



PATIENT

Chica Antrim

SPECIES

Canine

BREED

Lab x

SEX

Spayed Female

AGE

9 Years

WEIGHT

36.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Hadley Harris

HOSPITAL NAME

TotalBond Veterinary
Hospital

REFERRING VET

Dr. Hadley Harris

INVOICE

74037

DATE

3/26/26

PRESENTING CLINICAL SIGNS

The patient has a suspected diagnosis of Cushing's disease, although testing has been inconclusive with borderline cortisol levels. Over the past two weeks, the patient developed progressive carpal hyperflexion. Joint cytology was performed but yielded inconclusive results for polyarthritis. The patient is currently being managed with gabapentin twice daily and a half tablet of carprofen once daily. Approximately three weeks ago, the diet was changed to Chi Dog anti-inflammatory food, and the patient has also been receiving PuffFlex joint supplements with a good response, along with natural CushAway and Prana Liquid Immune supplements. Clinical signs include polydipsia and house accidents, as well as decreased mobility, requiring assistance with stairs and outdoor access. The patient exhibits pain on manipulation and vocalizes when picked up or moved. However, some improvement in mobility has been observed since the dietary change and supplementation, with the patient recently able to navigate stairs independently on two occasions. Additionally, there is a history of proteinuria noted on previous bloodwork. BP today was 140mmHg

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 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. Left kidney measured 6.4 cm. Right kidney measured 6.4 cm.

Adrenal Glands

The **left adrenal gland** was mildly enlarged, measuring 2.23 cm x 0.87 cm.

The **right adrenal gland** was visualized obliquely, measuring approximately 1.1 cm at the cranial pole and 0.50 cm at the caudal pole.

Spleen

The **spleen** presented multifocal hyperechoic nodular changes up to 0.90 cm.

Liver

The **liver** revealed an isoechoic expansive mass measuring 4.4 cm x 3.7 cm, with other nodules changes noted up to 2.0 cm. The primary liver mass appears to be in the left medial liver. The gallbladder and common bile duct were unremarkable.

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.



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Pancreas

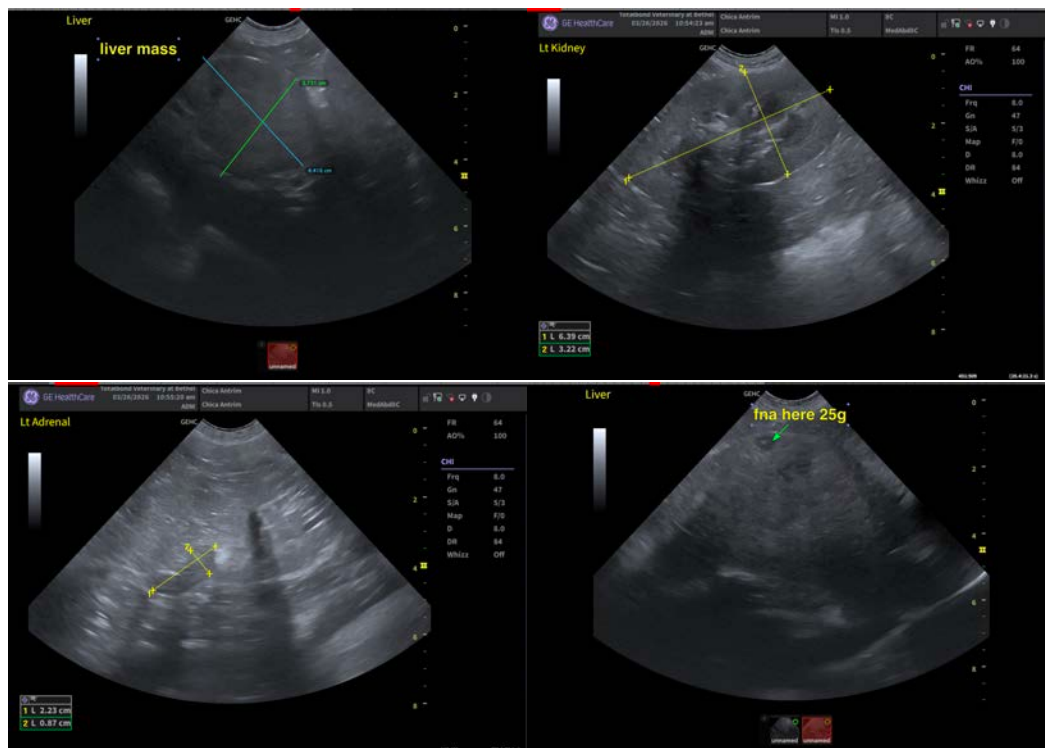
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Liver mass and nodular changes - Suspect benign hepatic adenoma or hepatoma, possibility of low-grade carcinoma. The nodular changes could represent nodular hyperplasia, necrosis, round cell neoplasia.
- Splenic nodules - Likely benign nodular hyperplasia.
- Mildly enlarged left adrenal gland.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver mass and nodular changes as well as the spleen recommended. No evidence of abdominal disease responsible for pain in this patient. The findings are likely incidental. Management of the orthopedic state of this patient should likely be the primary focus other than sampling of the spleen and liver.





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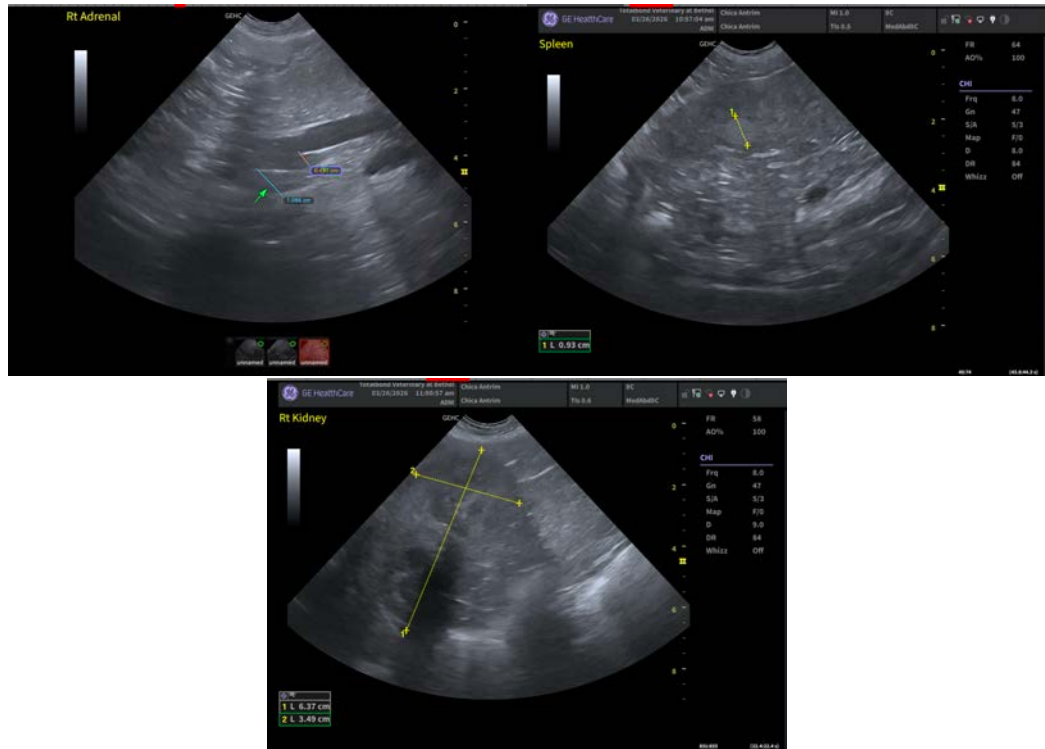
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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