



PATIENT

Yogi Aglinsky

SPECIES

Canine

BREED

Brussels Griffon

SEX

Neutered male

AGE

10 years

WEIGHT

16.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

MEW

HOSPITAL NAME

Weddington AH

REFERRING VET

Dr. Walker

INVOICE

73712

DATE

3/23/26

PRESENTING CLINICAL SIGNS

- 10 yo brussels griffon presented for check ears, palpated mass in ventral abdomen on PE. Rads show soft tissue opacity near renal region. AUS to assess further/see if removal is a possibility.
- 3/23/2026: CBC/Chem/T4 WNL 5/2025 CBC/Chem/T4 WNL

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 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. The left kidney revealed a large, anechoic cyst that measured 5.2 cm. The cyst was deriving from the dorsal cranial aspect of the left kidney. The entire left kidney measured 7.2 cm. The right kidney measured 4.8 cm.

Adrenal Glands

The left **adrenal gland** was nodular and mildly irregular measuring 0.73 cm at the caudal pole and 0.73 cm at the cranial pole. The right adrenal gland was nodular, irregular and at the upper limits of normal measuring 1.0 cm at the cranial pole and 0.6 cm at the caudal pole.

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** 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

The **gastric** wall was mildly thickened and measured up to 0.74 cm and was empty. The gastric wall was slightly edematous. The small intestines and colon were unremarkable with normal curvilinear mural patterns and content.

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.

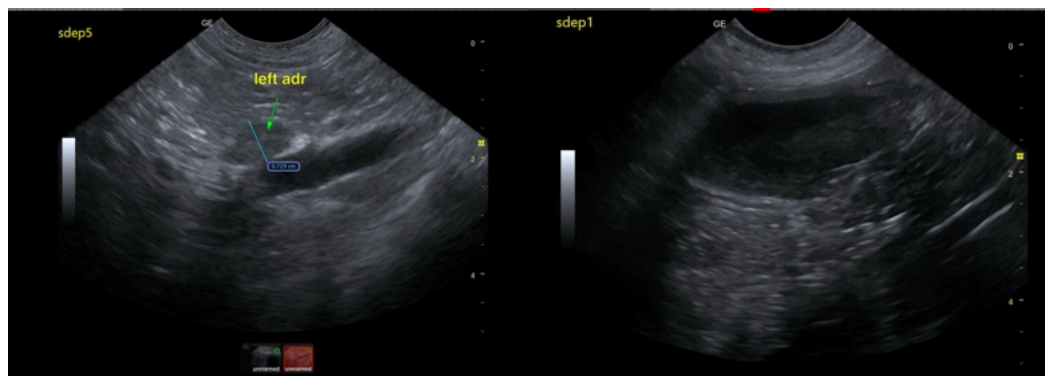
ULTRASONOGRAPHIC FINDINGS

Left renal cyst, non-neoplastic. Subjectively benign, yet is at risk for rupture.

Prominent and nodular right adrenal gland changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assessment for any clinical signs of gastritis is indicated. Partial nephrectomy may be an option in this patient. Ultrasound-guided drainage tends to be palliative at best, yet not likely a functional issue.





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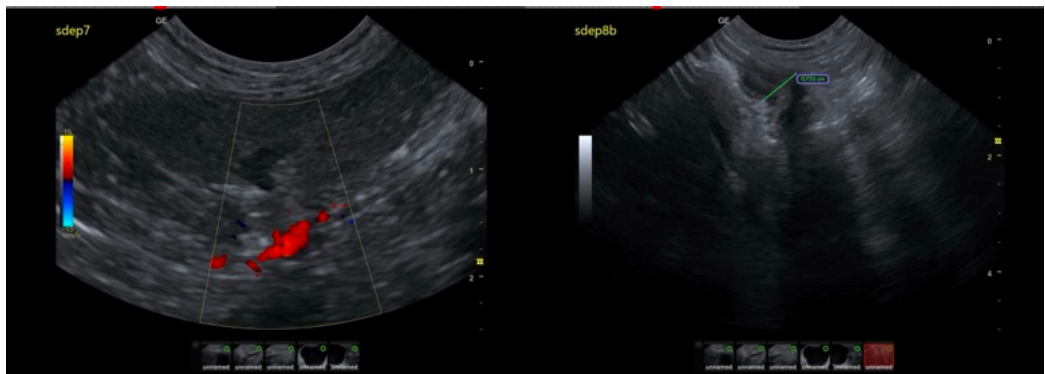
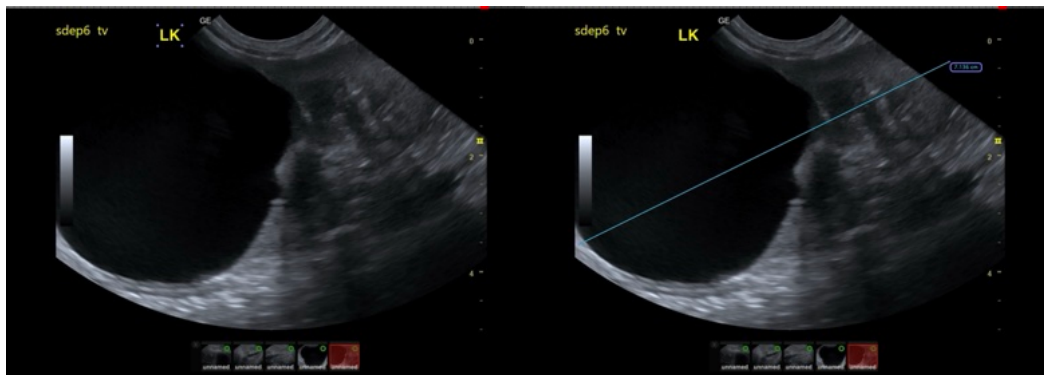
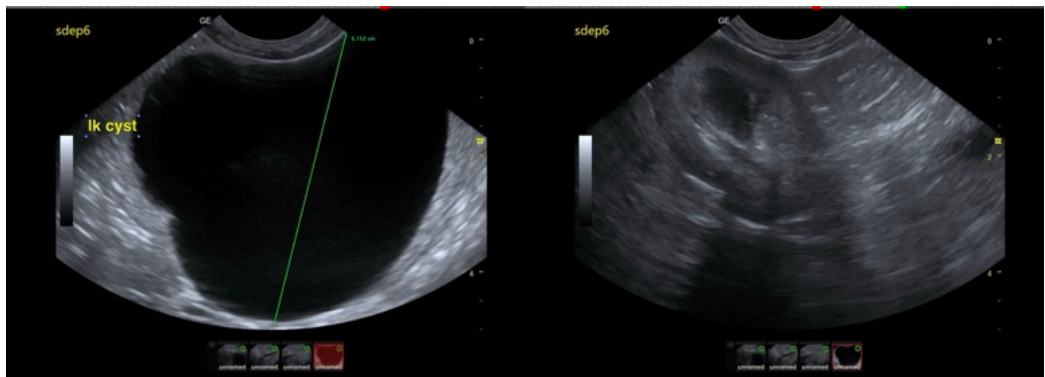
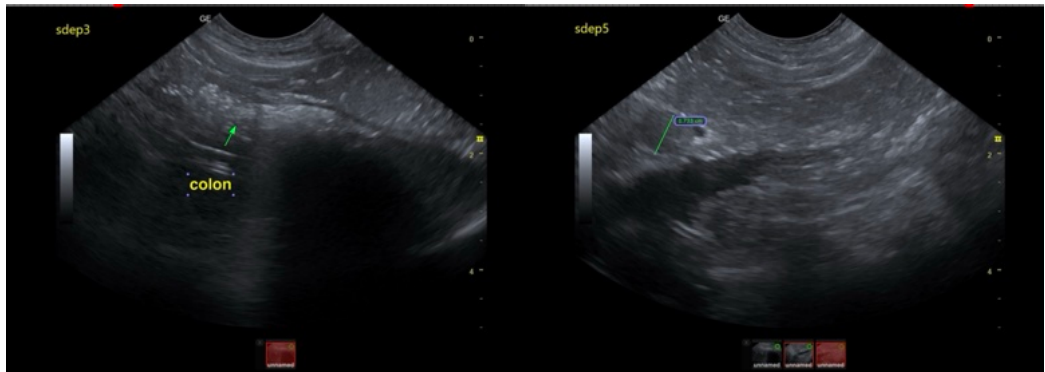
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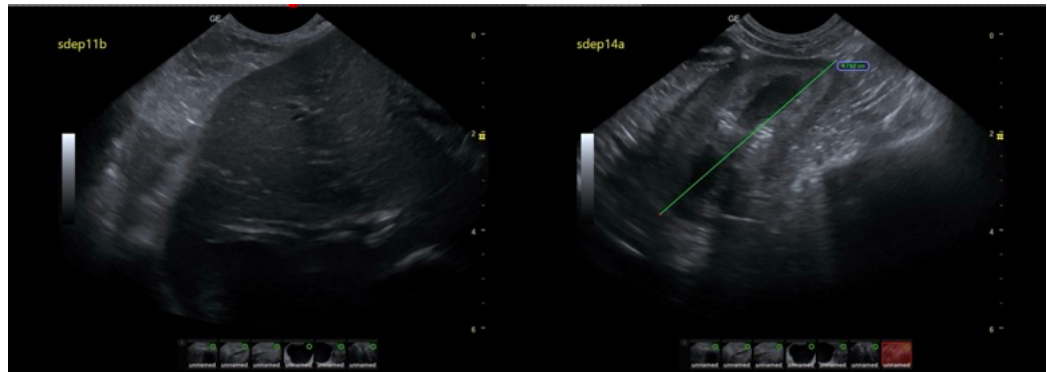
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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