



PATIENT

Coco Scott

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed female

AGE

11 years

WEIGHT

63 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Desen Ertunc

HOSPITAL NAME

Humboldt VMG

REFERRING VET

Dr. Renner

INVOICE

77765

DATE

5/20/26

PRESENTING CLINICAL SIGNS

History: Persistently elevated ALT and ALP.
History of dermal mast cell tumor (grade II; removed 9/29/22.)
History of atopy.

Medications - Nexgard, Cytopoint.

Abnormal PE/Chem/CBC/UA Results: *Abnormal PE: Few small wart-like dermal masses.

*Abnormal CBC/Chem/UA/rads (& date obtained): 11/12/24 - Senior Wellness panel: WBC 4400 (4900-17600), Neu 2847 (2940-12670), Mono 119 (130-1150); ALT 138 (18-121) 3/5/26 - Senior Wellness panel: WBC 5100 (5800-16200), Neu 2978 (3004-9741), Eos 128 (141-1927); ALT 130 (18-121), ALP 195 (5-160) 4/27/26 - CHEM: Na 162 (144-160), K 6.0 (3.5-5.8), Cl 126 (109-122), ALT 172 (10-125), ALP 276 (23-212)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a relatively uniform thickening of the cranioventral and craniodorsal mucosae with micropolypoid mucosal changes without involvement of the submucosae. Apical wall thickness measured up to 1.13 cm. A trace amount of sand was noted. No evidence of urethral pathology was present. This presentation is most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out without histopathological review but is not overtly suspected based on this pattern. Cystocentesis and urine culture +/- pathological review of urine cytology would be warranted. No overt calculi were present at this time.

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 and right kidney measured 7.0 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 0.69 cm at the cranial pole and 0.67 cm at the caudal pole.

The **right adrenal gland** was enlarged and nodular measuring 1.8 cm. at the cranial pole and 0.9 cm at the caudal pole.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or



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from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Hepatic vein dilation was present. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

The **gastric** wall was thickened with muscularis hypertrophy and mucosal remodeling. Wall thickness measured up to 1.08 cm. Hyperechoic mucosal inclusions were noted. This is suggestive for ulcerative disease. The small intestines and colon were unremarkable with normal curvilinear mural patterns and content.

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.

Free Abdomen

A slight amount of free fluid was noted between the liver lobes.

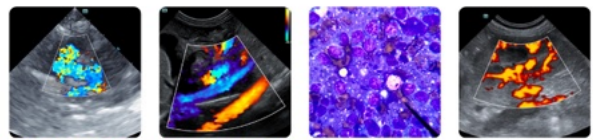
A lymph node revealed a mild, irregular nodular change measuring 1.0 x 0.78 cm.

ULTRASONOGRAPHIC FINDINGS

Apical bladder wall thickening with chronic cystitis pattern. Slight bladder sand.

Nodular, enlarged right adrenal gland with adjacent undefined tissue proliferation, suspect lymph node origin.

Slight free fluid and passive congestion liver pattern.



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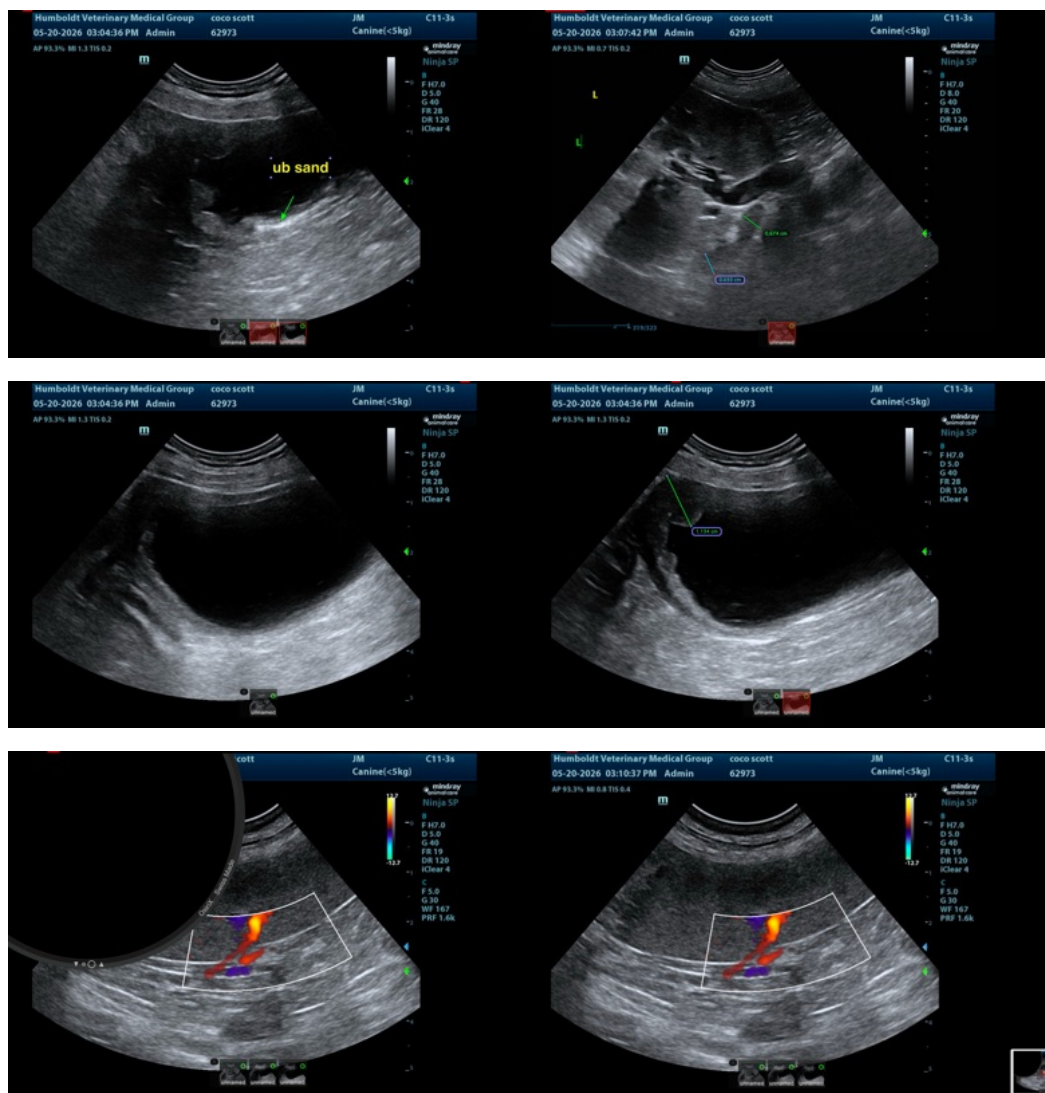
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full urinary work-up is warranted. Thoracic radiographs and echocardiogram are warranted to assess for potential causes of passive congestion. If any NSAIDs are being utilized in this patient, I recommend stopping. Thoracic work-up is indicated. FNA of the liver is recommended. Serial blood pressure measurements are warranted to assess for any hypertension possibly related to the right adrenal gland. Differentials for the right adrenal gland include benign, idiopathic hyperplasia versus emerging carcinoma or pheochromocytoma. Further diagnostics are necessary. There was no gross evidence of changes consistent with mast cell disease. Recheck sonogram is recommended in 2-3 weeks to assess for any progression primarily of the hepatic right adrenal gland and presumed lymph node enlargement. GI protectant protocol and management for ulcers are recommended. Recheck sonogram of the GI tract is indicated.





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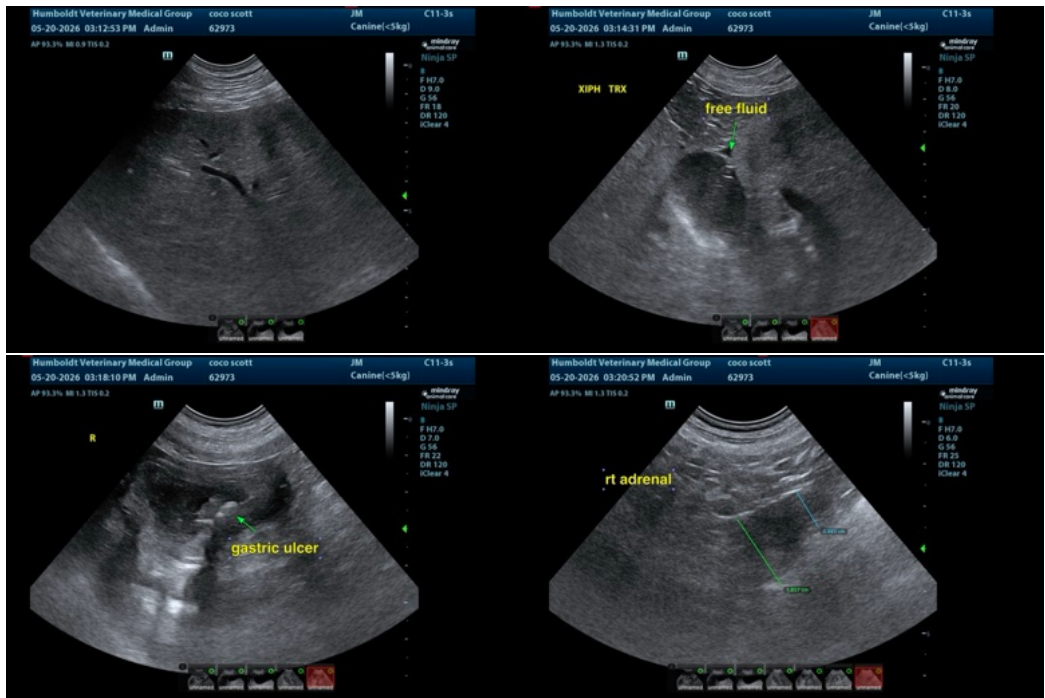
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

info@SonoPath.com