



PATIENT

Mikey Gough

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

15 Years

WEIGHT

10 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Brandi Barry

HOSPITAL NAME

Bluegrass AH

REFERRING VET

Dr. Brandi Barry

INVOICE

36873

DATE

4/28/26

PRESENTING CLINICAL SIGNS

History: Patient presents for a recheck AUS today. Owner reports that patient has been doing well at home. Appetite improved since starting treatment with Ursodiol 6 weeks ago. No vomiting or diarrhea noted at home. No new concerns.

Abnormal PE/Chem/CBC/UA Results: 7x8mm pink, cutaneous mass present on L side of prepuce. Mass has grown in size since 1/2025; prev. documented as 4mm. FNA w/ cytology non-diagnostic, hemodiluted sample. BP Doppler: 140, 162, 150

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 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 this age patient. Medullary structure differed distinctly from that of the cortex, and no evidence of pelvic dilation was present. The right kidney measured 3.85 cm. The left kidney measured 3.97 cm. Slight pinpoint mineralizations were noted. A persistent anechoic 5.0 mm cyst was noted at the cranial pole of the right kidney.

Adrenal Glands

The **left adrenal gland** was mildly enlarged. The left adrenal gland measured 0.45 cm at the cranial pole and 0.54 cm at the caudal pole.

The **right adrenal gland** was mildly enlarged. The right adrenal gland measured 0.95 cm at the cranial pole and 0.63 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. Hyperechoic lipid plaques were noted, non-pathological.

Liver

The **liver** revealed vacuolar hepatopathy pattern with minor heterogenous parenchymal changes. The left caudal liver revealed a 1.6 cm cystic nodule with mild capsular expansion.

The **gallbladder** presented a minor amount of dependent bile with slight biliary striation. Polyploid changes were noted in the neck of the gallbladder. The gallbladder in long axis measured 4.3 cm x 3.1 cm and was slightly rounded.

Gastrointestinal



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The **gastrointestinal tract** revealed some minor mucosal stippling.

Pancreas

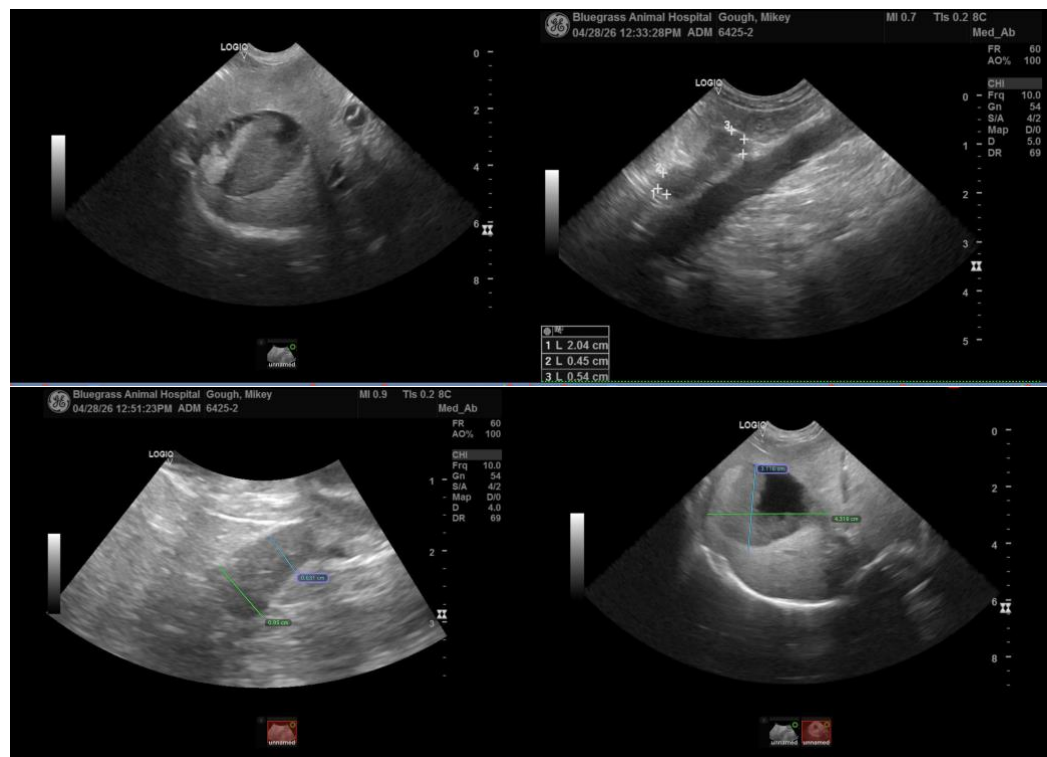
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Persistent emerging gallbladder mucosal- minimal improvement has been noted from the prior sonogram.
- More prominent nodular changes noted in the liver, particularly the one at the caudal pole of the left lateral lobe- recommend FNA- Differentials include hyperplasia versus emerging neoplasia. Abscessation is less likely.
- Persistent bilateral adrenal hypertrophy.
- Lipid plaques in the spleen- no progression
- Minor mucosal stippling in the GI tract
- Age-related renal changes with slight pinpoint mineralizations
- Persistent anechoic cyst at the cranial pole of the right kidney

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend continuation of ursodiol therapy. Gallbladder motility study would be ideal in this patient, if dysfunctional, then direct cholecystectomy could be considered. The gallbladder is approximately the same as the prior sonogram. If the patient appears Cushingoid, and urine specific gravity is < 1020, then workup for Cushing's is indicated.





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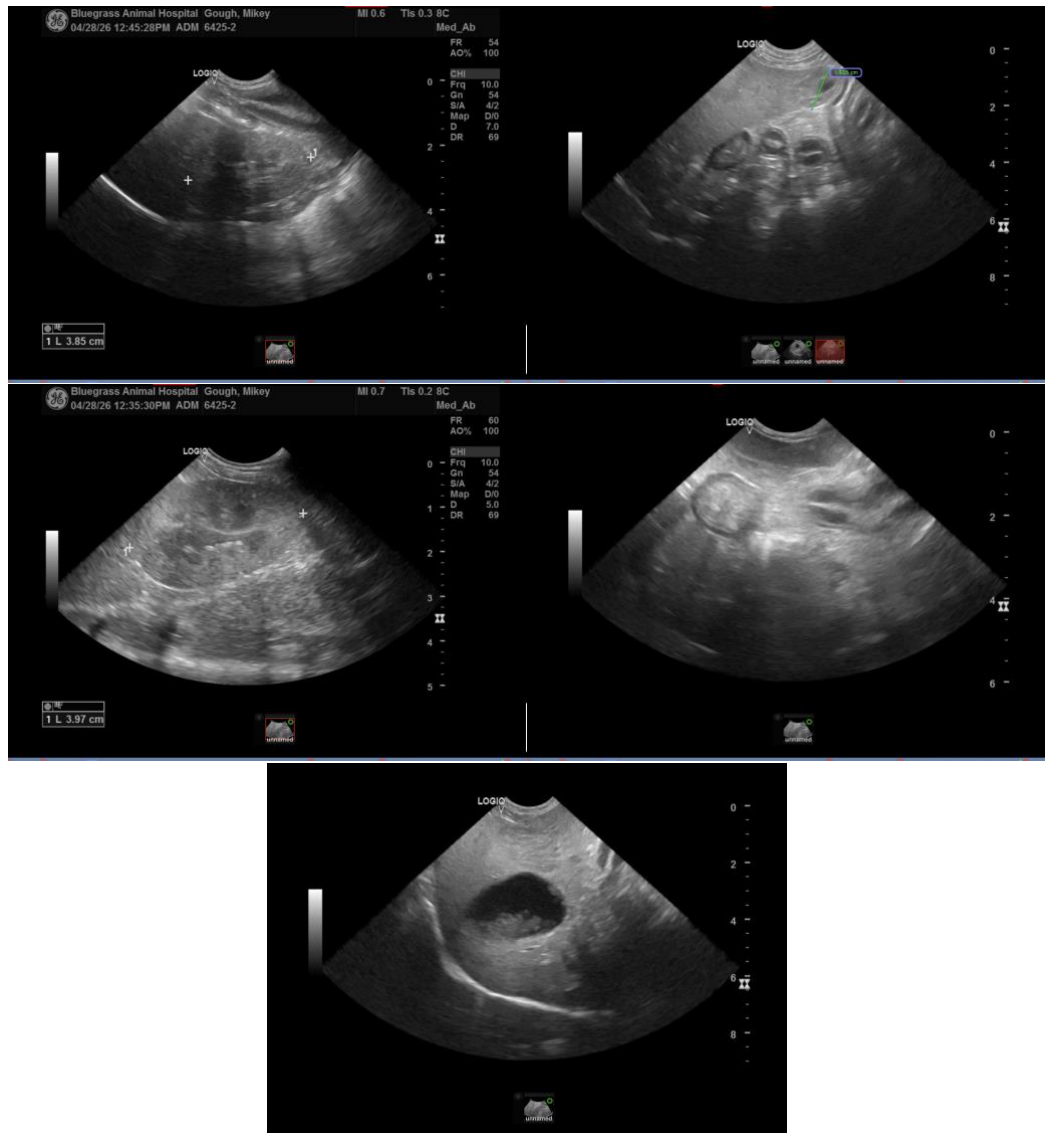
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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