



## PATIENT

Spike Bachman

## SPECIES

Guinea Pig

## BREED

Domestic

## SEX

Female

## AGE

7 Years

## WEIGHT

919 grams

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Jammel

## HOSPITAL NAME

Lone Mountain Animal  
Hospital

## REFERRING VET

Dr. Dours

## INVOICE

15332

## DATE

04/21/26

## PRESENTING CLINICAL SIGNS

Intact female presented initially for back leg paresis, exam revealed distended abdomen with crusted caudal nipples and pain elicited on abdominal palpation

Abnormal PE/Chem/CBC/UA Results: pending results x-rays/cbc/chem

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The **urinary bladder** revealed minor thickening with dependent debris with a wall thickness of 0.29 cm. With the lack of video, information to be assessed was challenging. Recommend SDEP protocol or similar. A video of a mineralizing mass was also present, possibly right kidney or ovary.

A 2.7 cm mineralizing rounded mass was present in the mid-abdomen, suspicious for ovarian carcinoma.

The region of the left ovary revealed a mineralizing mass as well measuring 2.7 cm.

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 2.7 cm in length. The right kidney measured 2.7 cm in length.

### *Adrenal Glands*

Both **adrenal glands** were not visualized.

### *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** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild 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*



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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*

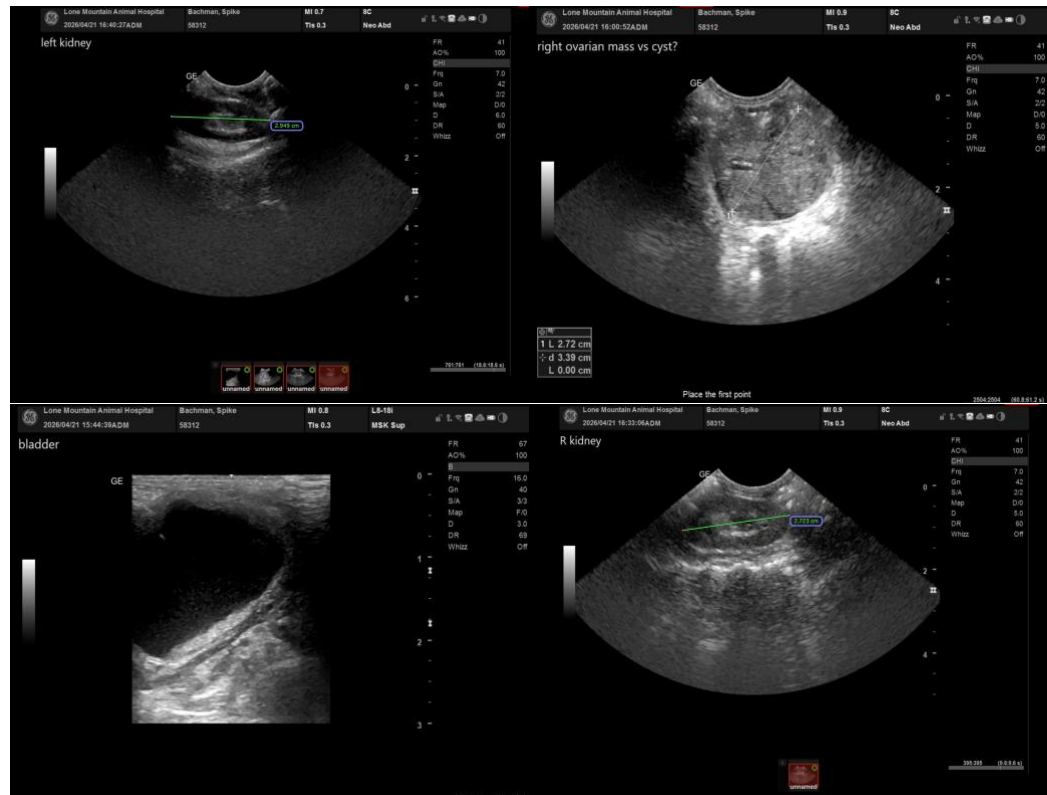
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

- Potential bilateral ovarian masses- suspect carcinoma.
- Mineralizing urinary bladder mass.
- Age-related renal changes.
- Age-related hepatic remodeling.
- Minor bladder thickening.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory surgery is indicated.





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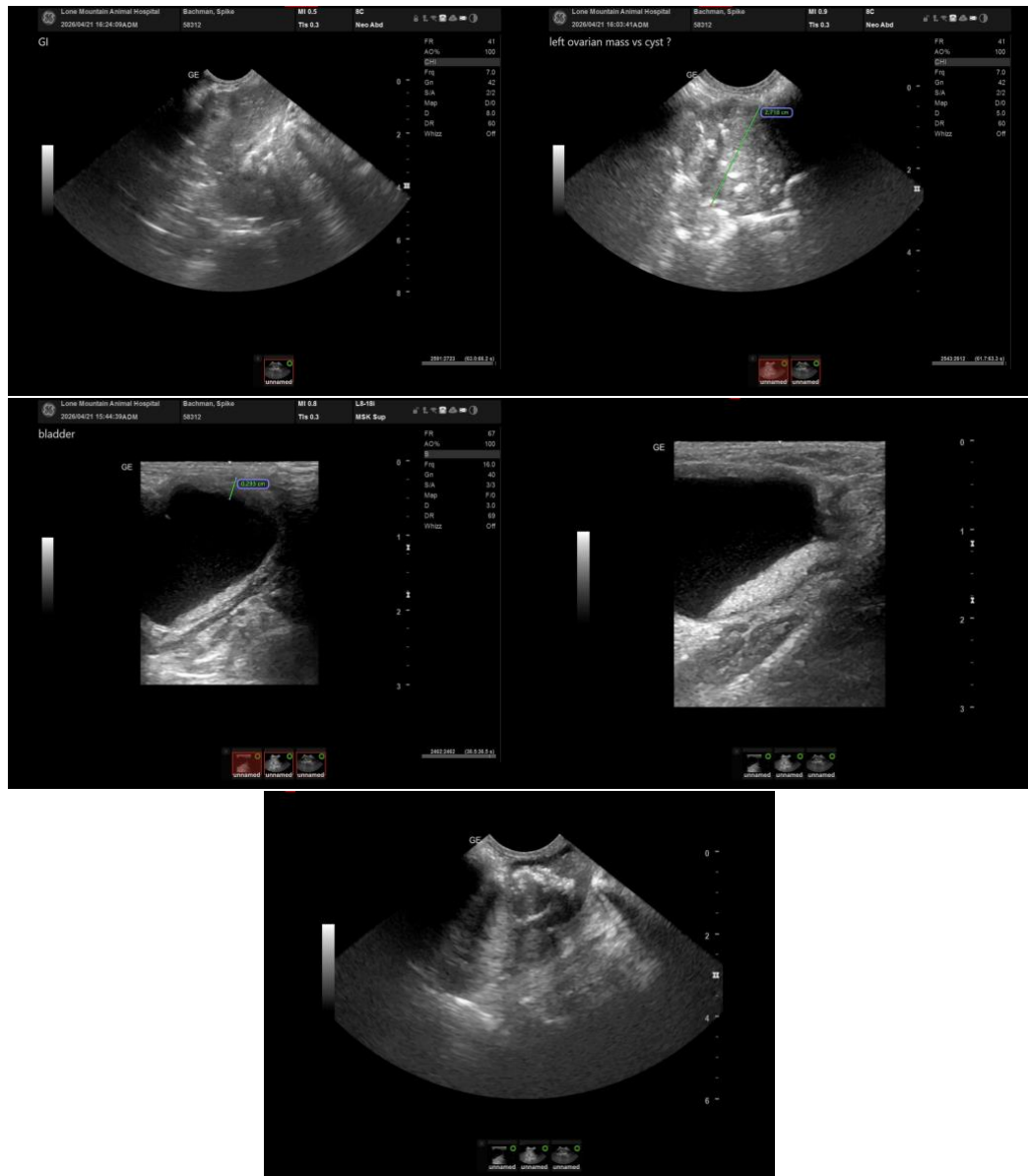
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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