



PATIENT

Costa Sullivan

SPECIES

Canine

BREED

Lab Mix

SEX

Spayed Female

AGE

12 Years

WEIGHT

38.6 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Wallburg Animal
 Hospital

REFERRING VET

Dr. Harris

INVOICE

15429

DATE

04/23/26

PRESENTING CLINICAL SIGNS

P presented for US due to a 1 month history of poor appetite, vomiting, and 12# weight loss. P will not eat her dry food. Will eat some shredded chicken.

Abnormal PE/Chem/CBC/UA Results: ALKP 557, Cho 93, Tbili 0.3

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a ventral wall polyp measuring 0.50 cm x 0.30 cm. The remainder of the urinary bladder was unremarkable, however, the focal polyp was mineralized and moderately vascular. Possibly early emerging carcinoma and appears resectable. The urethra was visible to a depth of 2.0 cm.

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 and no evidence of pelvic dilation was present. The left kidney measured 5.16 cm in length. The right kidney measured 5.4 cm in length.

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 2.85 cm x 0.61 cm width at the caudal pole and 0.65 cm width at the cranial pole. The right adrenal gland measured X cm width.

Spleen

The **spleen** was largely smooth with mild 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.

Liver

The **liver** presented with generalized enlargement, irregular and swollen. The gallbladder wall was thickened, echogenic and polypoid. The hepatic lymph nodes were enlarged, rounded and hypoechoic measuring 1.0 cm each.

Gastrointestinal

Upper gastrointestinal tract presented variable intestinal thickening with reactive surrounding mesentery as well as chronic GI changes. Emerging round cell neoplasia is a strong potential.

Pancreas



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The right **pancreatic** limb was hypoechoic, irregular with nodular tissue measuring approximately 5.0 cm.

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ULTRASONOGRAPHIC FINDINGS

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- Heterogenous right pancreatic base- overlying distorted lymph nodes or primary pancreatic pathology are possible.
- Intestinal thickening.
- Enlarged nodular liver.
- Age-related renal changes.
- Age-related splenic changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Spayed Female

Recommend screening FNA of the liver first given the weight loss and the hepatic presentation. Some level of pancreatitis is likely, however, cannot rule out pancreatic carcinoma. Most concerned about the liver presentation and regional lymph nodes. FNA of the liver is essential in this case. Prognosis is guarded to poor.

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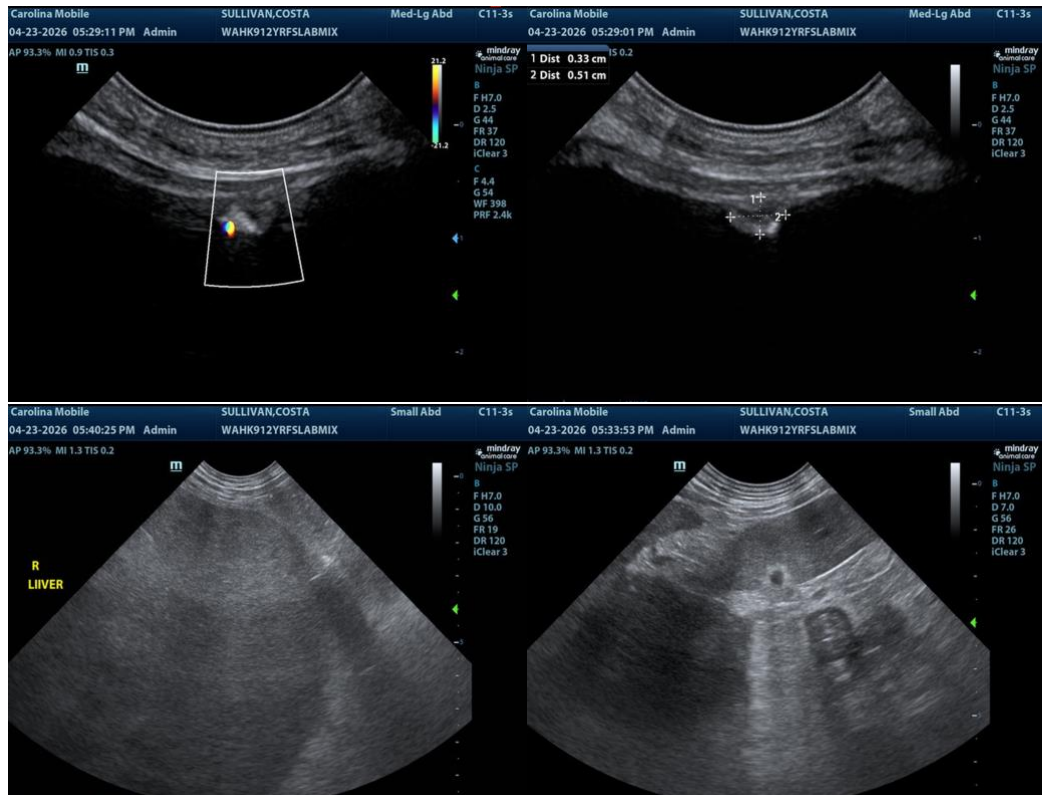
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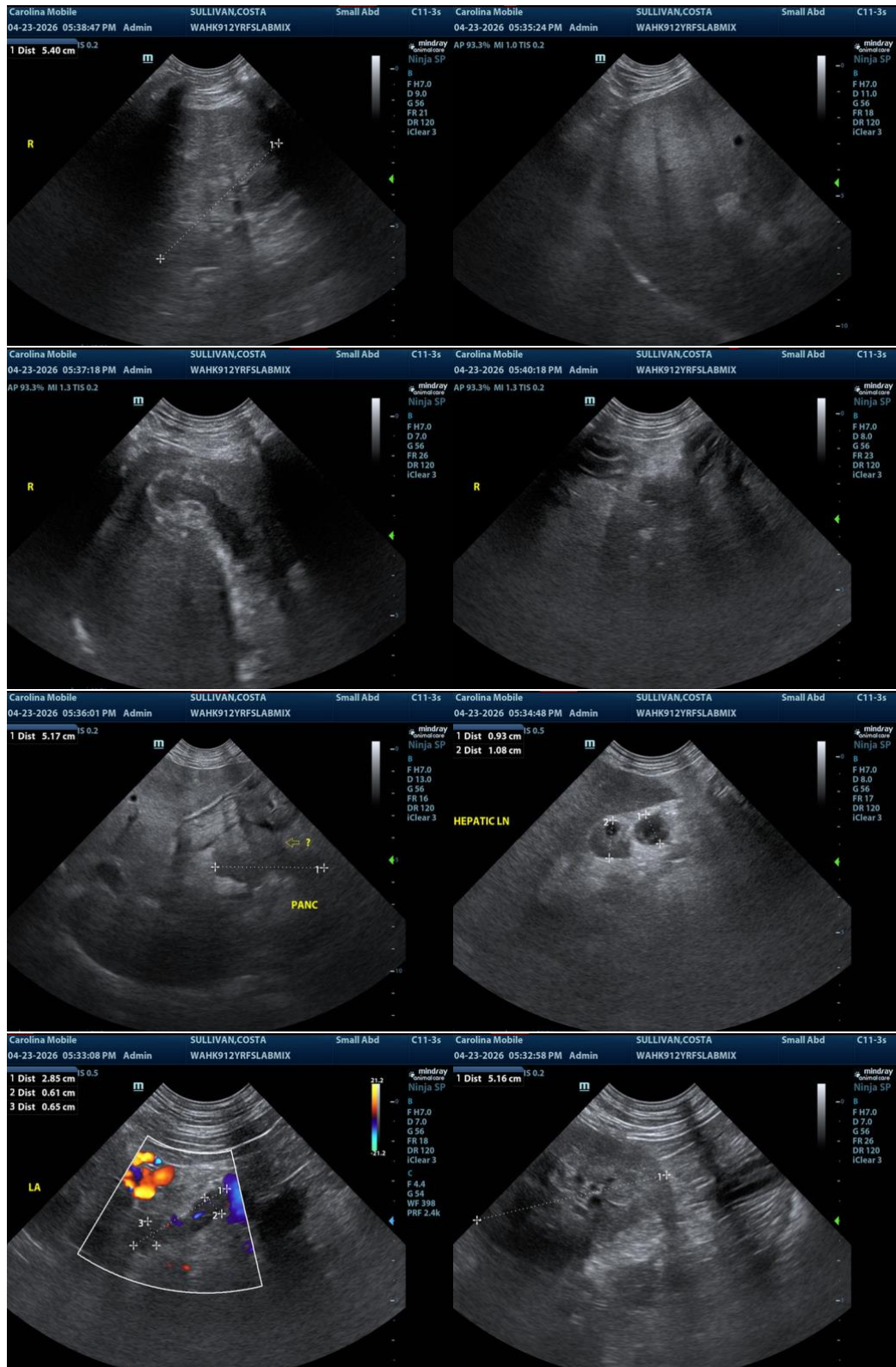
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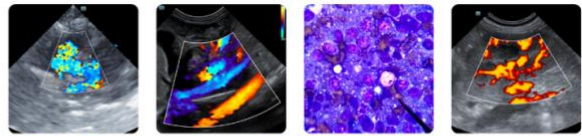
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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CEO, Owner, Founder -- SonoPath.com

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