



PATIENT

Hansyn Li

SPECIES

Canine

BREED

Mix

SEX

Spayed Female

AGE

11 Years

WEIGHT

10 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ashley McCaughan

HOSPITAL NAME

Marina Village
Veterinary &
Integrative Care

REFERRING VET

Dr. Ashley McCaughan

INVOICE

14611

DATE

03/26/26

PRESENTING CLINICAL SIGNS

- recent history of inappetence and vomiting (about 1 week ago)
- Echo to confirm need for medications to start for presumptive MMVD
- Jan 2026 hx of cholangitis/hepatitis hospitalized for 3 days at that time,
- AUS submitted separately for evaluation for liver/GB disease

Abnormal PE/Chem/CBC/UA Results: • HM Grade 4/6, left apical systolic. Weight loss, elevated GGT (14) and ALP (840). BUN 33, CBC nsf. Eating better today but was inappetent yesterday. Started oral Clavacillin/Metro yesterday for presumptive cholangitis/infectious cause.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 1.0 cm 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. The left kidney measured 3.6 cm in length. The right kidney measured 3.0 cm in length.

Adrenal Glands

The **left adrenal gland** was visualized obliquely and measured 0.66 cm width.

The **right adrenal gland** revealed a hyperechoic nodule in the mid body. The right adrenal gland measured 0.97 cm width at the cranial pole and 0.52 cm width 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 were noted. The spleen was folded upon itself caudally.

Liver

The **liver** revealed slight increased portal markings and coarse architecture with mildly subnormal in size. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and



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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.

Free Abdomen

A mildly enlarged cranial abdominal lymph node was present measuring 1.2 cm x 0.50 cm.

ULTRASONOGRAPHIC FINDINGS

- Nodular right adrenal gland- adenoma, adenocarcinoma, pheochromocytoma possible yet thought less likely.
- Folded spleen.
- Partially full stomach.
- Subnormal liver size with mild to moderate amount of remodeling.
- Cranial abdominal lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bile acid profile is warranted. If elevated, then core liver biopsy is indicated. No evidence of neoplasia. Underlying hepatic microvascular dysplasia/portal hypoplasia is possible with remodeling. Recheck sonogram of the right adrenal in approximately one month. The cause of the weight loss is not overtly evident.

Serial blood pressure measurements are recommended in this patient. If hypertension is an issue metanephrine level is recommended. If the patient appears Cushingoid and urine specific gravity is less than 1.020 then work-up for adrenal dependent Cushing's is indicated. Recheck is recommended in 2-3 weeks to assess for any progression of the adrenal gland.

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.



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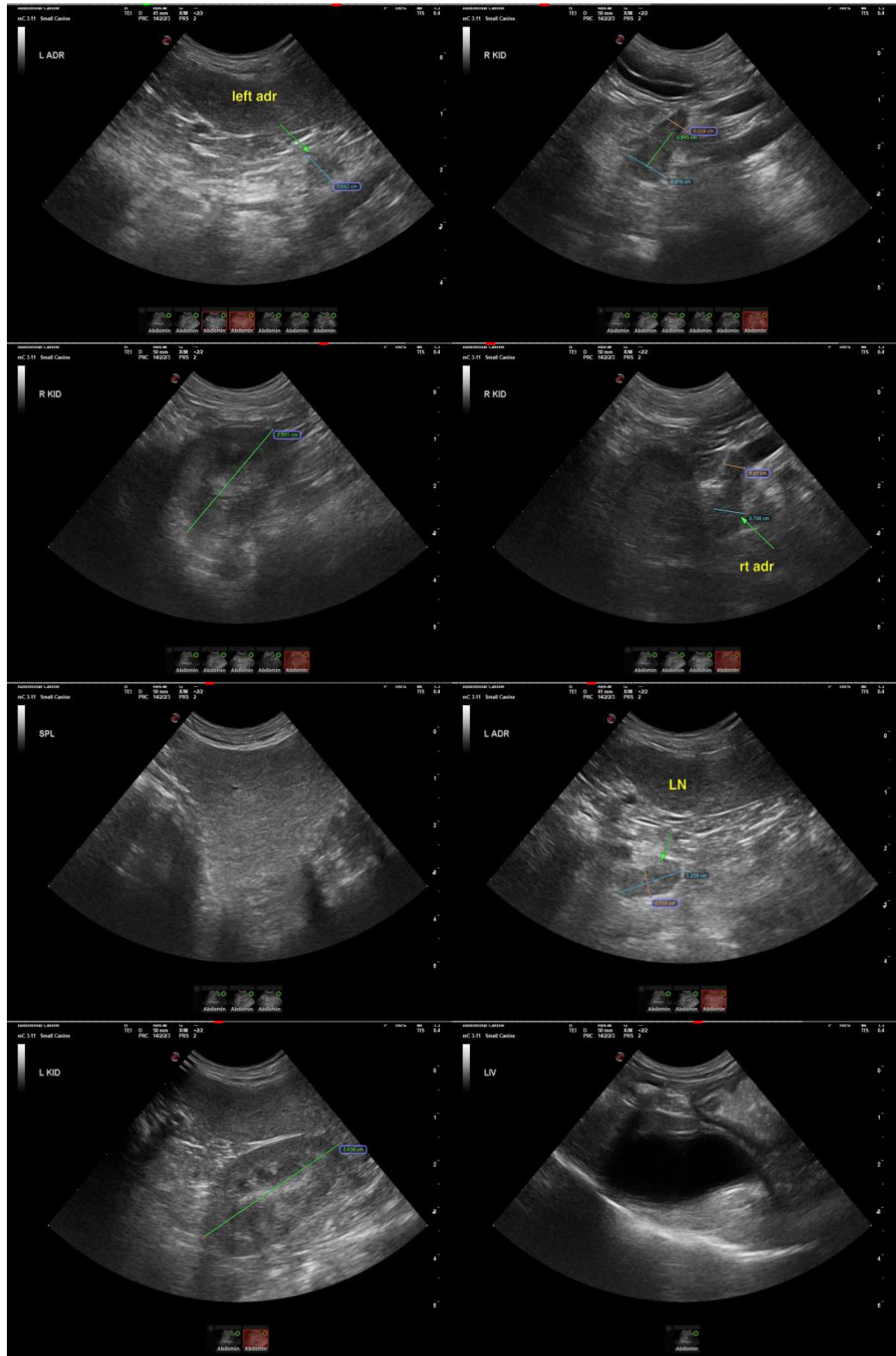
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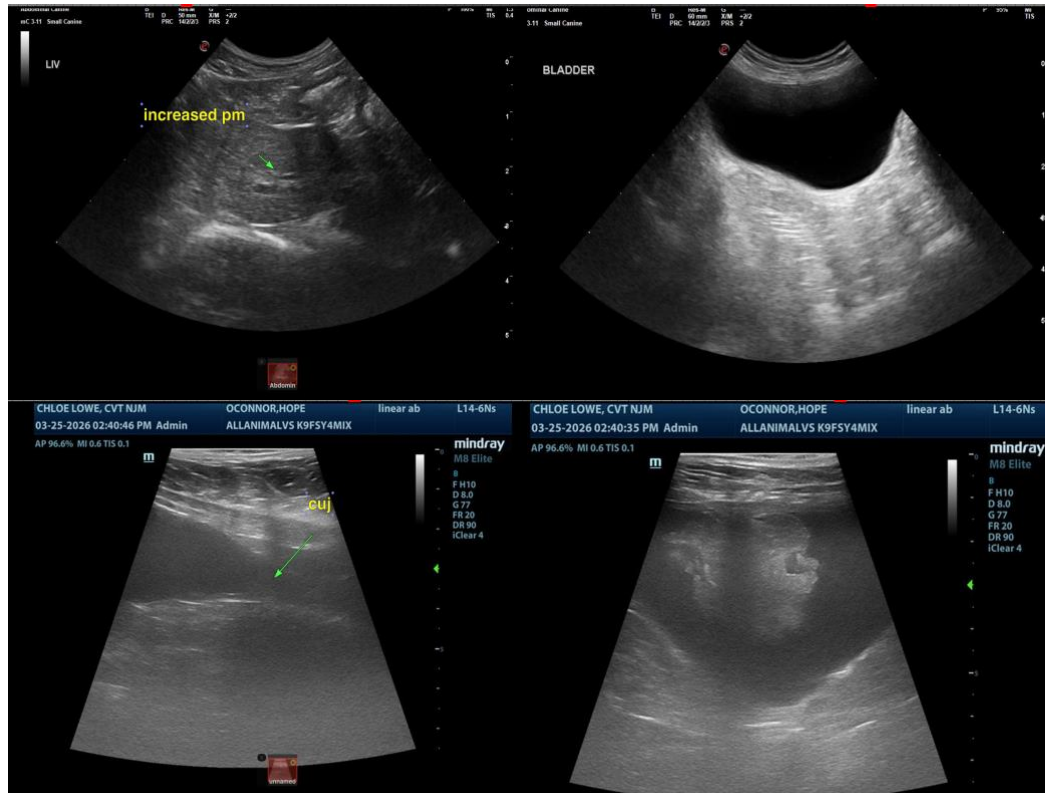
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com

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