



PATIENT

Pepito Sanchez

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered male

AGE

8 years

WEIGHT

21.9 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Ian Anderson

HOSPITAL NAME

Chester AC

REFERRING VET

Dr. Anderson

INVOICE

77850

DATE

5/21/26

PRESENTING CLINICAL SIGNS

History of hypothyroidism, well managed with thyroxine. Patient is obese despite treatment/diet and O notes significant appetite. Screening lab work showed marked ALP increase
Abnormal PE/Chem/CBC/UA Results: Obesity ALKP 2004

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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.

Adrenal Glands

Both **adrenal glands** were 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 right adrenal gland measured 0.5 cm. The left adrenal gland measured

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 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. A hyperechoic, 1.08 cm nodule at the left lateral lobe with a target type appearance. 25-gauge FNA is indicated. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder and The hepatic lymph nodes were unremarkable.



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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

A **pancreatic** or lymph node cyst was noted in the portal hilus at the base of the right pancreatic limb measuring 2.5 cm.

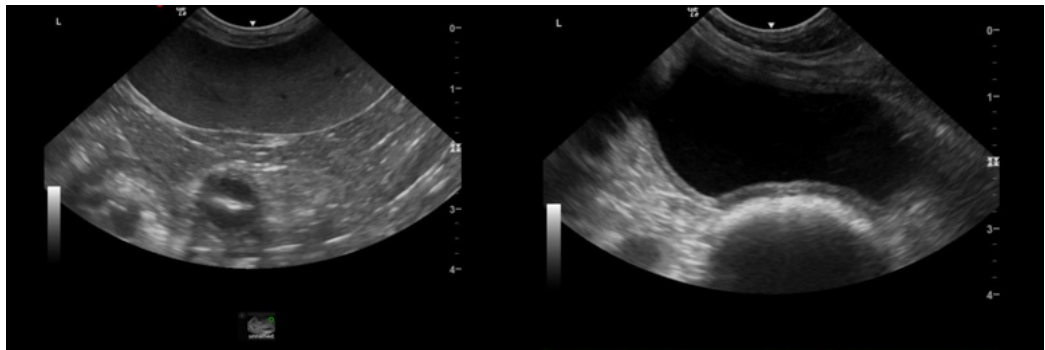
ULTRASONOGRAPHIC FINDINGS

Left liver nodule.

Pancreatic or lymph node cyst.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If accessible ultrasound-guided drainage of the cystic structure and culture is indicated. However, this may be challenging owing to the vicinity to the portal vein. This is a judgment call on accessing it. Drainage and culture would be ideal as well as 25-gauge FNA of the left lateral liver nodule. Differentials include hyperplasia, abscessation, necrosis, carcinoma and sarcoma are all possible.





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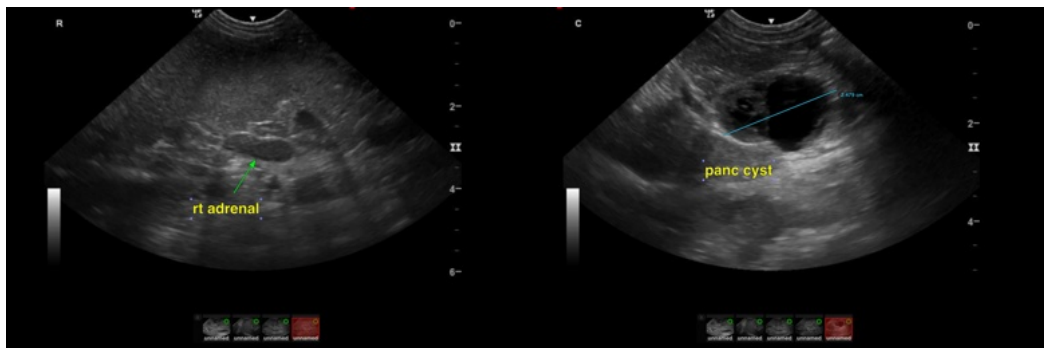
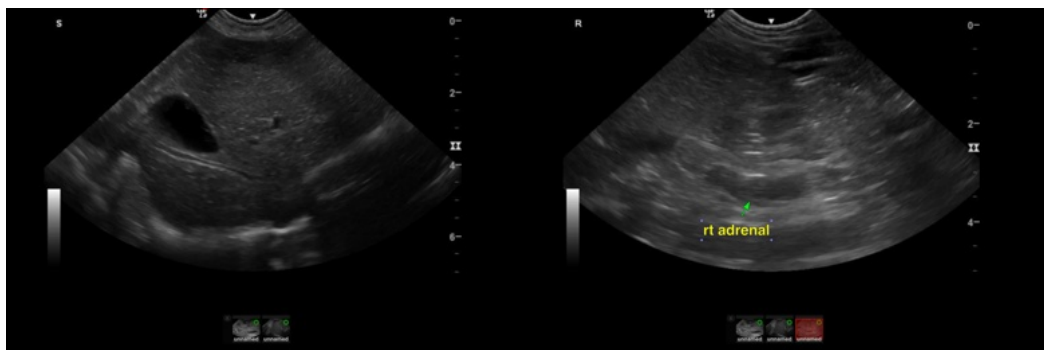
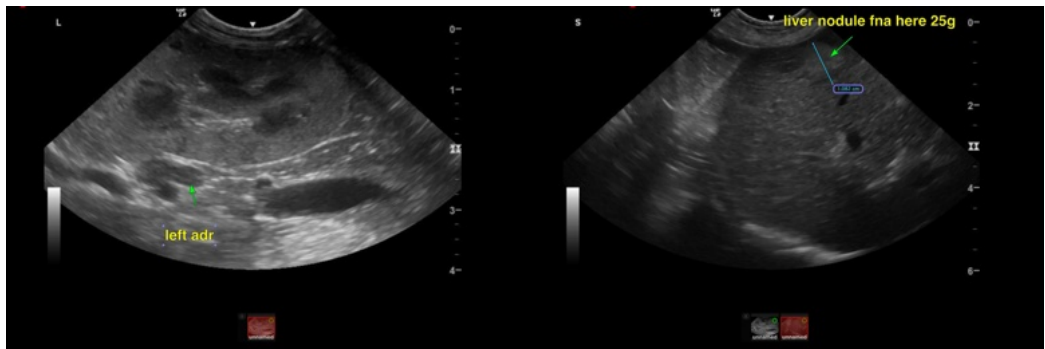
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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