



PATIENT

Duke Varga

SPECIES

Canine

BREED

Lab Retriever x

SEX

Neutered Male

AGE

13.5 Years

WEIGHT

66.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Wasserman

HOSPITAL NAME

Village Pet Clinic

REFERRING VET

Dr. Defabio

INVOICE

75269

DATE

5/19/26

PRESENTING CLINICAL SIGNS

Referring Veterinarian History: ALP/ALT increased / increased calcium. Sonographer Notes: Sedated with 0.25ml dexdomitor 0.5mg/ml and 0.6ml butorphanol 10mg/ml IV. Adequate for sonogram minimal to no tension on abdomen. Patient has a large mass on left axilla and several subcutaneous masses diffusely throughout the coat.

Abnormal PE/Chem/CBC/UA Results: Pertinent Lab Findings: ALB 3.9, ALP 484, ALT 316, CAtotal: 11.7, TP 7.6, Glob 3.7, CK 93IU/L, PSL Lipase 163 U/L. Cbc Normal

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 3.0 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 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. Slight pyelectasia noted in both kidneys. Right kidney measured 7.16 cm. Left kidney measured 7.54 cm.

Adrenal Glands

The **left adrenal gland** was enlarged, measuring 1.9 cm at the caudal pole and 1.36 cm at the cranial pole. The caudal pole of the left adrenal revealed loss of structural detail and loss of corticomedullary definition. Capsular expansion noted without capsular escape or vascular invasion.

The **right adrenal gland** measured at the upper limits of normal at 0.84 cm at the caudal pole and 0.83 cm at the cranial pole.

Spleen

The **spleen** was folded upon itself cranially. It 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

The **liver** was uniformly swollen and presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia. Gallbladder polyps noted with minor coalesced bile/early non-shadowing biliary calculi measuring up to 0.6 cm.



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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. Some 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 subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

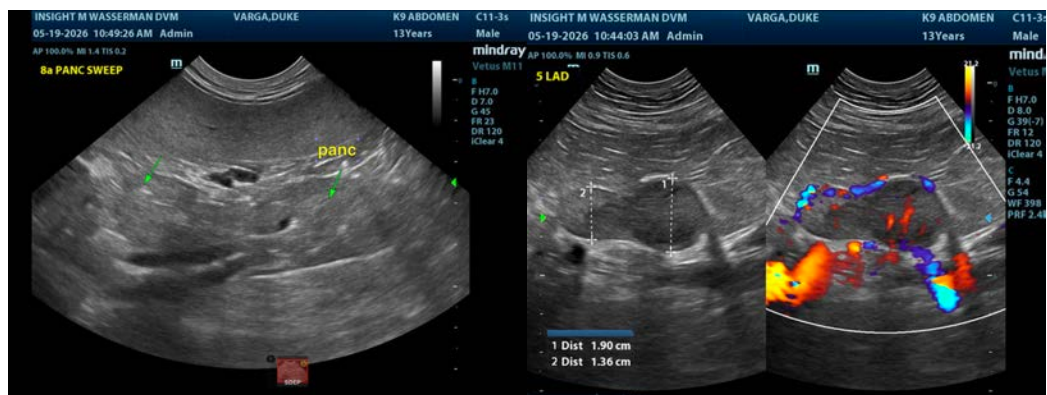
ULTRASONOGRAPHIC FINDINGS

- Enlarged left adrenal gland – emerging carcinoma versus pheochromocytoma or hyperplasia.
- Benign hepatopathy with gallbladder polyps.
- Age related renal changes.
- Age related pancreatic remodeling.
- Folded spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Serial blood pressure measurements are recommended in this patient. If hypertension is an issue metanephrine level is recommended. If the patient appears Cushingoid and urine specific gravity is less than 1.020 then work-up for adrenal dependent Cushing's is indicated. Recheck is recommended in 2-3 weeks to assess for any progression of the adrenal gland. The left adrenal does appear resectable if necessary, depending upon further diagnostics. If left adrenalectomy does not occur, recommend recheck sonogram in 2-3 weeks to assess for any progression or regression.

FNA of the liver could be considered for further definition yet subjectively appears benign. Ursodiol therapy could be justified yet is debatable on this presentation.





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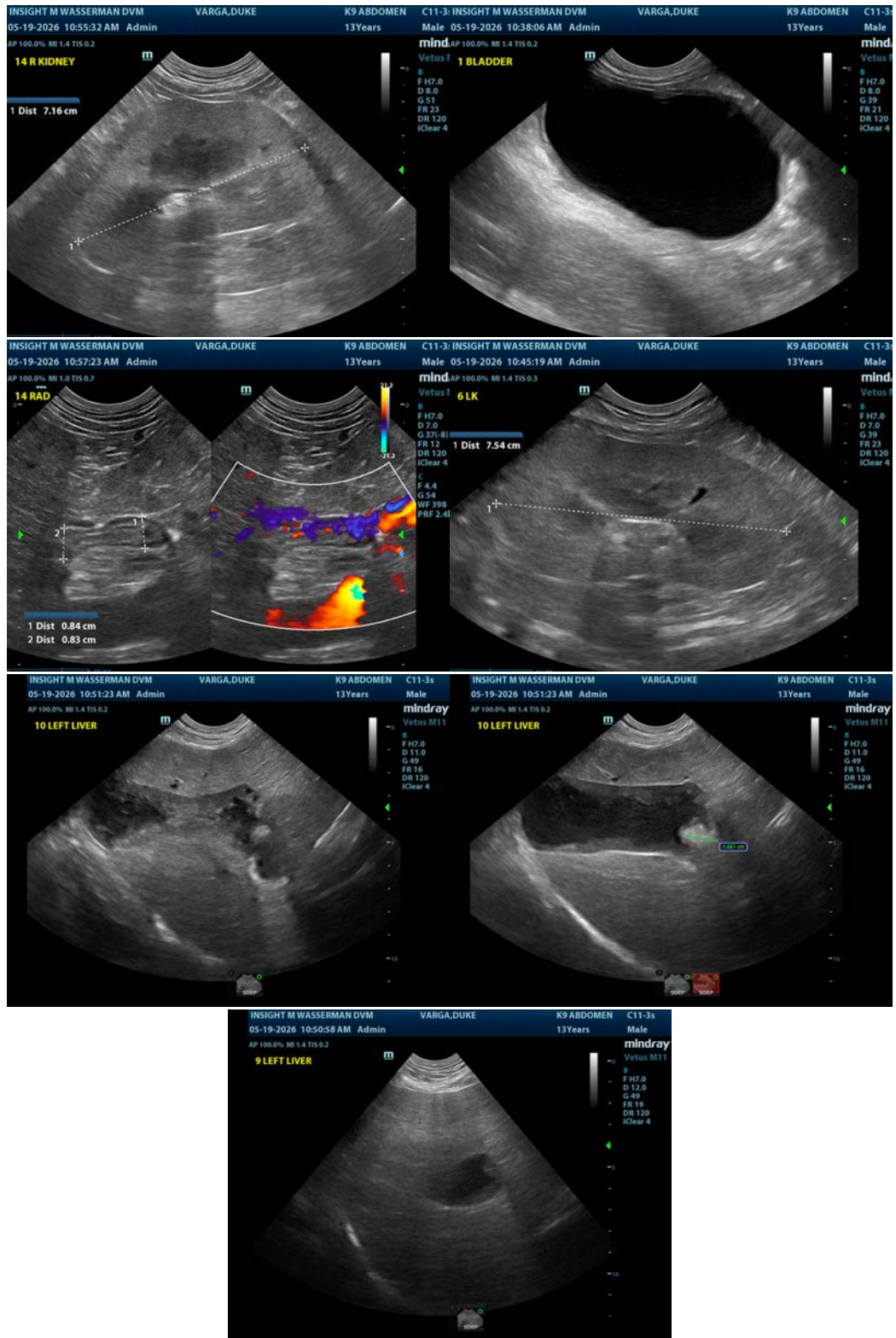
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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