



## PATIENT

Toby Macomber

## SPECIES

Canine

## BREED

Havanese

## SEX

Neutered male

## AGE

7 years

## WEIGHT

21 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Gudrun Gunther

## HOSPITAL NAME

New Frontier Animal  
Medical Center

## REFERRING VET

Dr. Gunther

## INVOICE

78300

## DATE

6/2/26

## PRESENTING CLINICAL SIGNS

History: At wellness exam on 5/15/2026 O stated patient had become PU/PD. He has been gaining weight and is a 8/9 BCS.

He has been started on Telmisartan for the hypertension/proteinuria  
AUS to r/o adrenal mass, renal changes

Abnormal PE/Chem/CBC/UA Results: CHEM - SDMA elevated 22 (0-14) Mild azotemia - Creatinine 1.9 (0.5 - 1.5) Globulins mildly elevated 4.3 (2.4 - 4.0) CBC - unremarkable UA - USG 1.027 3+ protein Cystatin B >2500 (0-99) Significant hypertension - systolic >200 mmHg Proteinuria - UPC 2.17 (

## 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. A trace amount of bladder sand was noted. Apical ventral wall thickening was noted measuring up to 0.55 cm. 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. The right kidney measured 5.0 cm. The left kidney measured 3.58 cm.

The residual prostate was uniform and measured 1.0 cm.

### 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 left adrenal gland measured 2.03 x 0.51 cm at the cranial pole and 0.5 cm at the caudal pole. The right adrenal gland measured 1.9 x 0.21 cm at the cranial pole and 0.68 cm at the caudal pole.

### 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.



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## Liver

The **liver** revealed coarse architecture with increased portal markings and poorly defined nodular changes. This is consistent with hepatic remodeling. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.

## 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

Moderate hepatic remodeling, nodular hyperplasia pattern.

Minor bladder sand, slight bladder thickening.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bile acid profile is indicated. FNA of the liver is indicated for further definition. There was no evidence of adrenal neoplasia. There were no direct cause of systemic hypertension.

Internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>



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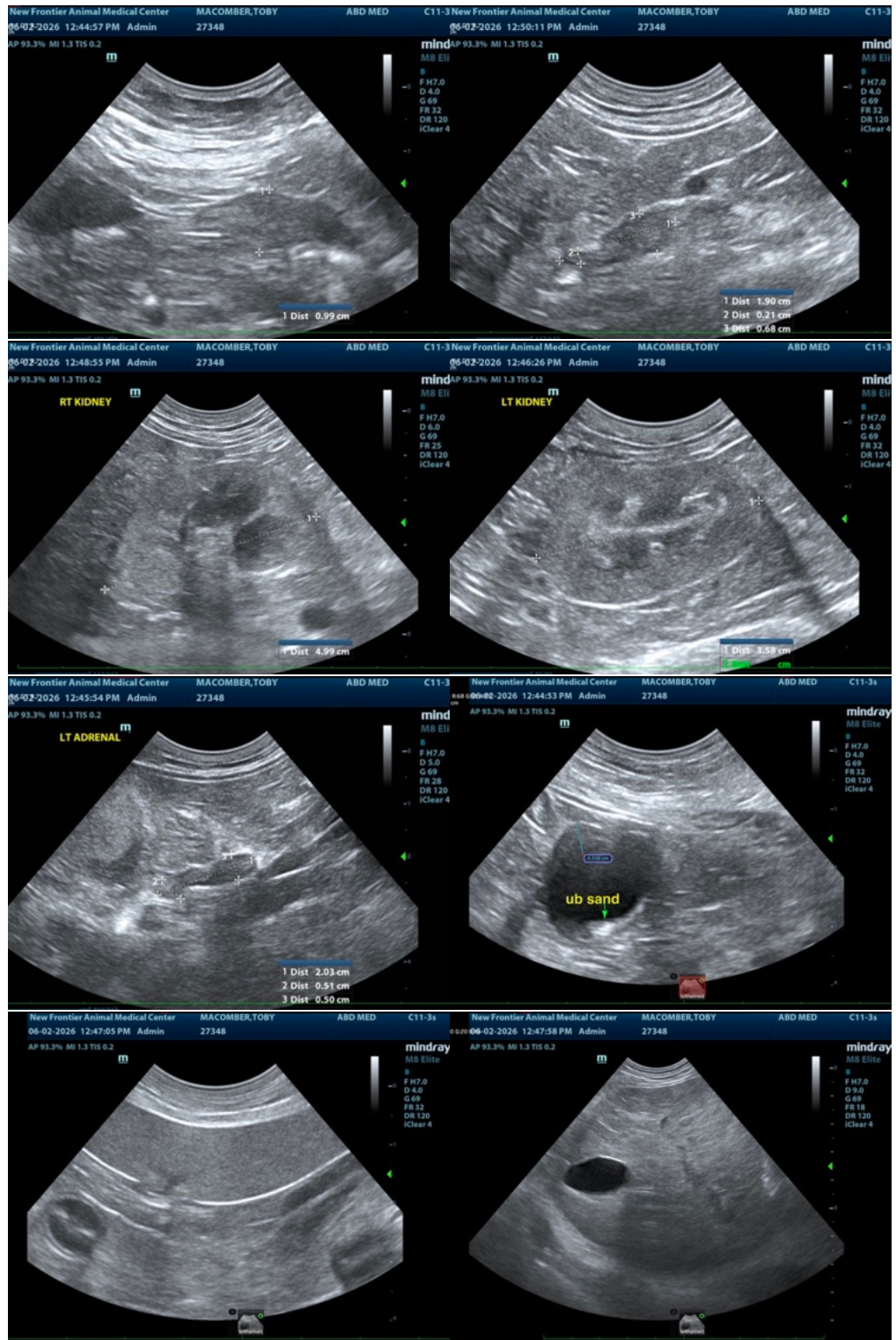
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)