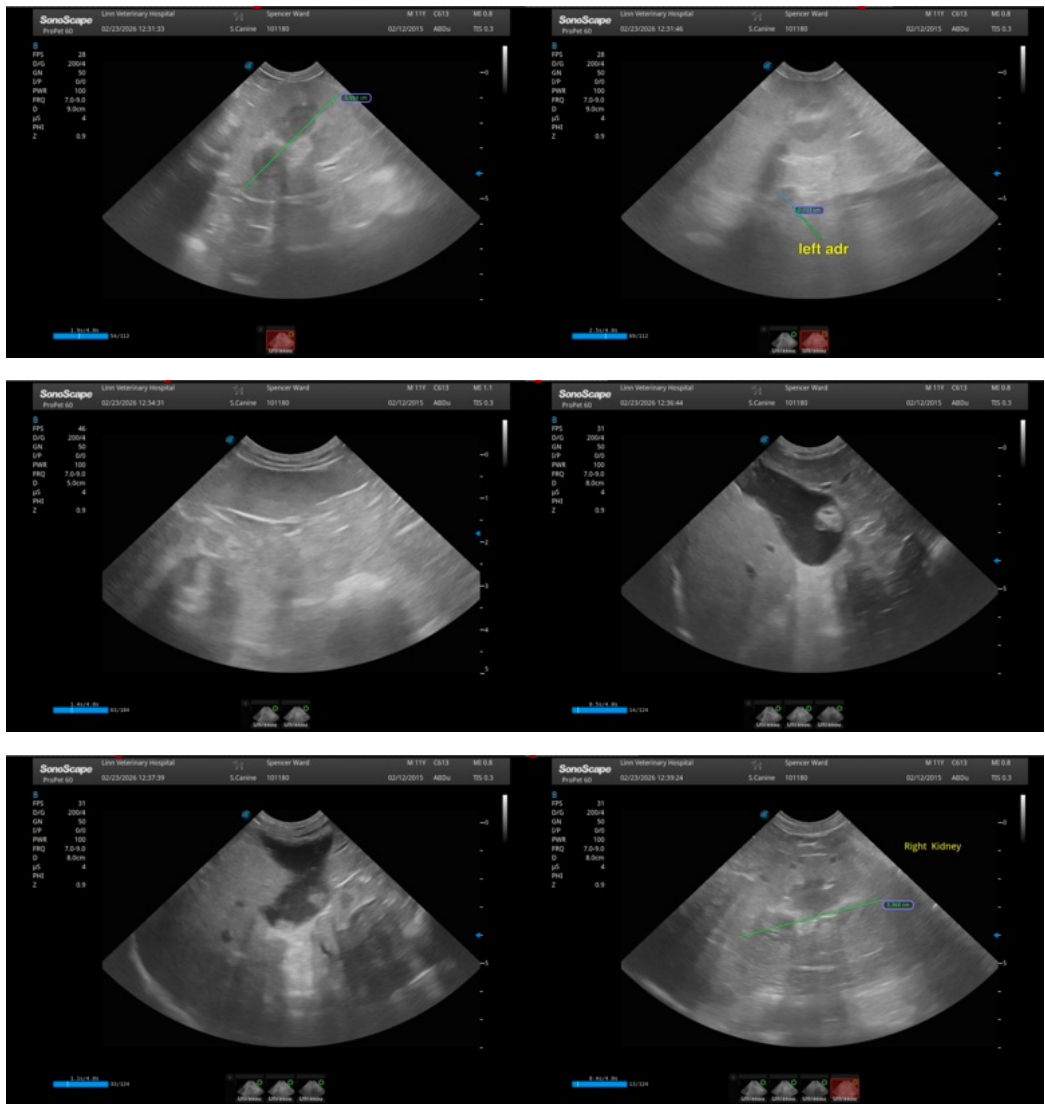
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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