



## PATIENT

Mocha Zhang

## SPECIES

Canine

## BREED

Golden Doodle

## SEX

Spayed Female

## AGE

8 Years

## WEIGHT

34

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Shen Li

## HOSPITAL NAME

Dr. Shen Li VS

## REFERRING VET

Dr. Shen Li

## INVOICE

36829

## DATE

4/27/26

## PRESENTING CLINICAL SIGNS

History of recent hepatic tumor removal (central and left hepatic lobes), histopath confirmed adenocarcinoma with no clear margin. Surgery about 30 days ago. Prior to sx, microcytic anemia with marked elevated ALP. Surgery recovered well. 3 yrs hx of intermittent urinary incontinence, involuntary, mostly at night, when fed more water with diet. US to establish baseline post surgery.

Abnormal PE/Chem/CBC/UA Results: Normal PE except some cutaneous nodules. Mild elevated ALT, normal UA.

## 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 1.0 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 5.67 cm. The right kidney measured 4.8 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 0.35 cm.

The region of the **right adrenal gland** was imaged, no evidence of pathology.

### *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. Caudal folding of the spleen was noted.

### *Liver*

The **liver** presented uniform parenchyma. The gallbladder and common bile duct were unremarkable. Hepatic vascularity appeared normal. No evidence of return of prior pathology.

### *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.



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**Pancreas**

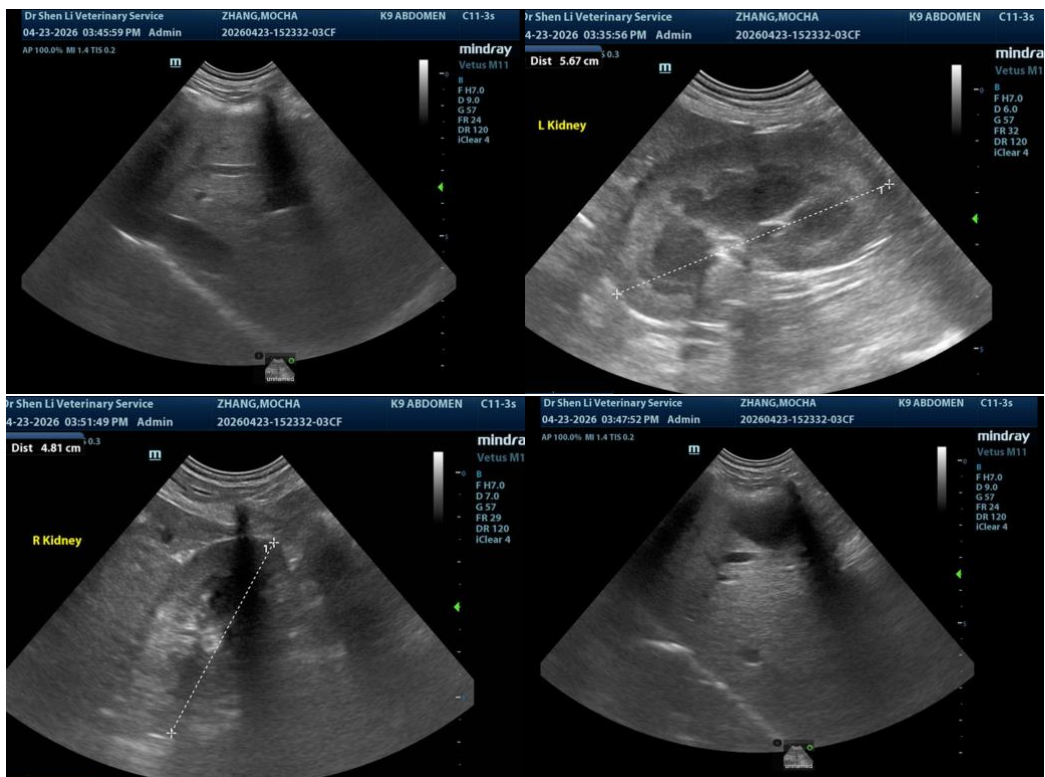
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation, then low-grade smoldering chronic pancreatitis should be suspected.

**ULTRASONOGRAPHIC FINDINGS**

- Unremarkable abdomen- no evidence of pathology
- Caudal splenic folding
- Age-related pancreatic changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the anemia and the breed predisposition, echocardiogram may be appropriate to assess for pericardial effusion.





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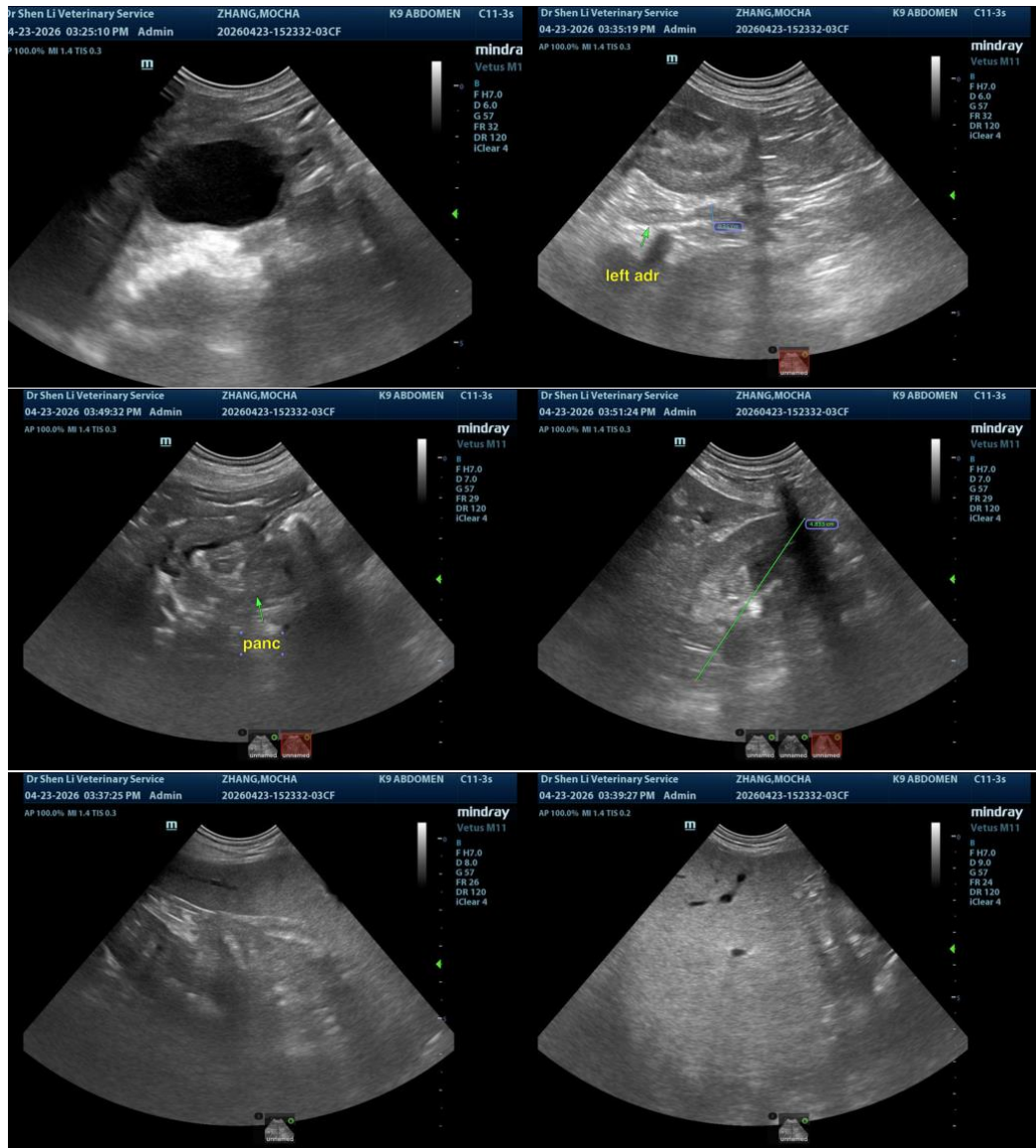
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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