



PATIENT

Guiness McClain

SPECIES

Canine

BREED

French Bulldog

SEX

Neutered Male

AGE

13 Years

WEIGHT

28 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kitz

HOSPITAL NAME

Woodlands Animal
Hospital

REFERRING VET

Dr. Kitz

INVOICE

73907

DATE

3/21/26

PRESENTING CLINICAL SIGNS

Patient has history of weight loss, decreased appetite, vomiting, and gastrointestinal signs over the past few months. Has a long history of various adverse food reactions

Abnormal PE/Chem/CBC/UA Results: BCS 5/9 but has lost from 31# down to current weight; generalized muscle atrophy ALT (SGPT) 1101 12-118 IU/L HIGH Alk Phosphatase 359 5-131 IU/L HIGH GGTP 42 1-12 IU/L HIGH PrecisionPSL 404 24-140 U/L HIGH Platelet Count 546 170-400 103/mL HIGH Urinalysis shows dilute urine with proteinuria and inactive sediment Blood pressure elevated at 200 systolic

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 pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

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 5.9 cm. An anechoic cyst was noted at the dorsal cortex of the right kidney measured 2.2 cm. Left kidney measured 6.6 cm.

Adrenal Glands

The **left adrenal gland** was mildly enlarged and heterogeneous, measuring 0.96 cm at the cranial pole and 0.75 cm at the caudal pole.

The **right adrenal gland** was mineralized and remodeled, measuring 0.90 cm at the cranial pole and 0.60 cm at the caudal pole.

Spleen

The **spleen** was folded upon itself. It 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 were noted.

Liver

The right medial **liver** revealed an expansive mixed echogenic 5.4 cm x 4.3 cm mass. The remainder of the liver presented increased portal markings and coarse architecture. The gallbladder presented a mild amount of congealed bile.

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



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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

- Right medial liver mass with hepatic remodeling – strong concern for carcinoma. Adenoma, hyperplasia, granulomatous lesion all possible.
- Enlarged left adrenal gland – benign hyperplasia likely, emerging carcinoma or pheochromocytoma cannot be ruled out.
- Mineralized, remodeled right adrenal gland.
- Age related renal changes with right renal cyst.
- Folded spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I'm most concerned about the liver mass in this patient. CT evaluation for surgical planning and ultrasound guided FNA indicated. Likely benign hyperplasia of the left adrenal gland. However, if serial blood pressures reveal hypertension, then urine metanephrine level indicated. If left liver lobectomy is to be achieved, then left adrenalectomy should also be considered.





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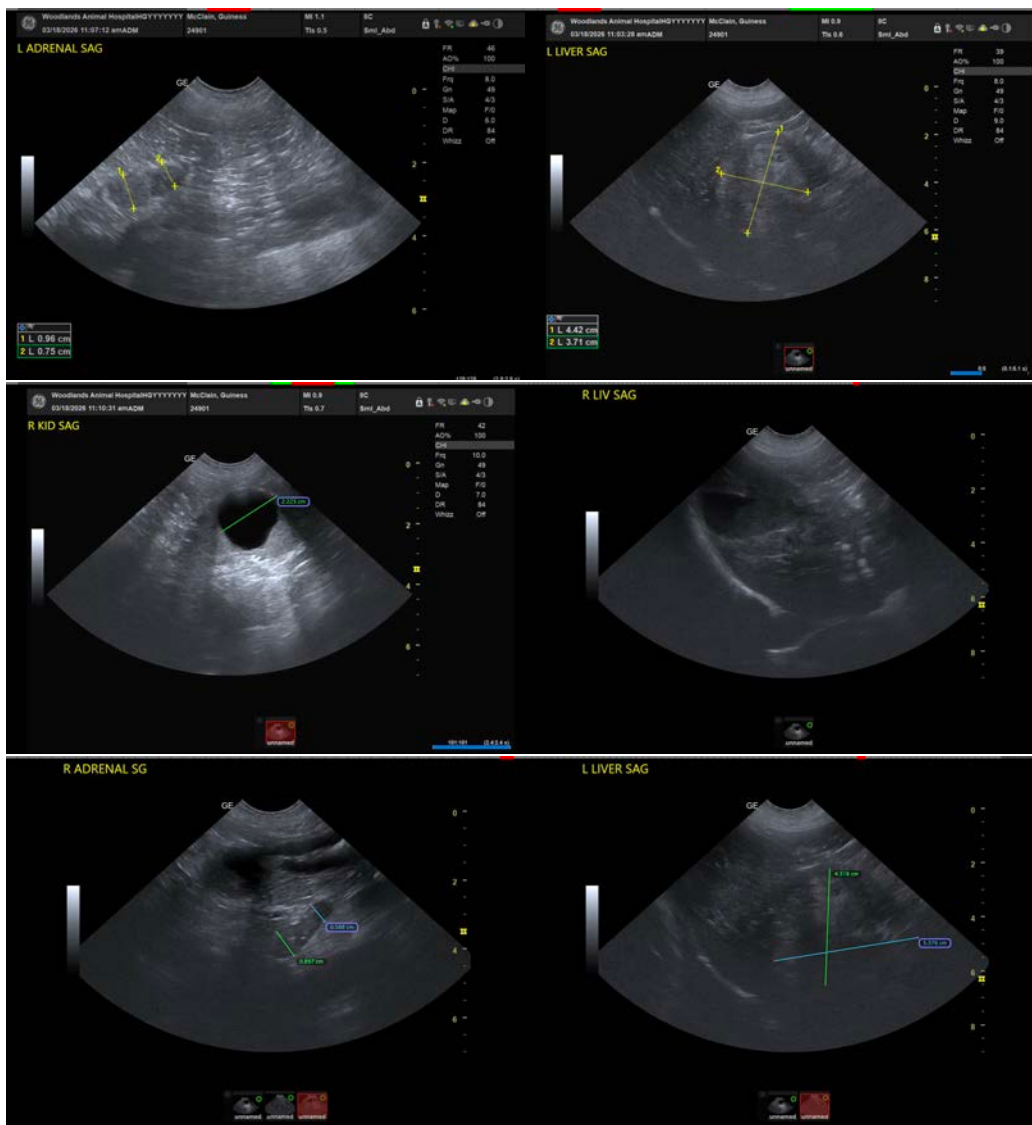
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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