



**PATIENT**

Ginger Spears

**SPECIES**

Canine

**BREED**

Mixed Breed

**SEX**

Spayed Female

**AGE**

12 Years

**WEIGHT**

10.7 kg

**INTERPRETED BY**

Eric Lindquist, DMV,  
 DABVP (Canine &  
 Feline), Cert. IVUSS

**IMAGING PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

AEC of the High  
 Country

**REFERRING VET**

Dr. Phipps

**INVOICE**

36375

**DATE**

3/27/26

**PRESENTING CLINICAL SIGNS**

- P presented for vomiting/diarrhea and not eating or drinking. P vomited up small piece of fabric,
- P has PU/PD diagnosed with diabetes insipidus on desmopressin
- P has lost approx 8-10 pounds since January
- Radiology report- moderate volume gastric content questionably structured, suspect diffuse enteritis, reduced serosal, mild diffuse hepatomegaly
- Abnormal PE/Chem/CBC/UA Results: ALT 254, lipase 2304, panc lipase 633

**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. The left kidney measured 6.05 cm. The right kidney measured 6.58 cm.

**Adrenal Glands**

The **left adrenal gland** was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 2.85 cm x 0.58 cm at the caudal pole and 0.6 cm at the cranial pole.

\*\*See Free Abdomen section.

**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.

**Liver**

The **liver** was swollen and mildly irregular. The gallbladder and common bile duct were unremarkable.

**Gastrointestinal**



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The **pylorus** revealed fabric foreign body, measuring approximately 2.0 cm, continuing into the upper duodenum. The colon was unremarkable.

**Pancreas**

The **pancreas** was hypoechoic and irregular with undulating contour.

**Free Abdomen**

A mixed echogenic undifferentiated **mass** was noted, measuring 7.0 cm x 5.5 cm, with regional lymph node enlargement. Distorted hypoechoic tissue proliferations were noted, measuring 2.2 cm. The mass impinges upon and deviates the right kidney. The mass appears to be invading the vena cava.

An undifferentiated hypoechoic mass was noted medial to the left kidney, measuring approximately 2.0 cm x 3.0 cm, with regional inflammation. Slight subcapsular fluid accumulation was noted. The mass medial to the left kidney is likely related to vena caval invasion.

**Free fluid** was noted adjacent to the spleen.

Multiple cystic mesenteric **lymph nodes** were also present, measuring 3.0 cm x 2.0 cm.

**ULTRASONOGRAPHIC FINDINGS**

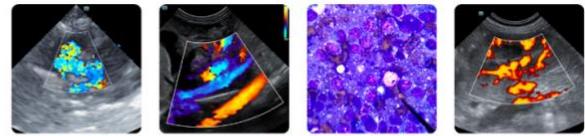
- Shadowing fabric type foreign body with free fluid
- Concurrent undifferentiated mass, likely of right adrenal origin with caval invasion
- Concurrent pancreatitis
- Lymphadenopathy

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The foreign body in this patient is an adjunctive issue. There is a multicentric neoplastic process in act, involving vascular invasion and regional peritoneum, lymph nodes, and potential hepatic involvement.

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.

Prognosis is poor.



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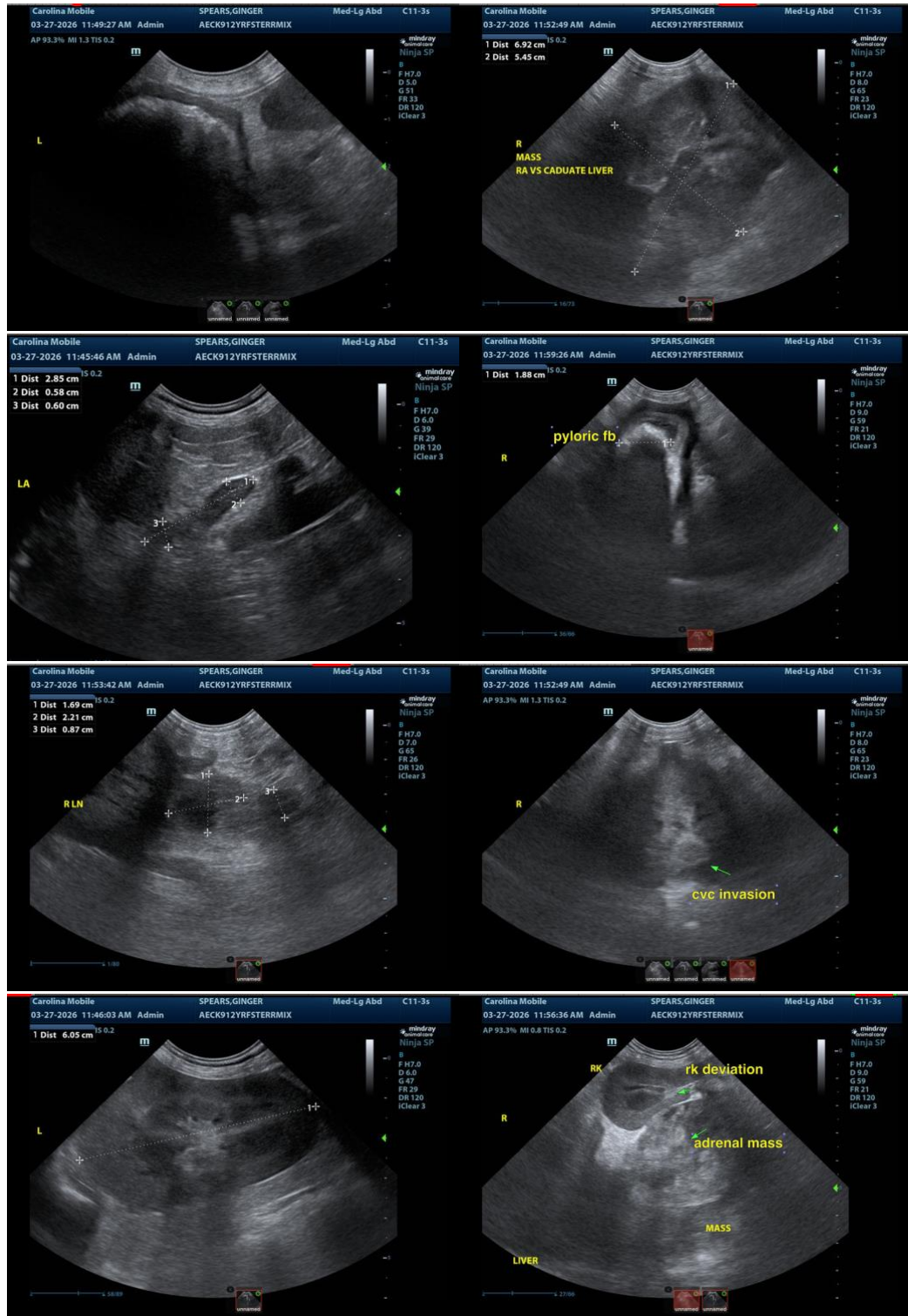
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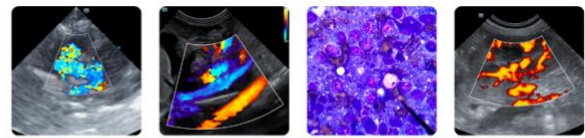
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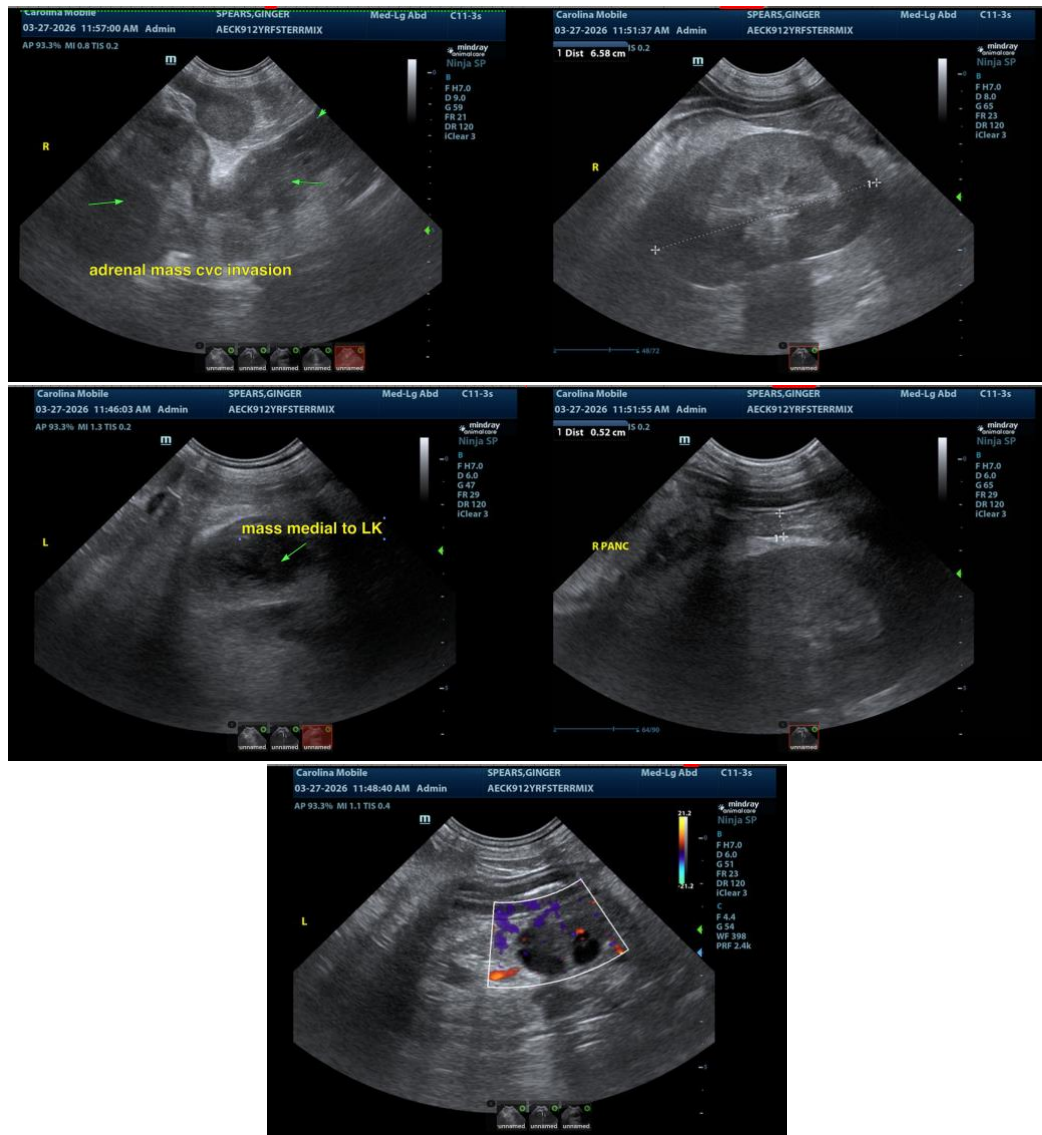
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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, Cert. IVUSS, CEO of SonoPath.com**

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