



PATIENT

Remy Lloyd

SPECIES

Canine

BREED

Mixed Breed

SEX

Neutered Male

AGE

6 Years

WEIGHT

46.2 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jocelyn Hollway

HOSPITAL NAME

Valley Green VH

REFERRING VET

Dr. Oberer-Gerber

INVOICE

36713

DATE

4/23/26

PRESENTING CLINICAL SIGNS

History: Presented as an ER today for ADR. Did NOT eat/drink this morning. O noted a large mass over rib cage which was not present before. Was walking around the island in the kitchen- right circles - Not eating also - which is not normal. Was fine last night. No C/S/V/D. PE = BAR. BCS 5/9. ABD = TTP but P seems uncomfortable. Cannot appreciate obvious pain in joints. Tense w/ lip licking on palpation of caudal thoracic spine to cranial lumbar spine Grade 2 DDz. Rest of PE = NSF. No obv rib abnormalities on PE, P is posturing with body curved to the right.

Abnormal PE/Chem/CBC/UA Results: Spinal rads = pending cysto UA = pending RBC slight elevated - stress secondary to splenic contraction probable given adequate hydration status -WBC NSF -PLT NSF Chemistry -BG NSF -KES NSF -elytes show low phosphorus = 1.4 (ref 2.5-6.7). rule-outs include increased urinary excretion, translocation from the fluid space, decreased intestinal absorption, renal disease, and artifact (if icterus is present, which it is not). Otherwise elytes NSF LES show slight decrease to ALP w/ other LES WNL -- decreased ALP is of minimal clinical significance. Pancreatic Lipase is elevated slightly = 201. (0-200) 4Dx = (-)x4

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 5.27 cm. The right kidney measured 5.6 cm.

Adrenal Glands

The **left 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 left adrenal gland measured 0.5 cm.

A hyperechoic nodule was noted at the cranial pole of the **right adrenal gland**, measuring 1.0 cm. The right adrenal gland measured 0.8 cm at the cranial pole and 0.5 cm 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



PATIENT

Remy Lloyd

SPECIES

Canine

BREED

Mixed Breed

SEX

Neutered Male

AGE

6 Years

WEIGHT

46.2 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jocelyn Hollway

HOSPITAL NAME

Valley Green VH

REFERRING VET

Dr. Oberer-Gerber

INVOICE

36713

DATE

4/23/26

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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

- Right adrenal nodule – adenoma is likely. Emerging carcinoma, pheochromocytoma are possible.
- Unremarkable abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

On the right cranial pole of the right adrenal gland, slight sound beam attenuation was occurring, therefore the extent of the nodule was not clear, however not suspected to be clinically significant and should be monitored. There is no evidence of visceral disease regarding the hyporexia. CNS and orthopedic pain should be considered primary concerns.





PATIENT

Remy Lloyd

SPECIES

Canine

BREED

Mixed Breed

SEX

Neutered Male

AGE

6 Years

WEIGHT

46.2 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Jocelyn Hollway

HOSPITAL NAME

Valley Green VH

REFERRING VET

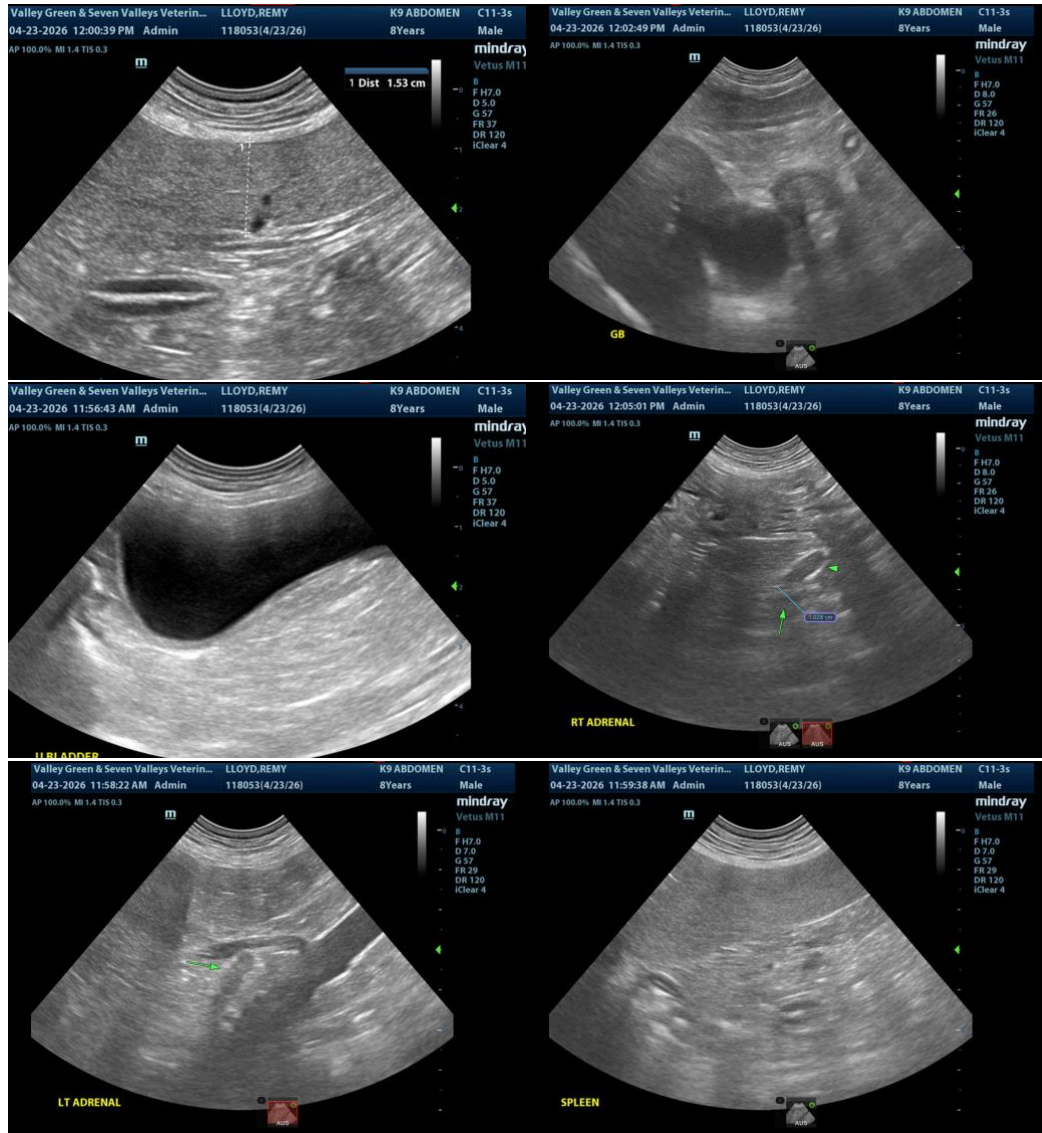
Dr. Oberer-Gerber

INVOICE

36713

DATE

4/23/26



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