



PATIENT

Toby Higgins

SPECIES

Canine

BREED

Labrador

SEX

Neutered Male

AGE

14.5 Years

WEIGHT

56.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Andrew Beachy

HOSPITAL NAME

Linn Veterinary
Hospital

REFERRING VET

Dr. Andrew Beachy

INVOICE

73894

DATE

3/20/26

PRESENTING CLINICAL SIGNS

Recent weight loss (71 lbs on 9/4/2025). Generalized muscle atrophy and hind-end weakness

Abnormal PE/Chem/CBC/UA Results: Diagnosed Laryngeal Paralysis during sedated procedure on 3/20/2026. Mild increased panting when excited, otherwise no respiratory distress. Previous bloodwork (Senior Screen - CBC/Chem/T4/4dx/UA) on 9/4/2025 had NSF other than borderline anemia. Pending recheck senior screen bloodwork.

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. Right kidney measured 6.1 cm. Left kidney measured 6.0 cm.

Adrenal Glands

The **left adrenal gland** was enlarged and visualized obliquely, measuring 1.0 cm at the cranial pole and 1.1 cm at the caudal pole.

The **right adrenal gland** was not overtly visualized.

Spleen

The **spleen** was folded upon itself caudally. A hyperechoic nodule was noted in the mid body measuring 1.4 cm. Occasional hypoechoic nodular change noted, with an isoechoic mass at the mid spleen measuring 2.3 cm.

Liver

The **liver** was swollen and irregular with minor increased portal markings. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

Some retention of ingesta noted in the **stomach**, or soft foreign matter, measuring up to 4.7 cm. The small intestine and colon were unremarkable.

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.



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ULTRASONOGRAPHIC FINDINGS

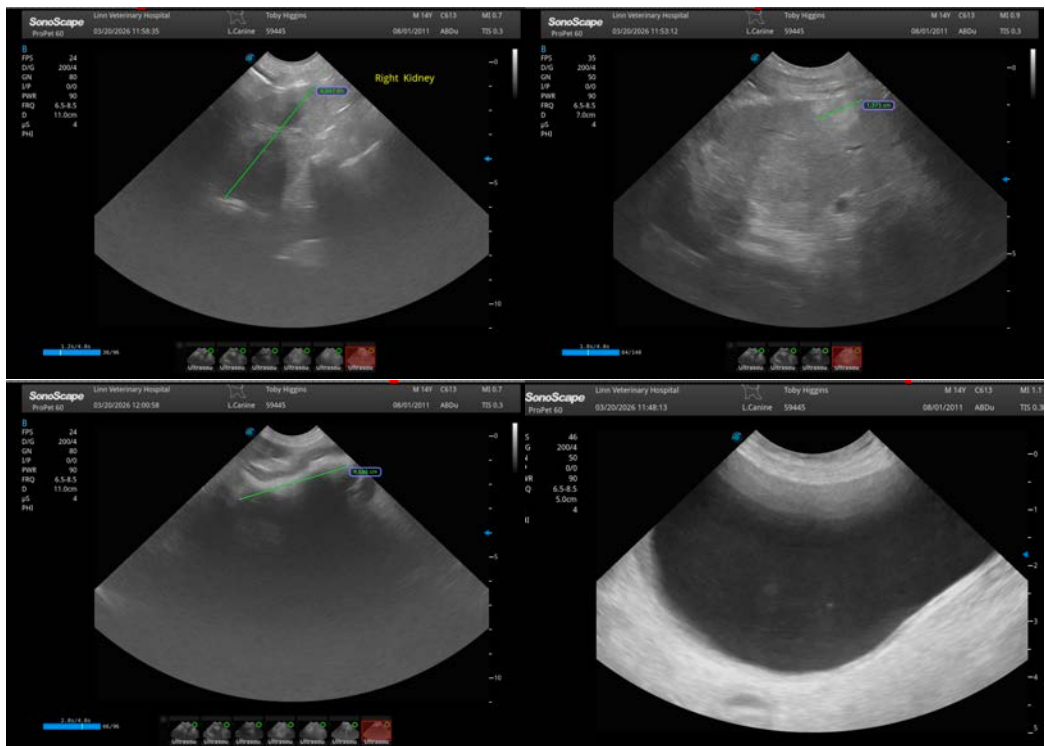
- Retention of ingesta or soft foreign matter in the stomach.
- Undefined splenic nodule and non-disruptive mass.
- Swollen, irregular liver.
- Enlarged left adrenal gland.
- Age related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The exact cause of weight loss is unclear. However, serial blood pressures recommended. If hypertension is an issue, urine metanephrine level indicated. 25-gauge FNA of the spleen and 22-gauge FNA of the liver indicated to assess for occult neoplasia. If adrenal disease is suspected, further imaging of the right adrenal gland indicated, possibly under sedation and lower frequency probe. Diagnosis is open.

Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.

**Contrast resolution was challenging in the area of the adrenals and throughout the exam beyond 4-5 cm.*





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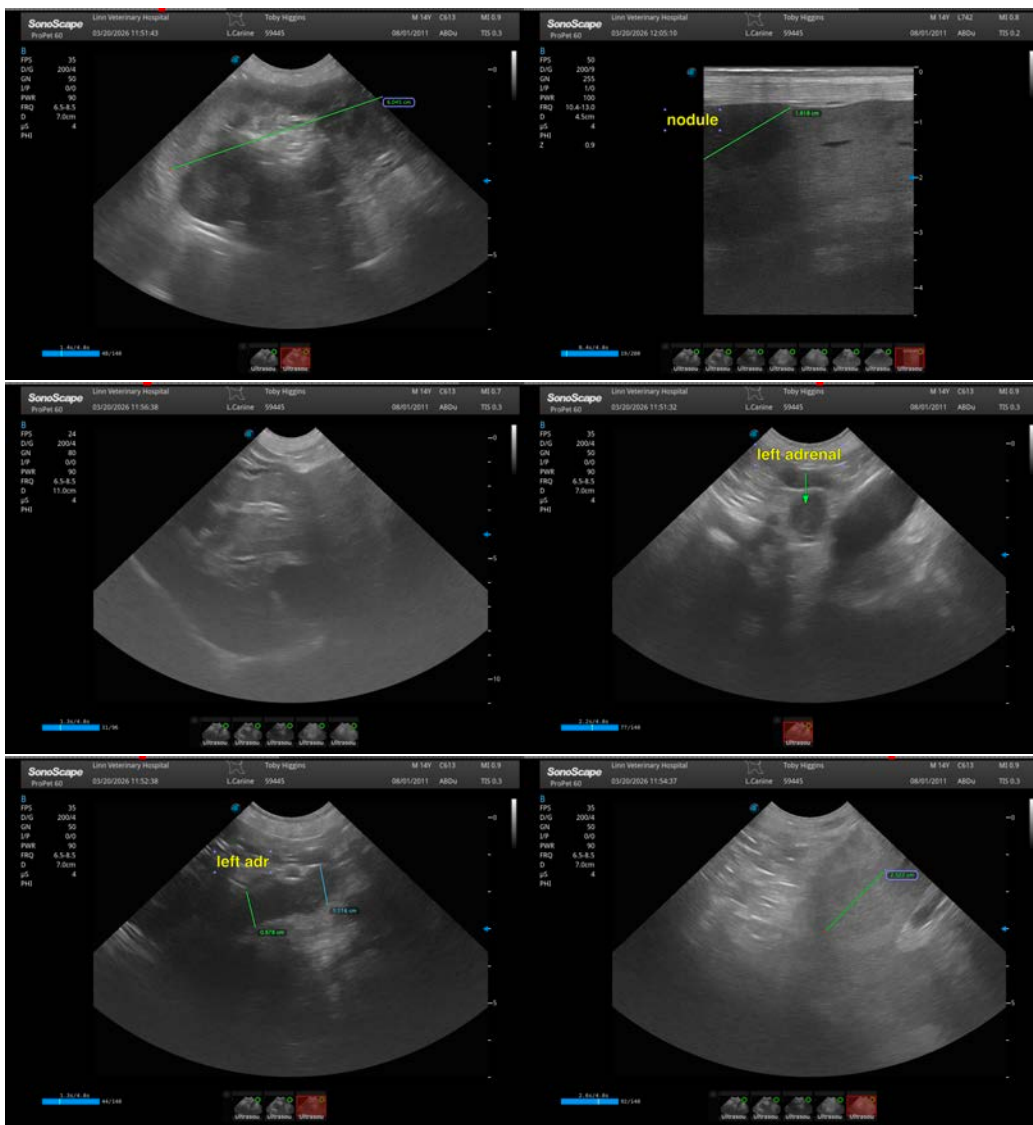
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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