

**PATIENT**

Horatio Asher

**SPECIES**

Canine

**BREED**

Shepherd Mix

**SEX**

Neutered male

**AGE**

7 years

**WEIGHT**

92.6 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Rebecca Hamilton

**HOSPITAL NAME**

Animal Car Center  
Salem Oregon

**REFERRING VET**

Dr. Harbord

**INVOICE**

69306

**DATE**

12/3/25

**PRESENTING CLINICAL SIGNS**

History: Weight loss rec. due to obesity but given abnormal BW now, worried about chronic dx. unable to palpate abdomen prior to sedation in past but Hx abdomen has palpated normal. MEDS: Carprofen 99.75 mg BID, Antinol and Dasaquin. Trazadone 300 mg 12 and 2 hours prior. Gabapentin 900 mg 12 and 2 hours prior. AcePro 25 mg 2 hours prior w/ 5 mg Melatonin. Abnormal PE/Chem/CBC/UA Results: 11/27/25 Recheck CBC : Non- regen anemia remains \* RBC 5.02, HCT 35) original 10/17/25" Mild non-regen anemia RBC 4.59, HCT 33

**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. Sand accumulation was noted. 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 7.55 cm and the left kidney measured 6.67 cm.

**Adrenal Glands**

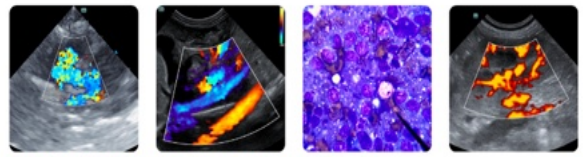
The left **adrenal gland** was enlarged, irregular and expansive at the caudal pole measuring 2.2 cm at the caudal pole and 0.96 cm at the cranial pole and 4.4 cm in length. The left adrenal gland was particularly vascular. The right adrenal gland was at the upper limits of normal, which is expected for this breed with minor, heterogenous changes. The right adrenal gland measured 2.83 x 1.81 cm at the cranial pole and 0.79 cm at the caudal pole.

**Spleen**

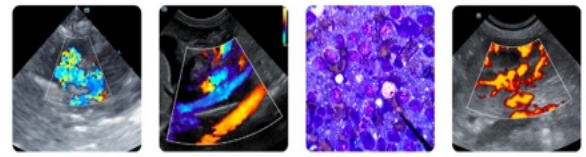
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

**Liver**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic



<b>PATIENT</b>	lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.
Horatio Asher	
<b>SPECIES</b>	<b><i>Gastrointestinal</i></b>
Canine	The <b>stomach</b> revealed shadowing luminal material in the pyloric outflow with gastric stasis. There was some transit of chyme in the small intestine. The colon was unremarkable with normal curvilinear mural patterns and content.
<b>BREED</b>	
Shepherd Mix	
<b>SEX</b>	<b><i>Pancreas</i></b>
Neutered male	The right limb of the <b>pancreas</b> revealed cystic changes. They appear subjectively benign and measure up to 2.0 cm.
<b>AGE</b>	
7 years	
<b>WEIGHT</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
92.6 lbs	Expansive, nodular left adrenal mass. Pheochromocytoma, adenoma, adenocarcinoma are all possible. This appears resectable.
<b>INTERPRETED BY</b>	Pancreatic or mesenteric cysts.
Eric Lindquist, DMV DABVP, Cert. IVUSS	Mesenteric lymph nodes, reactive.
	Shadowing pyloric material, if n.p.o. at the time of the sonogram then gastric foreign body is present.
<b>IMAGING PERFORMED BY</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
Rebecca Hamilton	Justification to left adrenalectomy, gastrotomy, cystotomy and bladder lavage can all be considered. If the patient was not n.p.o. I recommend a sonogram just prior to eventual surgery of the pyloric outflow to ensure that the material is still persistently present, yet the echotexture and shadowing would suggest pyloric foreign body. GI blood loss is a primary differential or possible paraneoplastic effect upon the bone marrow owing to the left adrenal tumor. The left adrenal does appear resectable; however, CT prior to surgery for surgical planning would be ideal.
<b>HOSPITAL NAME</b>	Serial blood pressure measurements are recommended in this patient. If hypertension is an issue metanephrine level is recommended. If the patient appears Cushingoid and urine specific gravity is less than 1.020 then work-up for adrenal dependent Cushing's is indicated. Recheck is recommended in 2-3 weeks to assess for any progression of the adrenal gland.
Animal Car Center Salem Oregon	
<b>REFERRING VET</b>	
Dr. Harbord	
<b>INVOICE</b>	
69306	
<b>DATE</b>	
12/3/25	



**PATIENT**

Horatio Asher

**SPECIES**

Canine

**BREED**

Shepherd Mix

**SEX**

Neutered male

**AGE**

7 years

**WEIGHT**

92.6 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
 DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Rebecca Hamilton

**HOSPITAL NAME**

Animal Car Center  
 Salem Oregon

**REFERRING VET**

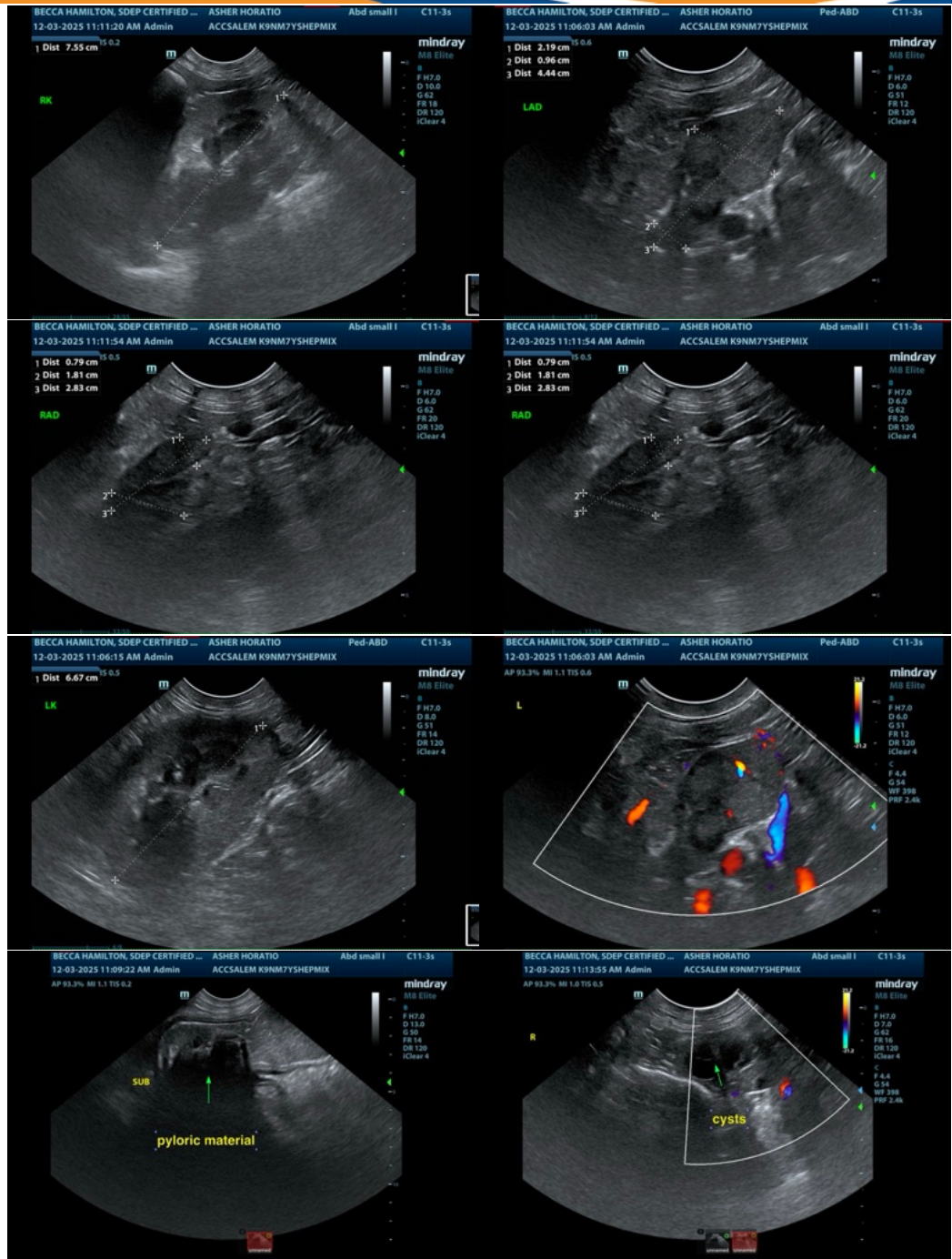
Dr. Harbord

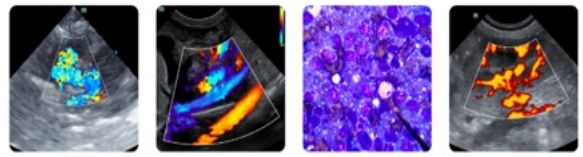
**INVOICE**

69306

**DATE**

12/3/25





**PATIENT**

Horatio Asher

**SPECIES**

Canine

**BREED**

Shepherd Mix

**SEX**

Neutered male

**AGE**

7 years

**WEIGHT**

92.6 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Rebecca Hamilton

**HOSPITAL NAME**

Animal Car Center  
Salem Oregon

**REFERRING VET**

Dr. Harbord

**INVOICE**

69306

**DATE**

12/3/25



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, Cert. IVUSS, CEO of SonoPath.com

[info@SonoPath.com](mailto:info@SonoPath.com)