



PATIENT

Zeus Cintron

SPECIES

Canine

BREED

Yorkie

SEX

Neutered Male

AGE

10 Years 10 Months

WEIGHT

12.5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Packanack AH

REFERRING VET

Dr. Mahoney

INVOICE

36684

DATE

4/21/26

PRESENTING CLINICAL SIGNS

History: Pre-op spindle cell mass removal h/o pss surgically connected, sq mass r lateral abd.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed small calculus or minor amount of sand accumulation, measuring 0.8 cm, with minimal acoustic shadowing, non-obstructive at the time of sonogram. Minor bladder wall thickening was noted.

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 degenerative changes in the left kidney are moderate, and moderate to near end stage in the right kidney. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex. Mineralization was noted in the kidneys. Microcystic cortical changes were noted. The left kidney measured 4.4 cm. The right kidney revealed multiple infarcts and calculi. Pyelectasia was noted in the right kidney. The right kidney measured 3.92 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 right adrenal gland measured 1.83 cm x 0.83 cm at the cranial pole and 0.41 cm at the caudal pole. The left adrenal gland measured 1.9 cm x 0.45 cm at the cranial pole and 0.35 cm at the caudal pole.

Spleen

The **spleen** revealed subtle micronodular changes with mild disruption of architecture.

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

There was some residual chyme and gas noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.



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Pancreas

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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

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Neutered Male

- Moderate degenerative changes in the left kidney with mineralization
- Moderate to near end stage changes in the right kidney with multiple infarcts, calculi and pyelectasia
- Small bladder sand/calculi
- Subtle micronodular changes in the spleen with mild disruption of architecture
- Age-related hepatic changes
- Partially full stomach

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

10 Years 10 Months

Screening 25-gauge FNA of the splenic nodules is recommended given the patient history, or monitoring with follow-up. The patient is likely passing calculi and sand periodically from the kidneys to the bladder. No overt gross metastatic lesions other than the potential of the splenic nodules being related to the spindle cell history.

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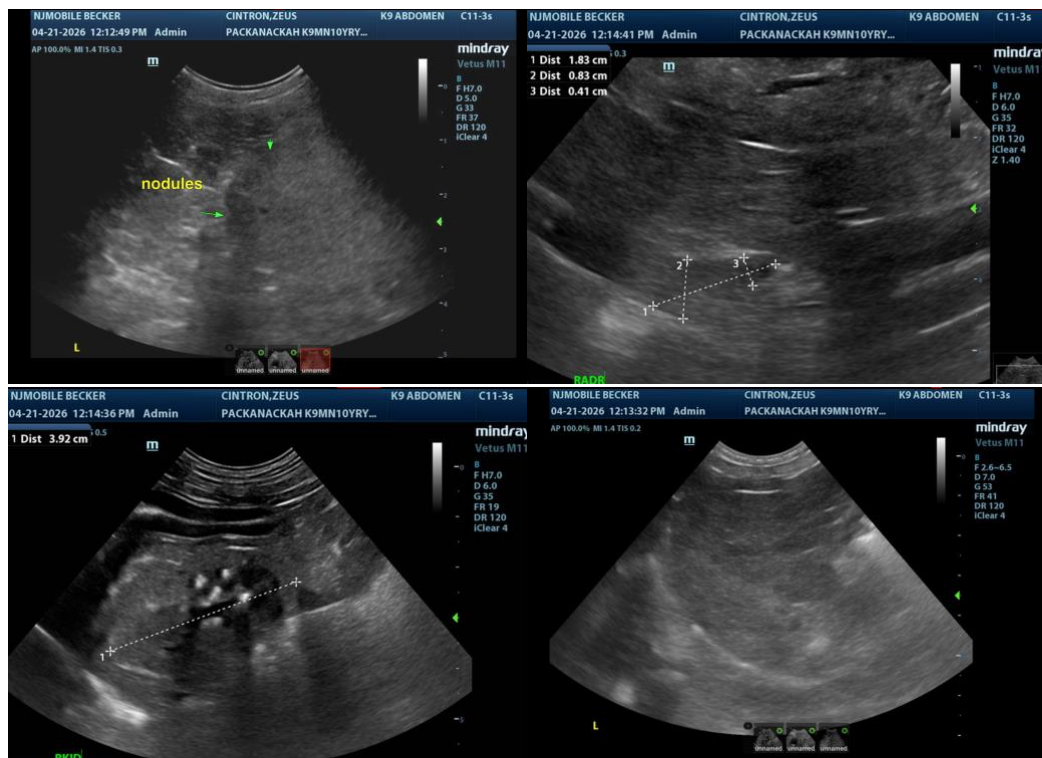
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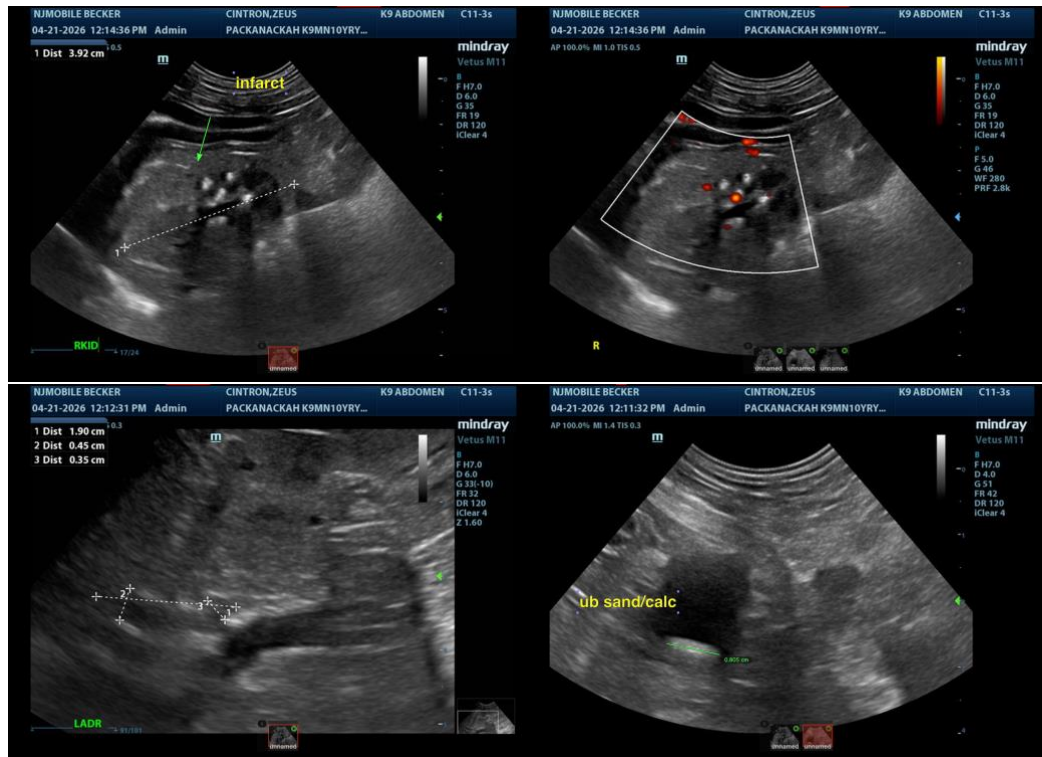
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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