



## PATIENT

Rosie Wilder

## SPECIES

Canine

## BREED

Lab x

## SEX

Spayed Female

## AGE

14 Years

## WEIGHT

95 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Laura Klaassen

## HOSPITAL NAME

Animal Care Group of  
Lake Oswego

## REFERRING VET

Dr. Allie Wisniewski

## INVOICE

74579

## DATE

4/17/26

## PRESENTING CLINICAL SIGNS

Recheck primarily of liver after ursodiol and amoxi for 6 weeks

## 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 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. Left kidney measured 6.4 cm. Right kidney measured 5.6 cm.

### Adrenal Glands

The **right adrenal gland** was enlarged, irregular and nodular, peripherally inflamed, measuring up to 3.8 cm x 2.0 cm. No overt vascular invasion into the vena cava noted. However, an early phrenic vein invasion cannot be completely ruled out as this was nebulous upon imaging.

In the area of the **left adrenal gland** was a mixed echogenic 4.8 cm x 4.3 cm mass, presumed to be left adrenal. A normal left adrenal gland was not visualized.

### Spleen

The **spleen** presented relatively normal size and contour with multifocal hyperechoic nodular changes, most consistent with fatty deposits or lipogranulomas. These are not typically pathological. No suspicion of significant. Capsular and parenchymal integrity was normal otherwise.

### Liver

The **liver** revealed diffuse coalescing hypoechoic micronodular changes and remodeling. Slight increased portal markings noted. Some target type nodules were noted. The gallbladder has improved compared to the prior sonogram. Approximately 70% of the excessive biliary debris has resolved.

### 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.

### 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.



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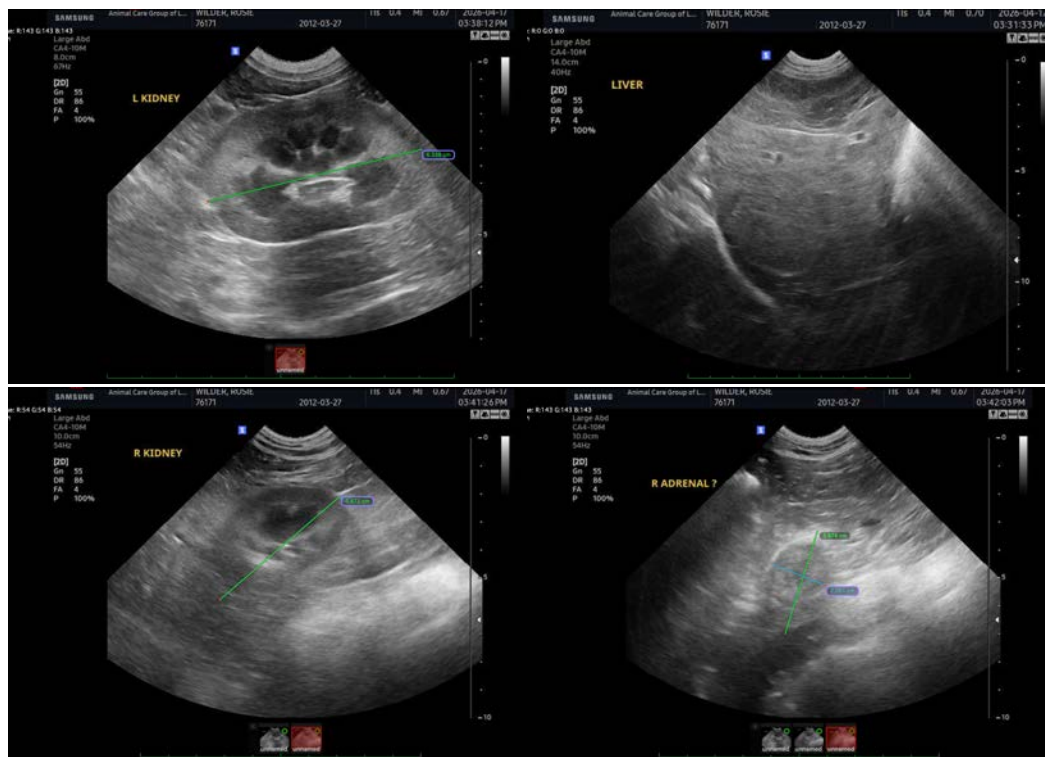
## ULTRASONOGRAPHIC FINDINGS

- Prominent adrenal glands – adenoma, adenocarcinoma, pheochromocytoma possible on the left, and hyperplasia on the right.
- Diffuse nodular hepatic changes with remodeling.
- Normalized gallbladder.
- Age related renal changes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The contrast resolution was challenging in the areas of the adrenal glands. Normal adrenals were not visualized. 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.

Given the diffuse nodular changes throughout the liver, bile acid profile and ultrasound guided FNA of the nodules indicated. The gallbladder has normalized.





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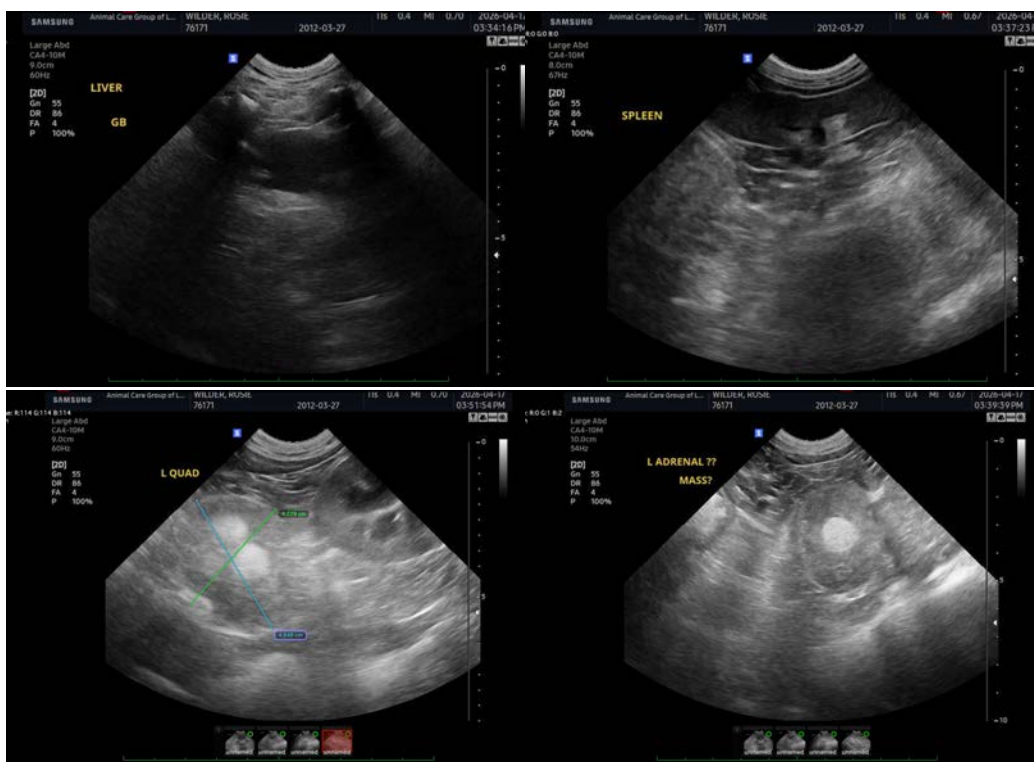
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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