



**DATE PRESENTING CLINICAL SIGNS**

04/18/26 Patient History: Presents for acute non-weight bearing lameness. 4 weeks ago decreased appetite, became more selective with food. Behavioral changes and decreased energy. Recent diarrhea. Last night panting, tremors, restless. On PE abdomen painful upon palpation. History of tick exposure. No recent travel outside local area.

**PATIENT**

Winnie Terek

**SPECIES**

Canine

**BREED**

Schnoodle

**SEX**

Spayed Female

**AGE**

04/17/24

**WEIGHT**

21.9 pounds

Current Medications: Buprenorphine.  
Labwork Results: Labwork not submitted.  
Date of Previous IntraPet Ultrasound: No previous.  
Sedation: Not required to complete full diagnostic ultrasound.  
Stat Report: requested.  
Imaging Performed by: Andi Parkinson, BS, RDMS.

**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 4.4 cm in length. The right kidney measured 5.1 cm in length.

The retroperitoneal space, caudal to the right kidney in this patient revealed a mixed hyperechoic granulomatous type change measuring 3.7 cm.

**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 1.57 cm x 0.35 cm width at the cranial pole and 0.46 cm width at the caudal pole. The right adrenal gland measured 1.63 cm x 0.69 cm width at the cranial pole and 0.66 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.

**Liver**

**INTERPRETED BY**

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

**HOSPITAL NAME**

Animal Emergency  
Hospital

**REFERRING VET**

Dr. Willer

**INVOICE**

15232

The **liver** revealed uniform enlargement and swelling with slightly scalloping contour. The hepatic lymph nodes were enlarged and cystic measuring 2.1 cm x 2.6 cm. The gallbladder and common bile duct were unremarkable.

### ***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. The epigastric lymph nodes were slightly enlarged and rounded measuring 0.61 cm.

### ***Pancreas***

The right base of the pancreas was mildly heterogeneous as well with potential for low grade inflammation.

### **ULTRASONOGRAPHIC FINDINGS**

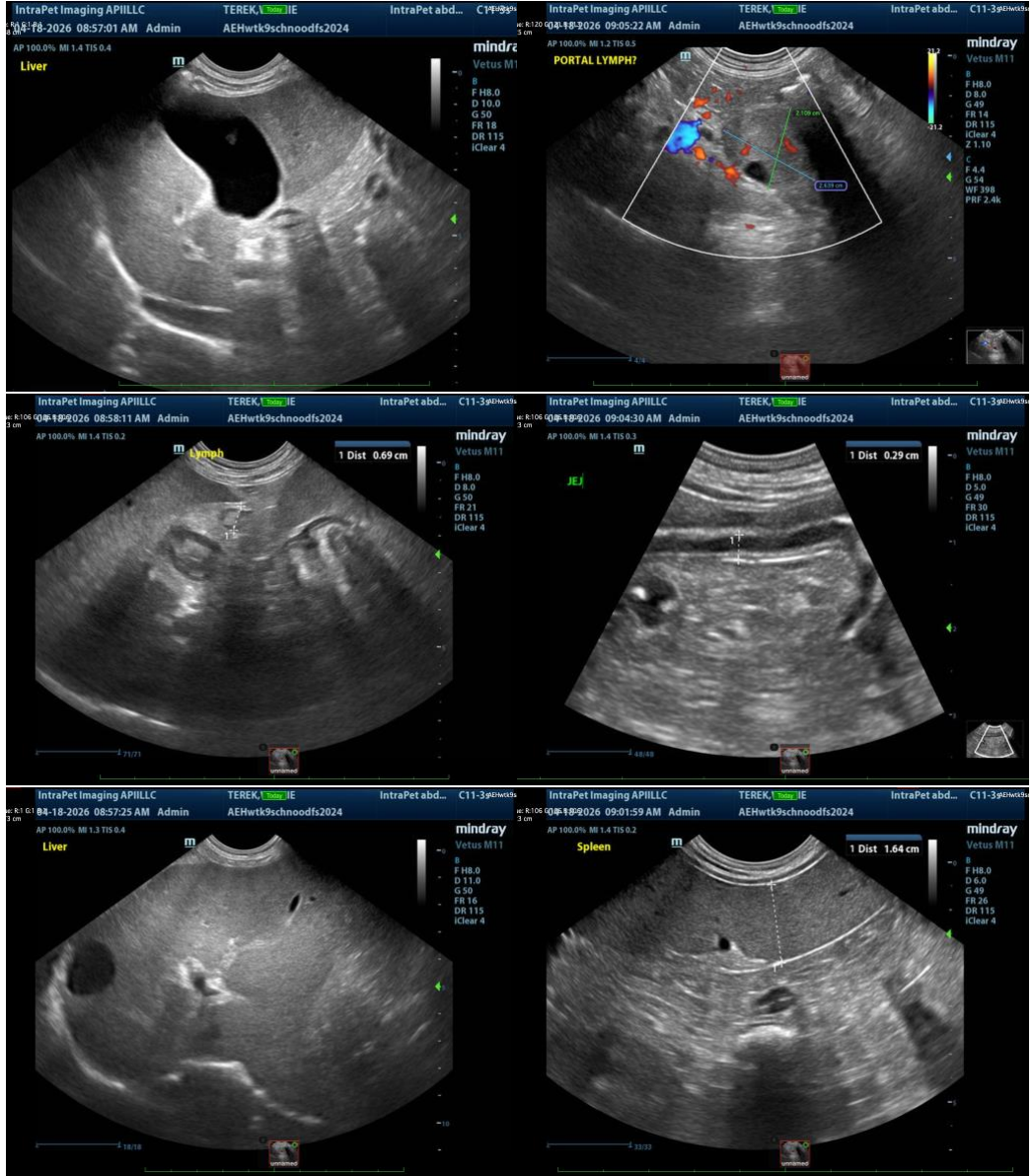
- Hepatomegaly with hepatic lymphadenopathy- concern for emerging round cell neoplasia.
- Epigastric lymphadenopathy.
- Granulomatous type lesion in the right retroperitoneal space.
- Heterogenous pancreas.

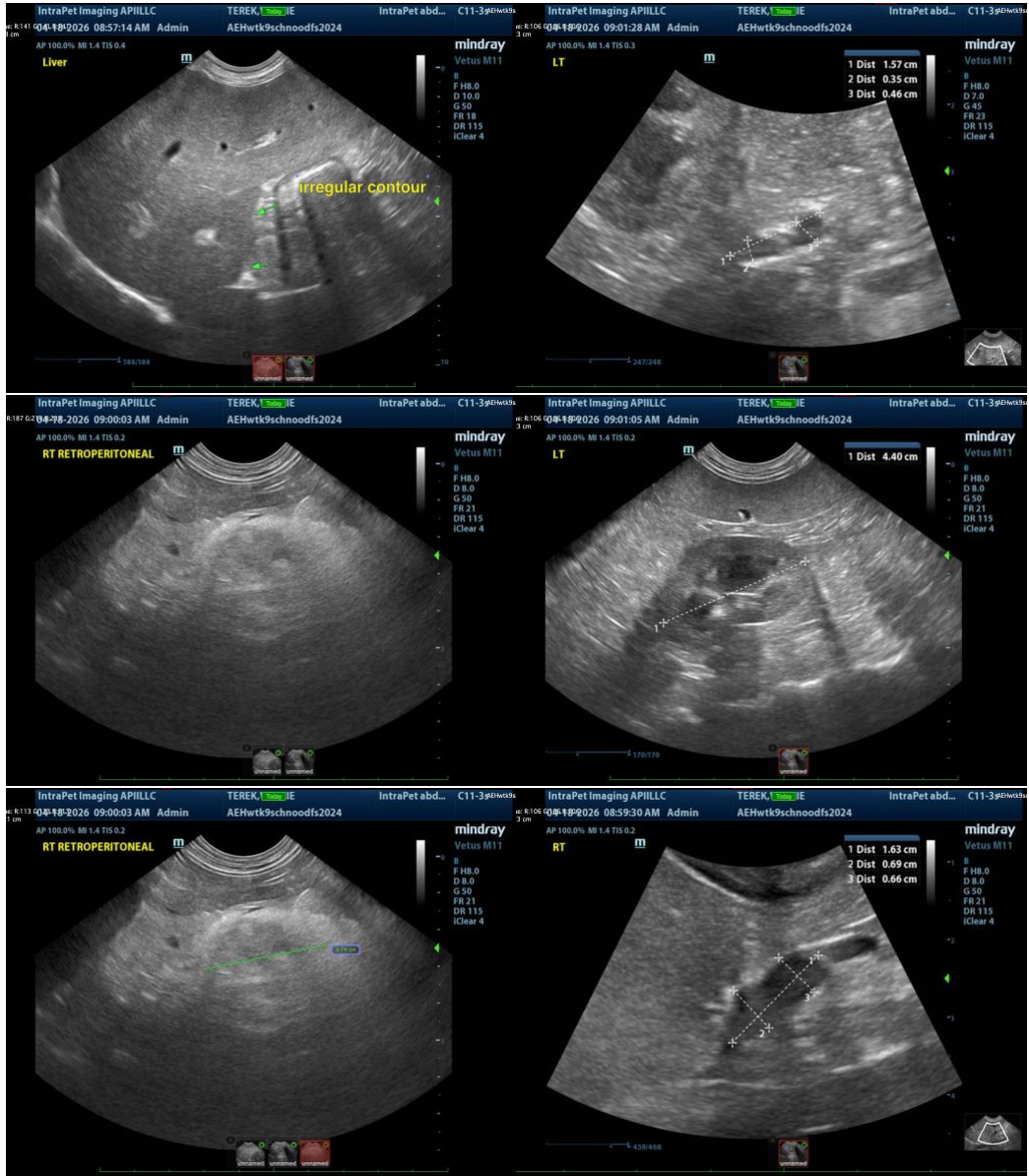
### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

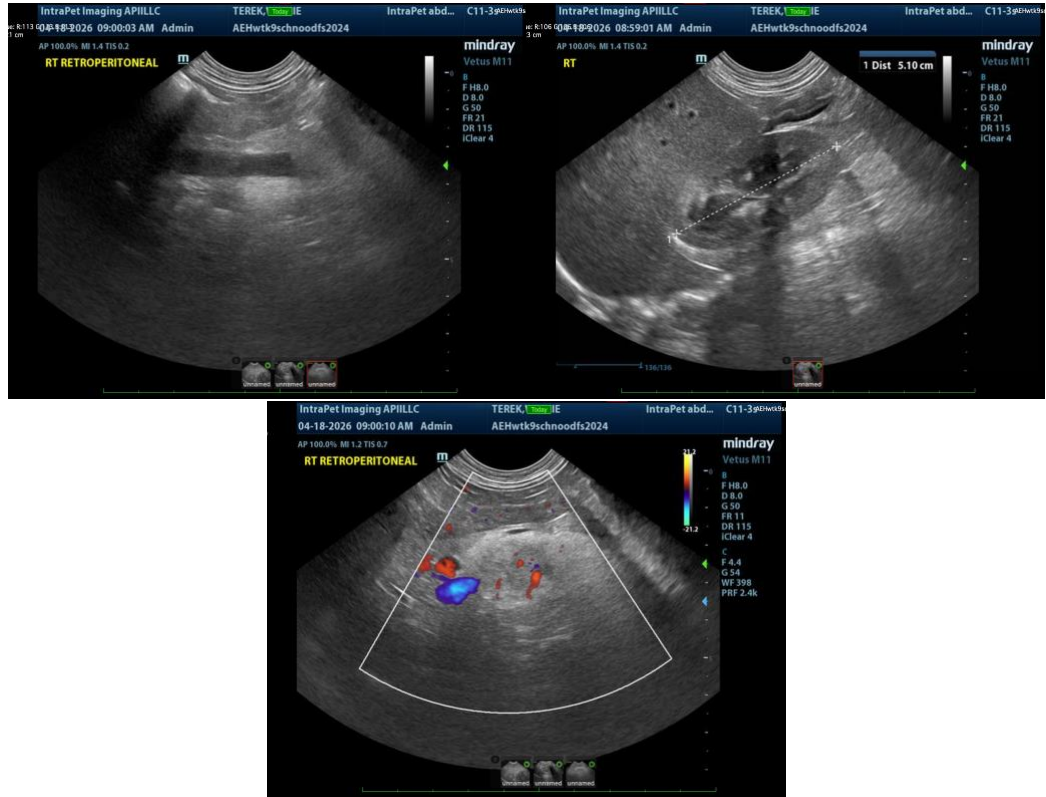
Full CBC/Chem/UA are warranted. Recommend coned radiograph of the spinal region, caudal to the right kidney or CT evaluation of this region. FNA of this region is warranted if accessible by the sonographer. FNA of the liver and hepatic lymph node if accessible for further definition.

Lymphadenitis, granulomatous steatitis versus low grade pancreatitis is all possible in this patient with possibility of underlying neoplasia. Sampling is essential after full CBC/Chem/UA and radiographs in the region.









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.

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