



PATIENT

Hazel Greer

SPECIES

Canine

BREED

Australian Shepherd
Mix

SEX

Female

AGE

6 years

WEIGHT

47.9 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sara Toner

HOSPITAL NAME

TotalBon VH
Forestbrook

REFERRING VET

Dr. Toner

INVOICE

71418

DATE

2/9/26

PRESENTING CLINICAL SIGNS

- Renal lymphoma dx'd 10/10/25. Patient had 4.5x4.5cm heterogeneous mass caudal pole L kidney (referring vet measurements) and 2.5x2.5cm heterogenous mass caudal pole R kidney
- 15 week course CHOP chemotherapy completed on 1/19/26
- clinically doing well and kidney values wnl (BUN 28, creat 1.4, SDMA 13)
- checking for improvement/remission of kidney masses post CHOP chemo

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 **right kidney** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. Cortical infarcts were noted on the right kidney with heterogenous parenchymal changes. The right kidney measured 4.82 cm.

The **left kidney** revealed a 1.27 cm mixed echogenic nodule at the caudal pole with subtle micronodular changes noted elsewhere in the left renal cortex. The largest nodule measured 1.3 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 0.45 cm. The left adrenal gland measured 0.39 cm.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



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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

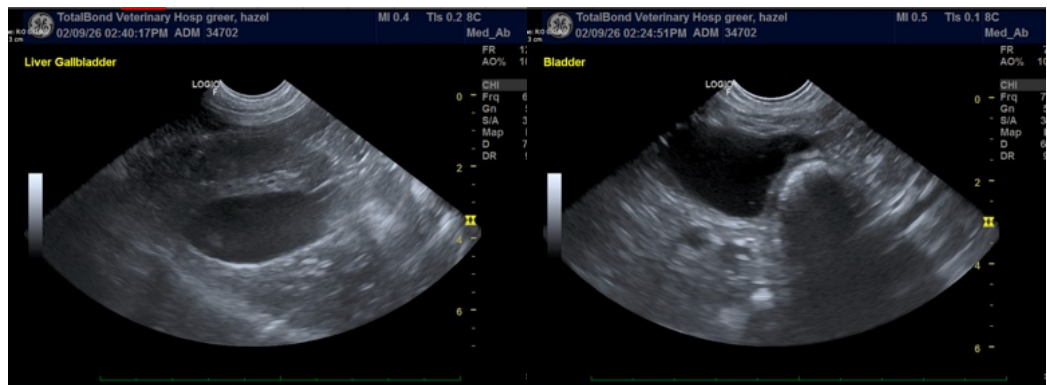
Partial remission pattern with secondary degenerative renal changes.

Right renal infarcts.

Left nodular renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no other evidence of pathology. Chest radiographs are warranted if not already performed.





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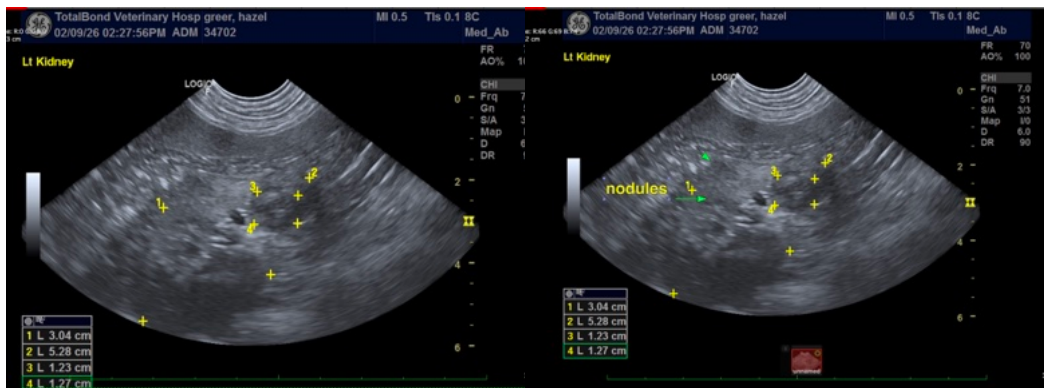
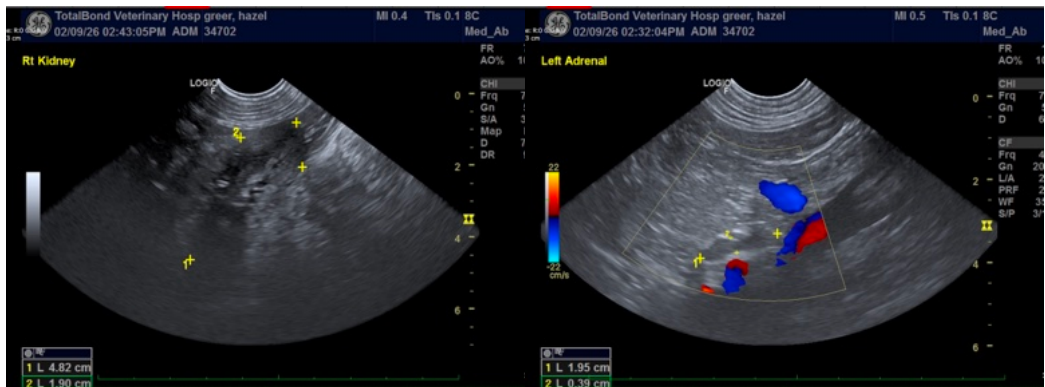
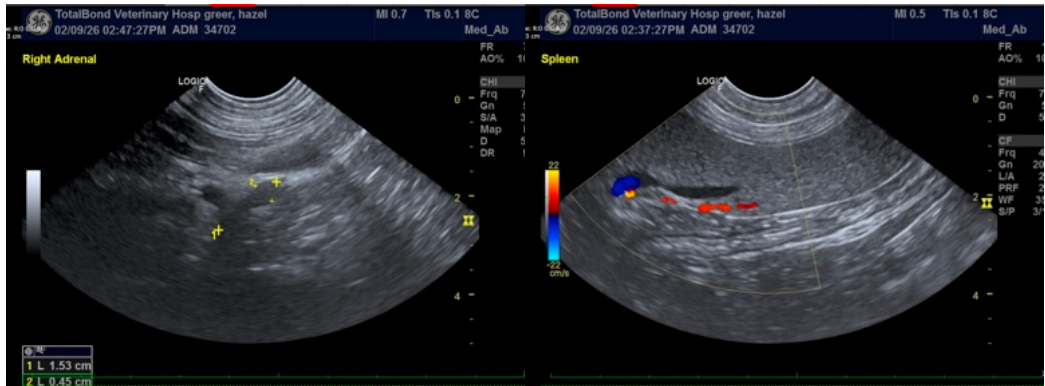
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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