



PATIENT

Apollo Yertzell

SPECIES

Canine

BREED

Pit

SEX

Neutered male

AGE

9 years

WEIGHT

55 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Dyer

HOSPITAL NAME

Countryside
Veterinary Clinic of
Richmond

REFERRING VET

Dr. Dyer

INVOICE

75509

DATE

5/13/26

PRESENTING CLINICAL SIGNS

History: Presenting for vague lethargy, weight loss and urinary house soiling. Potential PUPD also reported along with a single episode of vomiting. No stranguria or pollakiuria reported. Still eating routinely and no diarrhea reported.

Exam is unremarkable except for a 6# weight loss in 9 months. Afebrile.
Chem17/L4/CBC/T4 and UA is unremarkable and WNL USG 1.020

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 was noted. Ureteral papillae were normal.

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 6.5 cm. The right kidney measured 7.1 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.

The **right adrenal gland** revealed slight heterogenous parenchymal changes and an echoic cyst at the cranial pole. The cyst measured 0.9 cm. The remainder of the right adrenal gland is uniform. The cranial pole measured 1.3 cm and 0.7 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. Hyperechoic lipid plaque was noted, yet is not pathologic. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

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



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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. Minor, distal small intestinal thickening was noted with increased submucosa layer. This may be a normal variant or potentially related to low-grade chronic inflammatory bowel. There was no loss of mural detail noted. The mesenteric lymph node was mildly enlarged and measured 2.5 x 1.75 cm.

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

Cystic right adrenal gland.

Mild chronic IBD GI pattern with colic lymph node enlargement.

Mesenteric lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are two separate lesions that are concerning to me. The right adrenal gland may be a benign lesion, however, emerging carcinoma or pheochromocytoma is technically possible and should be monitored. There was no overt caval invasion noted. Mesenteric lymphadenopathy should be sampled. There is a potential that this is emerging round cell neoplasia; however, hyperplastic lymph node or lymphadenitis is more likely. Cytology and culture are indicated. A recheck sonogram is recommended in 3-4 weeks regarding the right adrenal gland and mesenteric lymph node.

Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.



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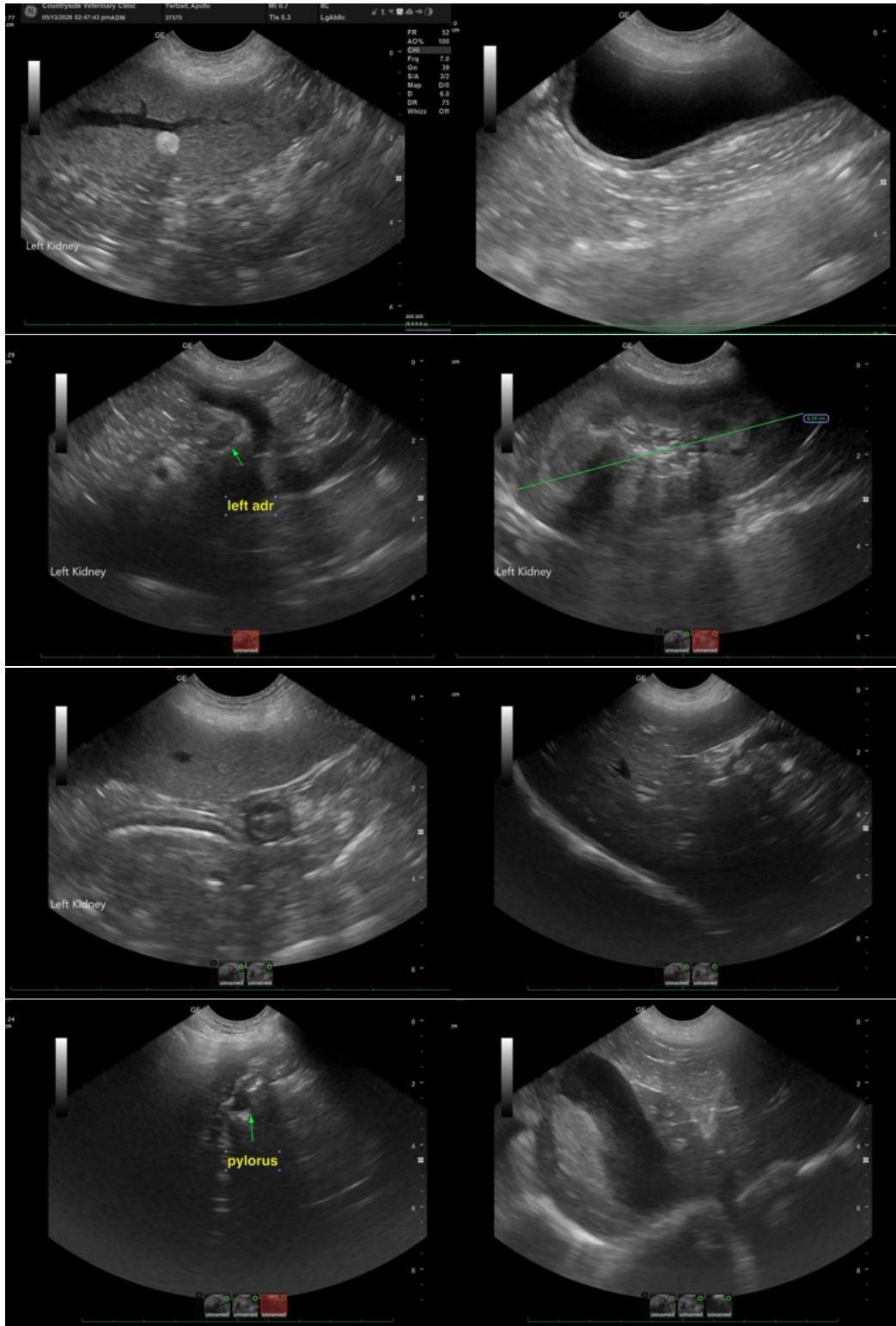
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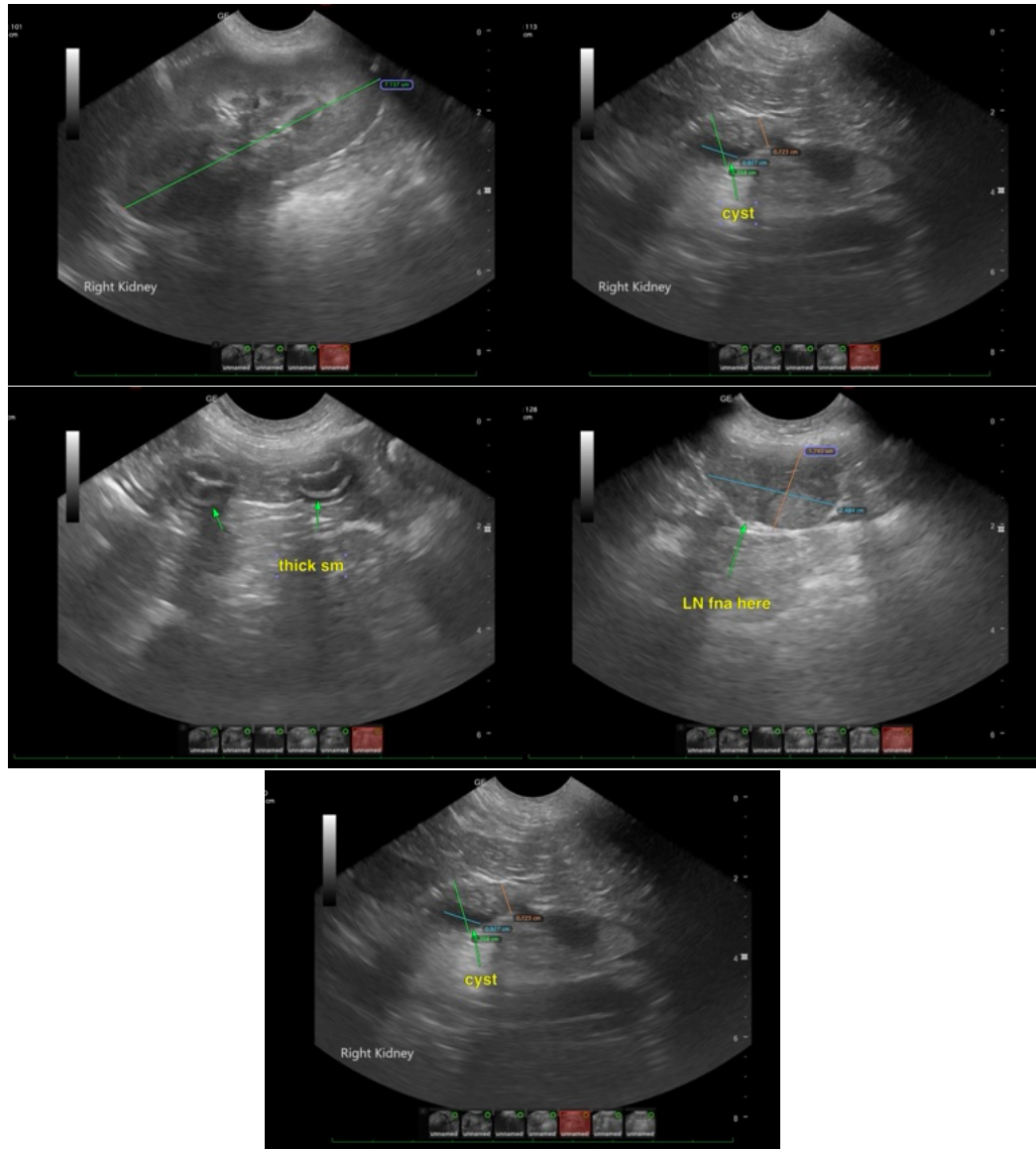
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com