



PATIENT

Max Chronister

SPECIES

Canine

BREED

Catahoula Leopard
Dog

SEX

Neutered Male

AGE

12 Years

WEIGHT

88.6 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP(CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Kevin Moon, DVM

HOSPITAL NAME

Shiloh Veterinary
Hospital

REFERRING VET

David Schneider, DVM

INVOICE

16378

DATE

06/05/26

PRESENTING CLINICAL SIGNS

BCS 6/9. Continued wt loss, p was 105lb 1 year ago. Normal diet. Elevated calcium, but iCal on malignancy panel was wnl. Severely elevated ALKP as well and elevated UPC.

Abnormal PE/Chem/CBC/UA Results: 5/10/2026 Albumin 4.5 g/dL (2.7-4.4) Globulin 3.7 g/dL (1.6-3.6) ALP 2633 IU/L (5-131) GGTP 41IU/L (1-12) Calcium 11.9mg/dL (8.9-11.4) UPC: 1.4 11/19/25 ALP 925

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 2.0 cm 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 were noted. Ureteral papillae were normal.

The **residual prostate** measured 1.0 cm.

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. The capsules were acceptably uniform without significant irregularities. The left kidney measured 7.4 cm in length. The right kidney measured 7.2 cm in length. An anechoic cyst was present in the cranial pole of the left kidney measuring 2.2 cm.

Adrenal Glands

The **left adrenal gland** was 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 0.7 cm width.

The **right adrenal gland** was not visualized.

Spleen

The **spleen** presented slightly heterogenous with relatively normal size measuring 2.5 cm.

Liver

The **liver** presented swollen and heterogenous with micronodular changes and irregular lobar swelling. The gallbladder presented with a minor amount of dependent sand and small choleliths that appear nonobstructive. Both micro- and macronodular changes were present within the liver. Portions of the liver nodules coalesced into a mass type effect measuring 7.8 cm.

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



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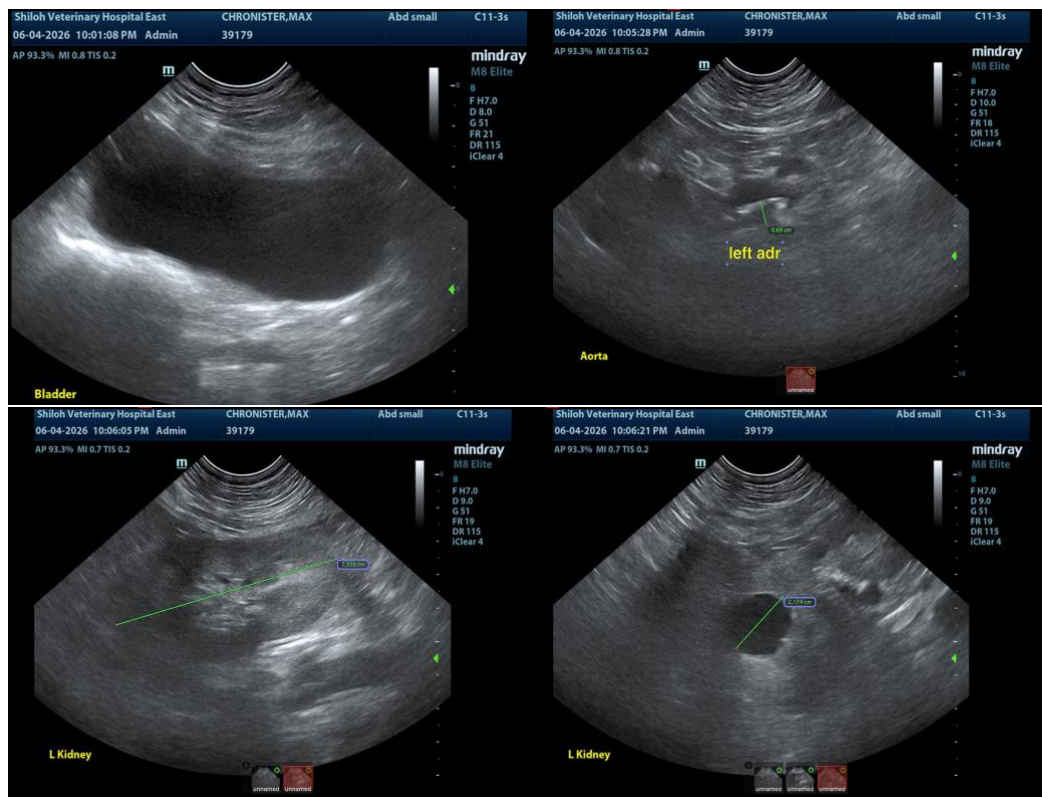
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Benign hepatopathy with remodeling versus underlying neoplasia.
- Gallbladder sand and minor adhered coalesced bile- not pathological.
- Micronodular spleen.
- Age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's history, screening FNA of the general macronodular changes and micronodular parenchyma as well as the spleen for screening purposes as underlying neoplasia is a strong potential.





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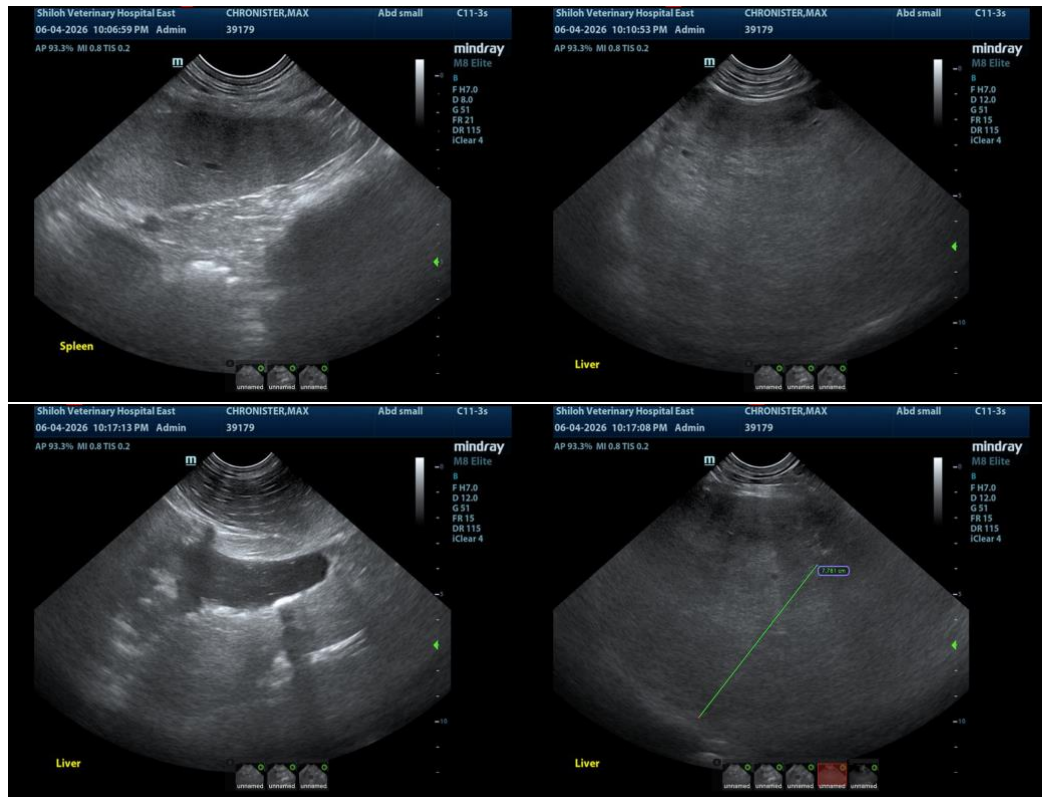
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,

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