



PATIENT

Coco Dominguez

SPECIES

Canine

BREED

Bichon Frise

SEX

Spayed Female

AGE

11 Years

WEIGHT

24 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Alicia L. Walter
DVM

HOSPITAL NAME

Dr. Alicia L. Walter
DVM

REFERRING VET

Dr. Alicia L. Walter
DVM

INVOICE

14730

DATE

03/30/26

PRESENTING CLINICAL SIGNS

- Feb 2025 complex mammary adenocarcinoma, cystic.
- chronic liver enzyme elevation.

Abnormal PE/Chem/CBC/UA Results: Obese. Increasing liver enzymes.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 2.0 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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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. Slight pinpoint mineralizations and slight pyelectasia were noted. The left kidney measured 4.6 cm in length. The right kidney measured 5.07 cm in length.

Adrenal Glands

Both **adrenal glands** were 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 1.34 cm x 0.36 cm width. The right adrenal gland measured 1.74 cm x 0.50 cm width.

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** presented with diffusely hyperechoic to falciform fat. The gallbladder and common bile duct were unremarkable. Multifocal hypoechoic nodular changes were noted and appear nondisruptive, most consistent with metabolic hepatopathy with nodular hyperplasia. Largest left sided nodule measured 1.7 cm x 0.9 cm.

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

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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.

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Canine

ULTRASONOGRAPHIC FINDINGS

BREED

- Age-related renal changes with mineralizations and slight pyelectasia.
- Likely metabolic hepatopathy with nodular hyperplasia pattern.

Bichon Frise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

I do recommend FNA of the general parenchyma and nodular changes for baseline assessment ensuring occult neoplastic or separative process is not present. 25-gauge FNA cytology and culture would be ideal. Bile acid profile would be appropriate. Urinalysis is warranted if not already performed.

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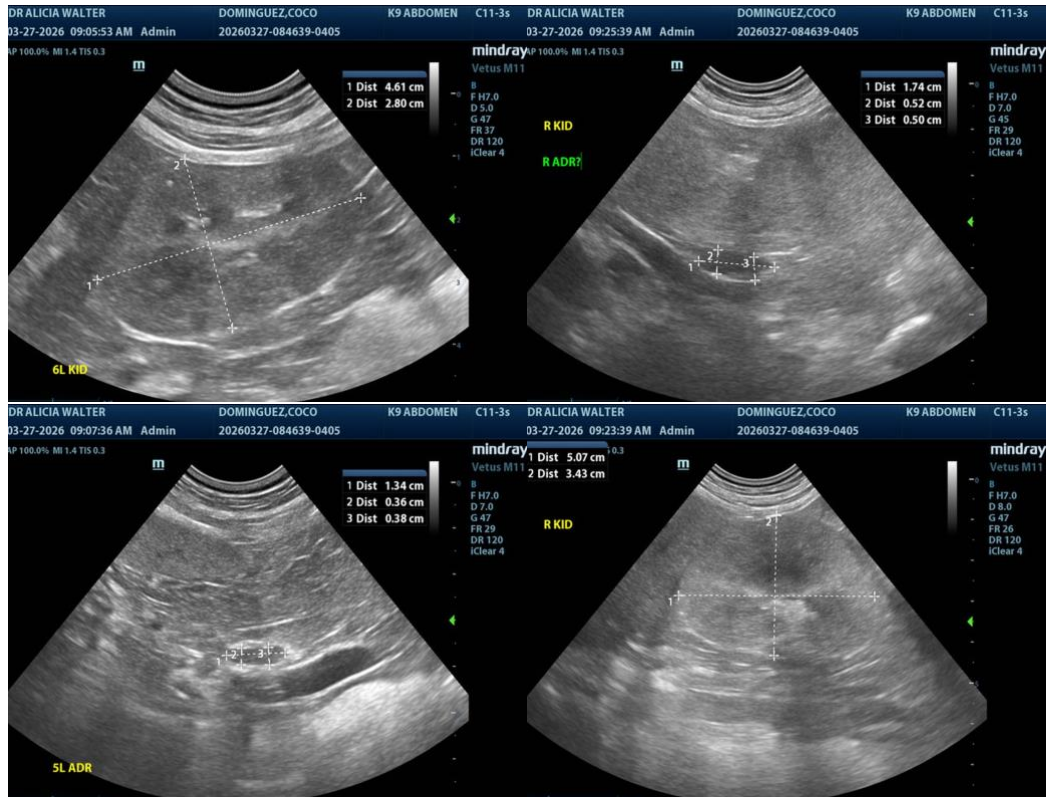
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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