



PATIENT

Jax Kozak

SPECIES

Canine

BREED

Maltese

SEX

Neutered male

AGE

10 years

WEIGHT

10.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Michelle Roche

HOSPITAL NAME

Fredon AH

REFERRING VET

Dr. Grau

INVOICE

75160

DATE

5/5/26

PRESENTING CLINICAL SIGNS

History: Seen elsewhere for anal gland abscess, now new growth in that area. appetite not good. Idexx cancer screen elevated.

Abnormal PE/Chem/CBC/UA Results: bw WNL

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 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight cortical mineralization was noted and not pathological. The left kidney measured 3.5 cm. The right kidney measured 4.0 cm.

The residual prostate was uniform and measured 0.76 cm.

Adrenal Glands

The **left adrenal gland** was not visualized. The **right adrenal gland** was uniform and measured 0.88 cm at the cranial pole and 0.6 cm at the caudal pole.

Spleen

The **spleen** was enlarged, mildly irregular and slightly heterogenous.

Liver

The **liver** was riddled with multiple, hypoechoic nodular changes and irregular contour. There is a strong concern for metastatic disease. The hepatic veins were not dilated and there was no evidence of passive 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 **pancreas** was ill-defined, heterogenous and hypochoic.

Free Abdomen

A mild amount of free fluid was noted in the abdomen.

ULTRASONOGRAPHIC FINDINGS

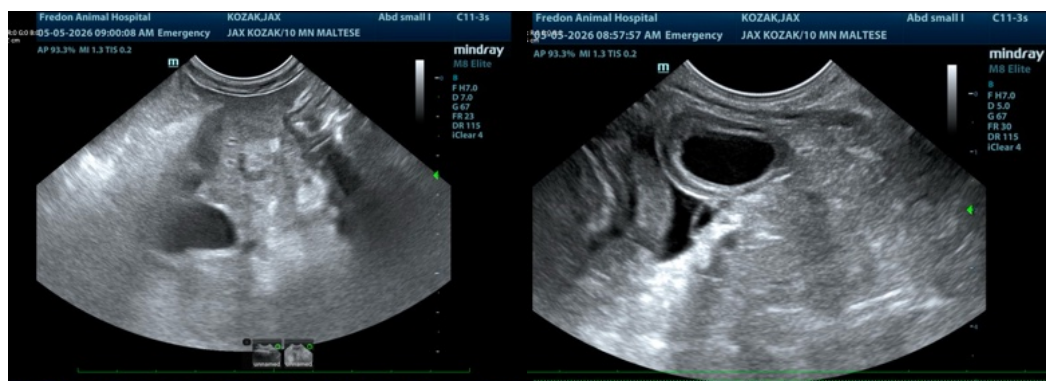
Undefined free fluid.

Mild splenic enlargement and diffuse hepatic nodular changes.

Heterogenous and hypochoic pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An abdominocentesis and cytospin is recommended to assess for metastatic disease. Ultrasound-guided FNA of the nodular hepatic changes are indicated. There is a strong concern for metastatic neoplasia potentially deriving from the pancreas. The prognosis is guarded.





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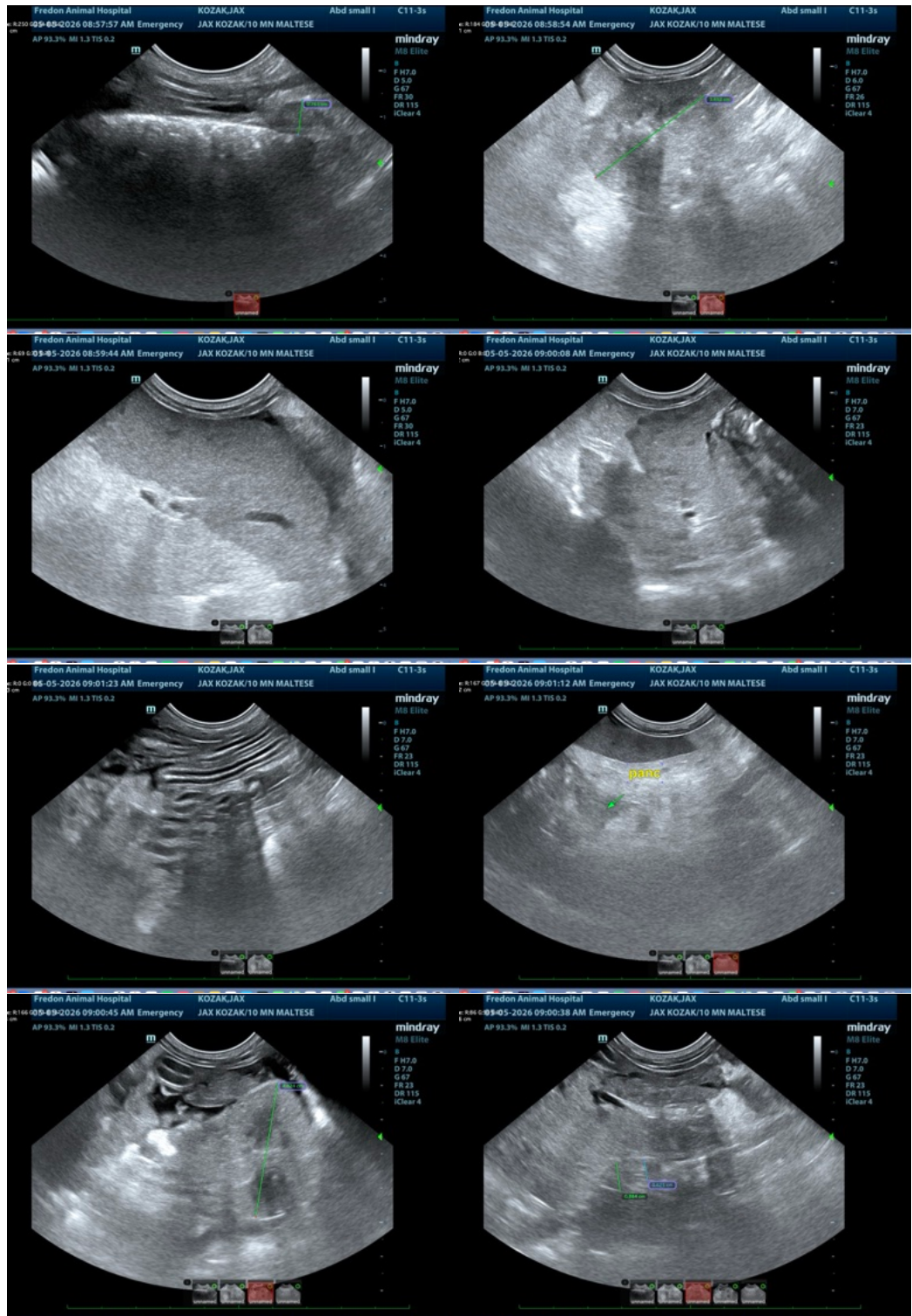
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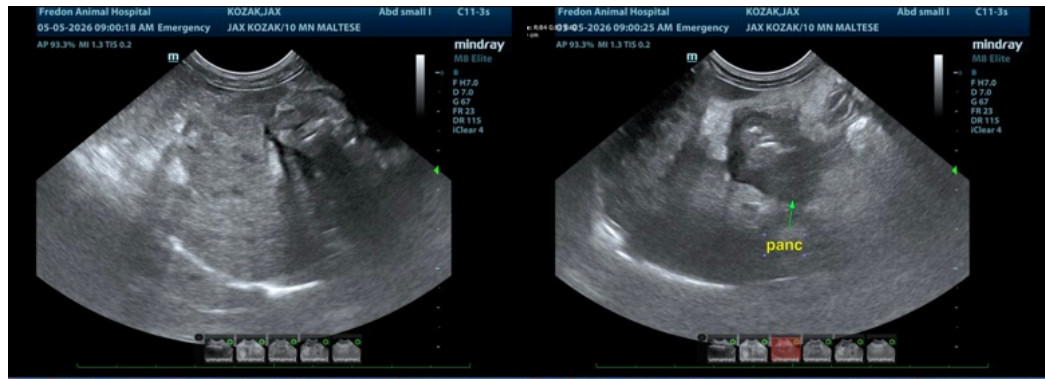
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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