

PATIENT

Shasta Van Gunten

SPECIES

Canine

BREED

German Shepherd Mix

SEX

Spayed female

AGE

13 years

WEIGHT

49 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Wasserman

HOSPITAL NAME

Highlands AH

REFERRING VET

Dr. Frankenberger

INVOICE

78302

DATE

6/2/26

PRESENTING CLINICAL SIGNS

History: Patient presents for recheck AUS (first with Insight and SonoPath). See attached report for previous measurements, comments. Sedated with 0.35ml Dexdomitor 0.5mg/ml combined with 1.0ml butorphanol 10mg/ml IV for sonogram. Adequate and minimal tension on abdomen. History of Right Adrenal nodule, splenic nodules, and a liver cyst. No reported complaints by client or referring veterinarian. Abnormal PE/Chem/CBC/UA Results: No current bloodwork performed. Previous labs: 1/2026 CBC normal. 5/2026 chemistry did not show elevated liver enzymes or any clinically significant findings.

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 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 right kidney measured 1.5 cm calculus in the caudal cortex. Non-obstructive, mineralization was noted. The left kidney measured 8.8 cm. The right kidney measured 8.54 cm.

The prostate was enlarged and measured 2.36 cm.

Adrenal Glands

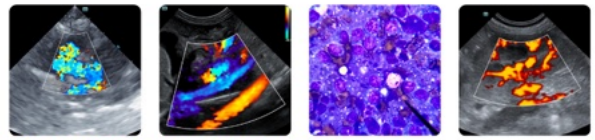
The caudal pole of the right **adrenal gland** was enlarged, irregular and hypoechoic measuring up to 1.75 cm. However, the right adrenal gland appears to be similar to the prior sonogram. The left adrenal gland was mildly enlarged, yet uniform. The left adrenal gland measured 4.74 x 1.31 cm at the caudal pole and 1.13 cm at the cranial pole.

Spleen

The **spleen** revealed a focal, hypoechoic 1.07 cm slightly expansive nodule with other minor heterogenous parenchymal changes. The spleen measured 1.78 cm.

Liver

The **liver** revealed uniform enlargement and a mild amount of remodeling. Gallbladder polyps were noted.



PATIENT

Shasta Van Gunten

SPECIES

Canine

BREED

German Shepherd Mix

SEX

Spayed female

AGE

13 years

WEIGHT

49 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Wasserman

HOSPITAL NAME

Highlands AH

REFERRING VET

Dr. Frankenberger

INVOICE

78302

DATE

6/2/26

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.

Heart

Rapid view of the heart revealed no evidence of pathology in the right auricle.

ULTRASONOGRAPHIC FINDINGS

Enlarged prostate. Hyperplasia versus emerging carcinoma. The prostate appears more prominent than prior report.

Nephrolithiasis, stable, non-obstructive.

Nodular hyperplasia splenic pattern, likely benign. The spleen in this patient appears more benign compared to the past history compared to the nodular changes.

Enlarged adrenal glands. Hyperplasia versus emerging carcinoma or pheochromocytoma.

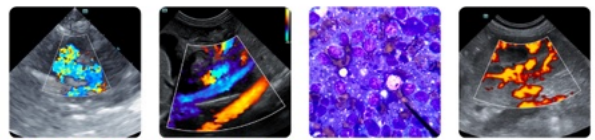
Gallbladder polyps and minor debris, coalesced bile.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given that both adrenal glands are enlarged, even though the left adrenal is uniform and the right is irregular, underlying PDH is a potential/Cushing's. If urine specific gravity is less than 1.020, then Cushing's work-up is indicated with urine cortisol to creatinine ratio. If the urine cortisol to creatinine is elevated then LDDST would be appropriate. I am mostly concerned about the right adrenal gland in this patient with its heterogenous changes. There was no phrenic vein invasion. Serial blood pressure measurements would be warranted. If hypertension is an issue, then urine metanephrine level is indicated.

If straining to urinate is an issue, then FNA of the prostate is indicated. If weight loss is an issue, then FNA of the splenic changes would be indicated.

The liver cyst reported on the prior sonogram was not evident. At times cysts can develop and regress as can nodular changes.



PATIENT

Shasta Van Gunten

SPECIES

Canine

BREED

German Shepherd Mix

SEX

Spayed female

AGE

13 years

WEIGHT

49 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Wasserman

HOSPITAL NAME

Highlands AH

REFERRING VET

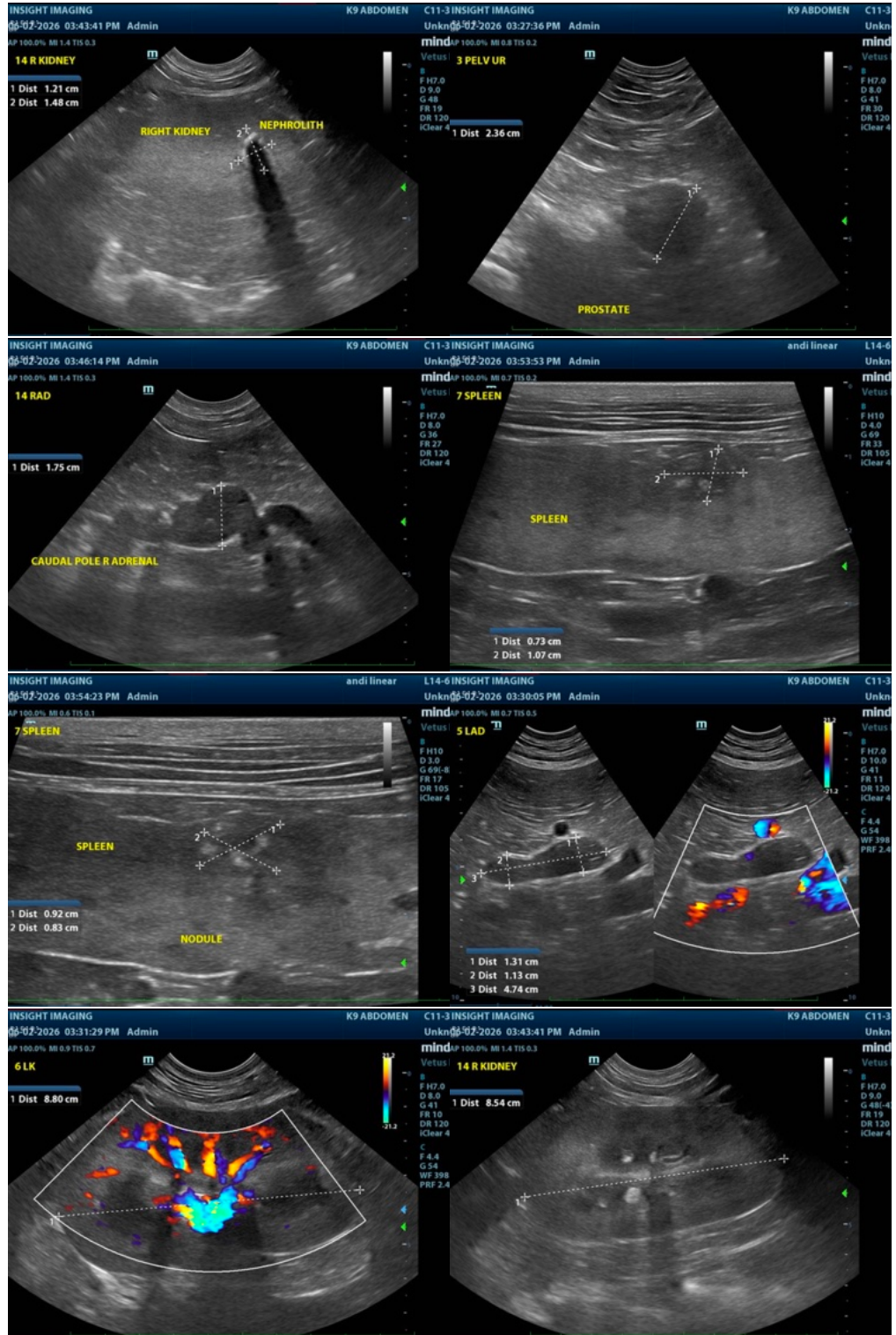
Dr. Frankenberger

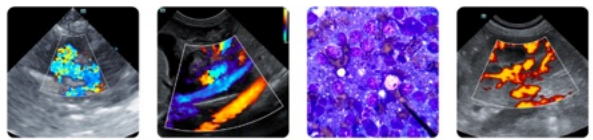
INVOICE

78302

DATE

6/2/26





PATIENT

Shasta Van Gunten

SPECIES

Canine

BREED

German Shepherd Mix

SEX

Spayed female

AGE

13 years

WEIGHT

49 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Wasserman

HOSPITAL NAME

Highlands AH

REFERRING VET

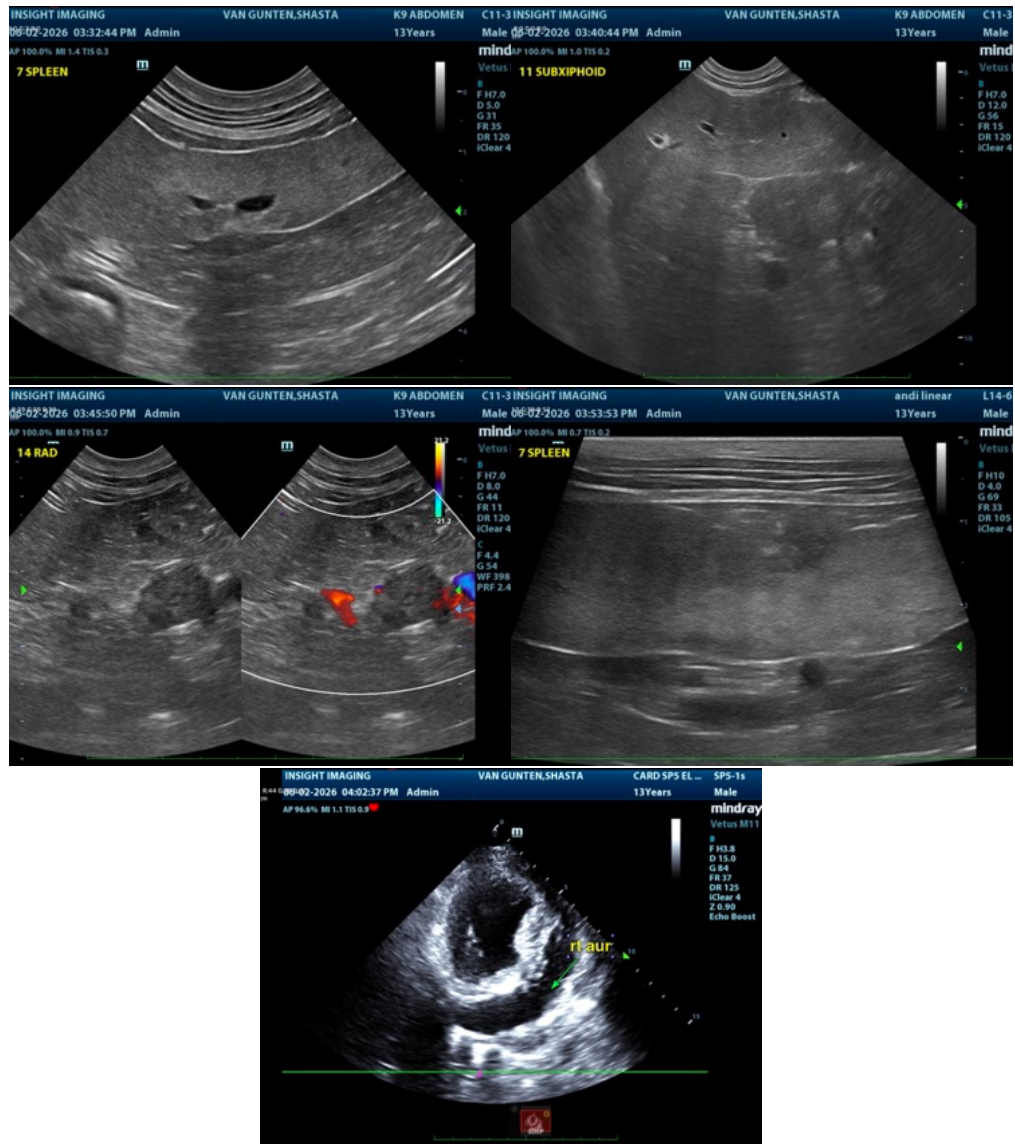
Dr. Frankenberger

INVOICE

78302

DATE

6/2/26



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