



PATIENT

Aspen Harry

SPECIES

Canine

BREED

Labrador

SEX

Neutered Male

AGE

11 Years

WEIGHT

93 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Julie Deter

HOSPITAL NAME

Village Veterinary
Clinic California

REFERRING VET

Dr. Julie Deter

INVOICE

15141

DATE

04/15/26

PRESENTING CLINICAL SIGNS

Acute onset large and small bowel diarrhea 2 weeks ago. Radiologist suspected abdominal mass on lateral view (3 views total) of abdominal radiographs. Diarrhea slowly responding to medical management. No other clinical signs.

Abnormal PE/Chem/CBC/UA Results: CBC/chem pending. Mildly reactive to deep abdominal palpation.

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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 and no evidence of pelvic dilation was present. The left kidney measured 7.0 cm in length. The right kidney measured 7.23 cm in length.

Adrenal Glands

The **right adrenal gland** was enlarged, irregular and nodular measuring 1.5 cm width at the cranial pole by 3.8 cm length.

The left adrenal gland was also nodular and irregular measuring 1.39 cm width at the cranial pole and 1.1 cm width at the caudal pole.

Spleen

The **spleen** revealed swelling in the mid cranial body measuring 3.16 cm x 1.8 cm

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some moderate age-related parenchymal remodeling was noted but likely not clinically significant at this time. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable. Increased portal markings were noted in the liver.

Gastrointestinal

The upper **duodenum** revealed slight thickening with minor increased submucosal echogenicity with a 1.0 cm luminal artifact in the upper duodenum. This is likely passing medication or ingesta. The stomach and colon were unremarkable.



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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.

Free Abdomen

A mixed echogenic expansive and cystic 5.7 cm **mass** was noted in the mid-abdomen. The exact source of the mass is unclear yet suspect hepatic in origin deriving from the left caudal liver.

ULTRASONOGRAPHIC FINDINGS

- Undefined cranial abdominal mass- suspect hepatic in origin.
- Nodular adrenal glands- hyperplasia versus PDH or potential carcinoma, pheochromocytoma are all possible.
- Irregular splenic swelling.
- Intestinal thickening with luminal artifact.
- Age-related abdominal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA or CT evaluation is warranted to assess the abdominal mass. FNA and/or CT evaluation of the spleen and liver is indicated or direct exploratory surgery. Serial blood pressure is warranted. If urine specific gravity is less than 1020, workup for underlying Cushing's is indicated. Prognosis is guarded depending upon further diagnostics and eventual surgical outcome.





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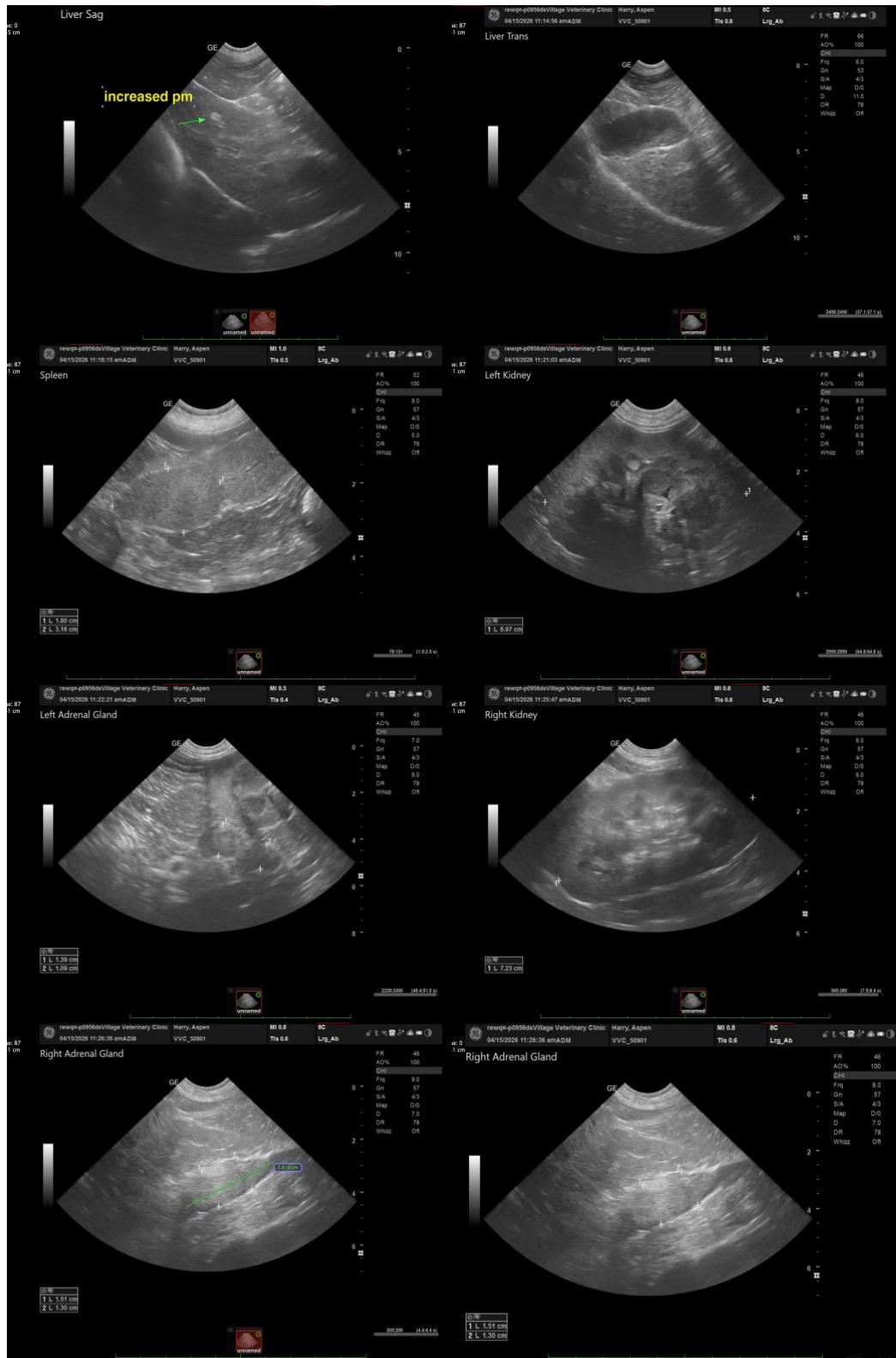
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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