



## PATIENT

Pookie Nuckols

## SPECIES

Canine

## BREED

Chihuahua Mix

## SEX

Spayed female

## AGE

10 years

## WEIGHT

15 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Ashley Whitesell

## HOSPITAL NAME

Dickson AC

## REFERRING VET

Dr. Whitesell

## INVOICE

71185

## DATE

2/3/26

## PRESENTING CLINICAL SIGNS

- Patient had elevated liver values and history of this before adoption. Chronic allergies - apoquel, momentamax
- Trazodone on board for ultrasound
- ALKP 1272 Glob 3.7 Crea 0.4 BUN/CREA ratio 35

## 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 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. Slight pinpoint mineralization was noted. The left kidney measured 4.4 cm. The right kidney measured 4.3 cm.

### Adrenal Glands

The left **adrenal gland** revealed a hyperechoic nodule at the caudal pole. The nodule measured 0.49 cm. The caudal pole was enlarged and measured 1.01 cm and the cranial pole measured 0.37 cm. There was capsular expansion without capsular escape noted. The right adrenal gland was mildly swollen and measured 0.95 cm at the cranial pole and 0.46 cm at the caudal pole. There was no evidence of capsular escape or vascular invasion.

### 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 and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of



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remodeling and history of inflammatory component. The right cranial liver revealed a hypoechoic, hepatomatous type mass without significant disruption of architecture. This mass measured 3.4 x 4.4 cm. A hypoechoic nodule was noted in the midst of the cranial aspect of the mass.

### *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

Hepatomatous type mass, potential carcinoma or granuloma in the liver.

Age related renal changes with mineralization, non-obstructive.

Left adrenal nodule, likely adenoma.

Swollen right adrenal gland.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver is indicated. This is not likely resectable. Otherwise, this is likely benign hepatopathy. Bile acid profile can be considered in this patient given the level of remodeling. Recheck sonogram of the hepatic and left adrenal presentation is recommended in a month to assess for any progression.

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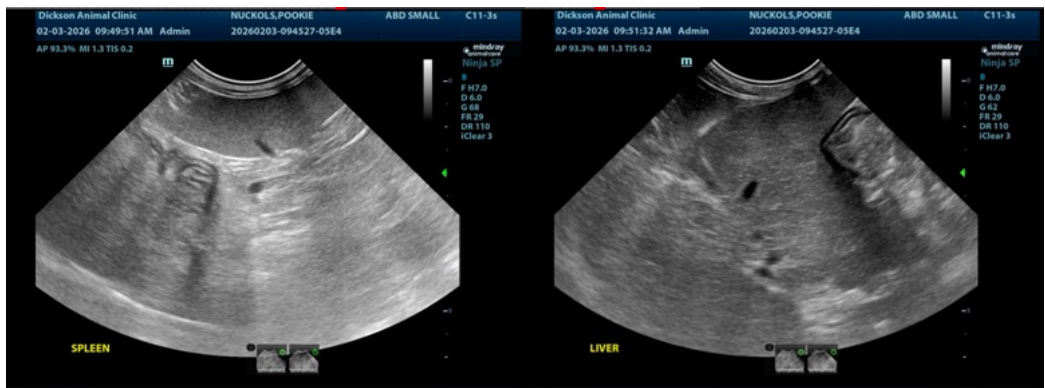
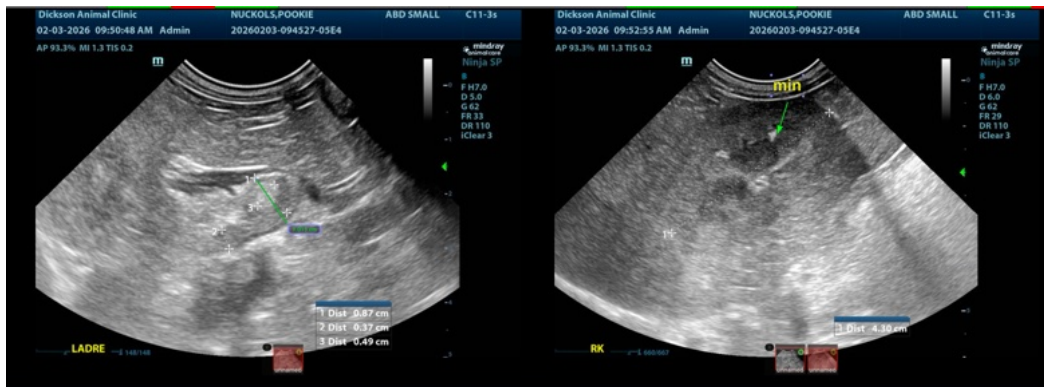
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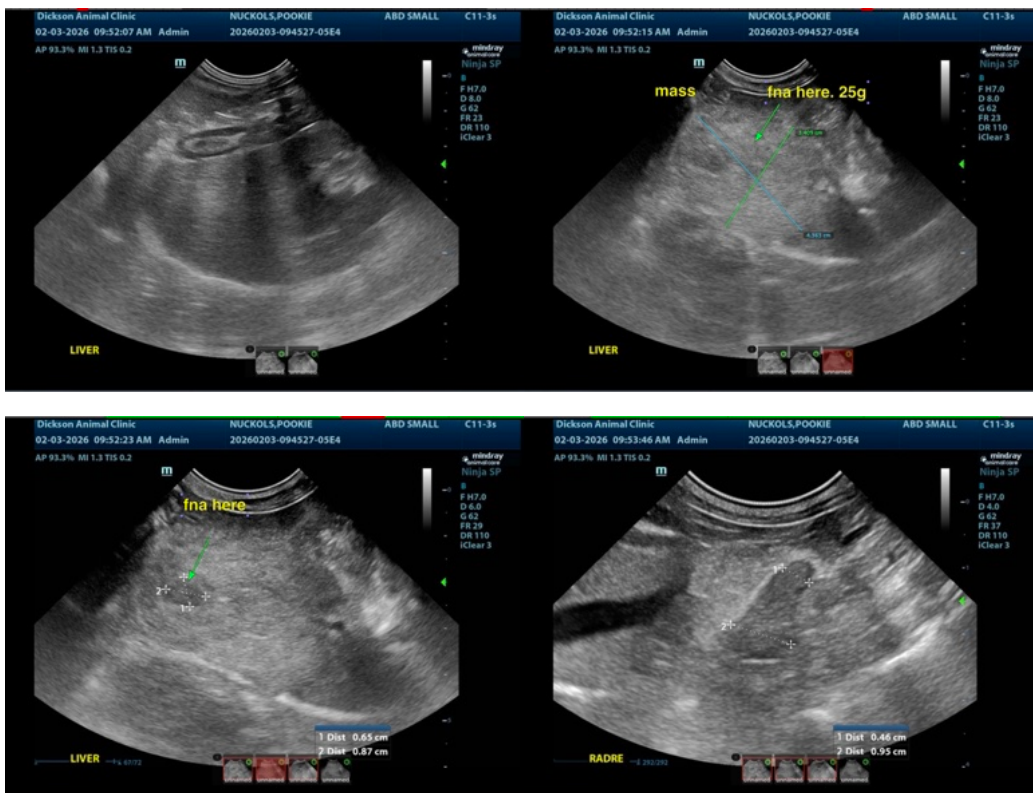
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)