



## PATIENT

Homer Lashinsky

## SPECIES

Canine

## BREED

Hound Mix

## SEX

Neutered male

## AGE

4 years

## WEIGHT

72.4 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Brandon Holmes

## HOSPITAL NAME

Scottsdale VC

## REFERRING VET

Dr. Giacopetti

## INVOICE

77870

## DATE

5/21/26

## PRESENTING CLINICAL SIGNS

History: Suspected hypothyroidism on exam in November 2025 with very low T4 and elevated renal values on a wellness panel. Hypothyroidism treatment resulted in very elevated total T4 so therapy was discontinued after a few months, then restarted at 0.2 mg of levothyroxine BID. Negative low-dose-dexamethasone suppression test.

Abnormal PE/Chem/CBC/UA Results: SDMA = 14, CREA = 2.0, BUN = 46 as of 4/8/2026. Original health panel attached.

## 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 mildly increased cortical echogenicity noted. Slight, idiopathic, hyperechoic medullary rim sign was noted in the kidneys. The capsules were acceptably uniform without significant irregularities. Subjectively the kidneys appear to be subnormal in size. The left kidney measured 5.34 cm. The right kidney measured 5.5 cm.

### Adrenal Glands

Both **adrenal glands** measure normal, yet appear isoechoic and flattened. This may be a normal variant or potentially related to Addison's disease. The left adrenal gland measured 2.25 x 0.65 cm at the caudal pole and 0.42 cm at the cranial pole. The right adrenal gland measured 1.5 x 0.66 cm.

### Spleen

The **spleen** revealed a minor microcystic lesion in the midbody measuring 1.6 cm. This is likely benign, yet should be monitored. A separate microcystic lesion was noted at the lateral contour measuring 0.5 cm.

### 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 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.



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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. 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**

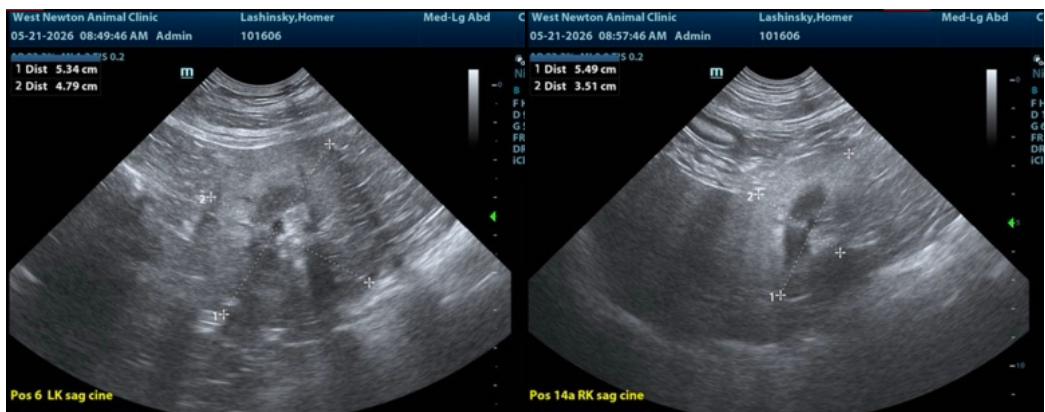
Idiopathic medullary rim kidney. Subjectively subnormal renal size.

Cystic splenic lesions.

Isoechoic and flattened adrenal glands. May be normal variant for this patient or due to Addison's disease.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Assessment for proteinuria is indicated. The cystic splenic lesions should be monitored. A recheck sonogram of the splenic lesions are recommended in a month. There is a possibility of a primary renal dysplasia in this patient. Medullary rim would suggest tubular insult. A couple of scenarios are possible in this patient such as moderate form primary renal dysplasia with hypoplasia and degenerative changes, chronic or acute or chronic insult such as toxin exposure or immune mediated disease are all possible. Renal biopsy is recommended for further definition. Screening for underlying Addison's is indicated to ensure that this is not playing a role.





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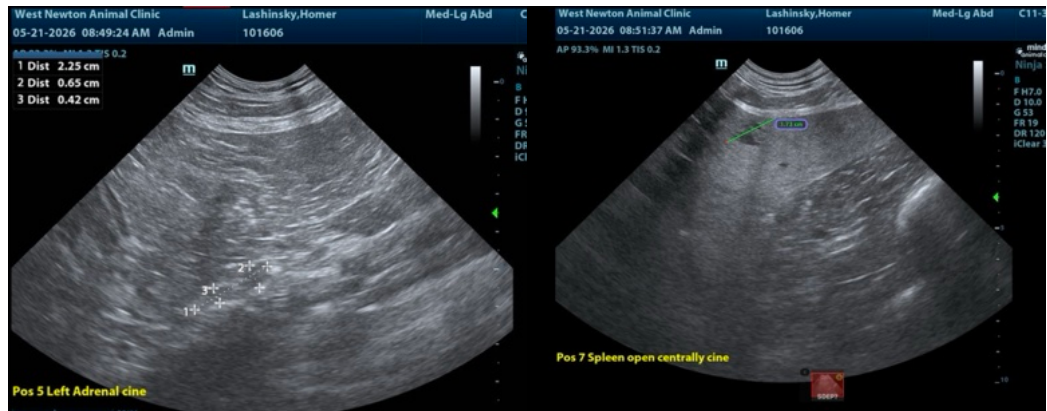
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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