



## PATIENT

Gopher Christ

## SPECIES

Canine

## BREED

Beagle

## SEX

Neutered Male

## AGE

12 Years

## WEIGHT

12.8 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Seyler

## HOSPITAL NAME

Wilvet South

## REFERRING VET

Dr. Seyler

## INVOICE

15243

## DATE

04/20/26

## PRESENTING CLINICAL SIGNS

About 2 months noticed pt had a hard firm grown on right side just before hind leg, went to RDVM last Wednesday for vx and to look at growth, RDVM took a biopsy of growth and diagnosis mass cell tumor, when O got home pt had scratched at area and it had started bleeding and there is some bruising around the area that O is concerned about. Took to RDVM this morning and they recommended to come here  
Symptoms: Itching, bruising on the abdomen, bleeding MCT

Abdomen: Tense on palpation, not overtly painful Integument: Abnormal: L abdomen near inguinal region is a broad, inflamed, ulcerated lesion with a firm 2-3cm wide area centrally. I can palpate under the mass in the sq caudally and directly underneath but at the rostral margin the skin is a bit stiffer and it is not clear if there is any mass/tumor effect extending this direction. Gopher is painful/resistant during this examination. CBC - slightly low MCV and MCH, retic hemoglobin a little low. Neu 14k. Overall, no concerns on CBC. Chem10 - Cre 2.3, BUN 36, ALP 458 - given the isosthenuria, this brings a diagnosis of stage 3 CKD. Plan to take a cysto sample for full UA at the time of abd US. CitPT - 14s (11-14s) USG, catch sample - 1.020

## 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 moderate 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. Pyelectasia was present in the left kidney measuring 1.0 cm. The left kidney measured 4.3 cm in length. The right kidney measured 4.6 cm in length.

### *Adrenal Glands*

The **left adrenal gland** was normal in size and contour measuring 0.68 cm width.

The **right 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 right adrenal gland measured 0.98 cm width at the cranial pole and 0.60 cm width at the caudal pole.

### *Spleen*

The **spleen** was largely smooth with minor heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes was noted.



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## 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. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. 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.

## 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

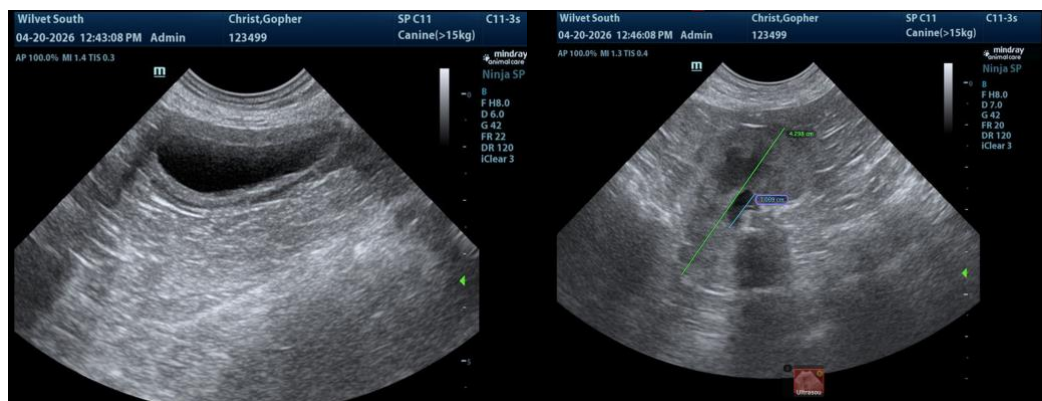
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

- Largely age-related abdominal changes with left kidney pyelectasia.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urinalysis is warranted if not already performed. No evidence of neoplasia.





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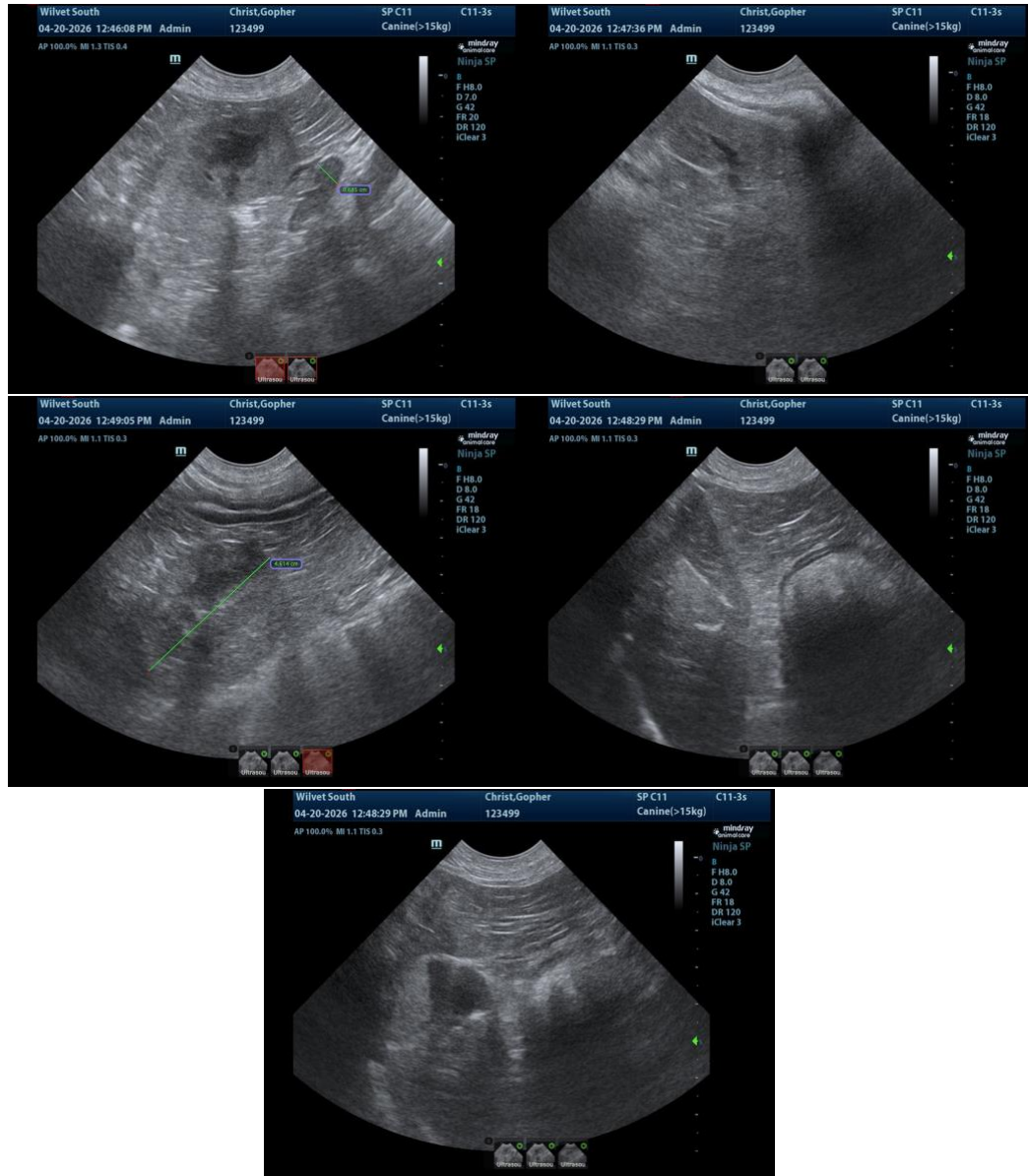
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,

CEO, Owner, Founder -- SonoPath.com

[info@SonoPath.com](mailto:info@SonoPath.com)



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