



PATIENT

Pete Hoogmoch

SPECIES

Canine

BREED

Mix

SEX

Neutered male

AGE

12 years

WEIGHT

83 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS,
CEO of SonoPath.com

IMAGING PERFORMED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS,
CEO of SonoPath.com

HOSPITAL NAME

Franklin Lakes AH

REFERRING VET

Dr. Pomerantz

INVOICE

69017

DATE

11/25/25

PRESENTING CLINICAL SIGNS

Recheck liver nodules. ALT increased at 154, ALP 1358, LDDST inconclusive

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 minor amount of bladder sand was noted and measured 1.1 cm. 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 left kidney measured 7.08 cm. The right kidney measured 6.9 cm.

Adrenal Glands

The left adrenal gland was at the upper limits of normal and measured 2.7 x 0.7 cm. The right adrenal gland measured 3.1 x 1.8 cm at the cranial pole and 0.82 cm at the caudal pole.

Spleen

The **spleen** was normal size and relatively normal contour with multifocal hyperechoic areas of mineralization. This is a benign change; however, can be related to Cushing's disease or other endocrinopathies.

Liver

The **liver** was diffusely hyperechoic to the falciform fat with hypoechoic nodular changes, non-disruptive with no progression from the prior sonogram. The gallbladder and common bile duct were unremarkable.

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.



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Pancreas

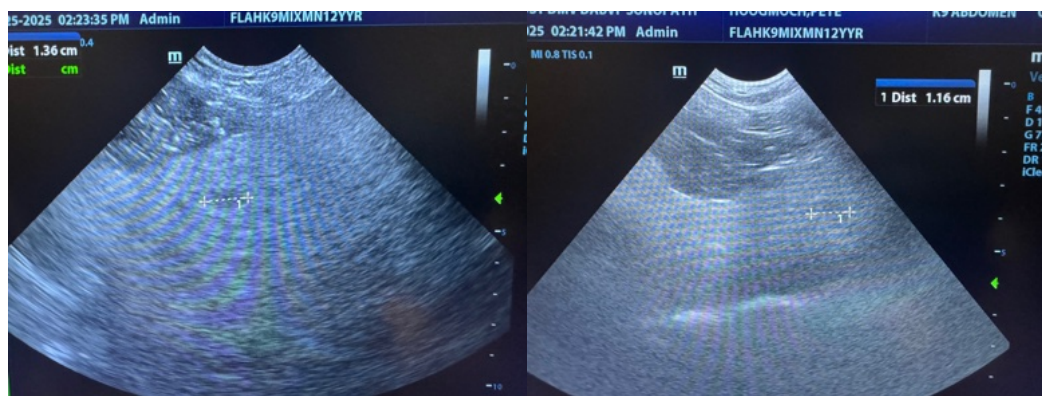
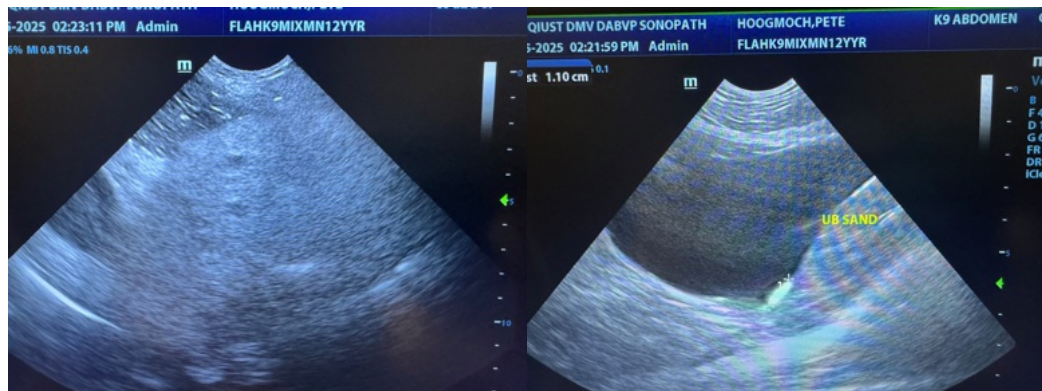
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Bladder sand.
- Nodular hyperplasia, metabolic hepatopathy pattern.
- Mineralized spleen.
- Prominent adrenal glands.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given that the urine specific gravity is well concentrated, Cushing's is unlikely. However, other endocrinopathy should be considered. I feel that the nodules in the liver are not disruptive and most consistent with nodular hyperplasia. If rapid rise in liver enzymes occur or weight loss occurs then FNA would be appropriate.





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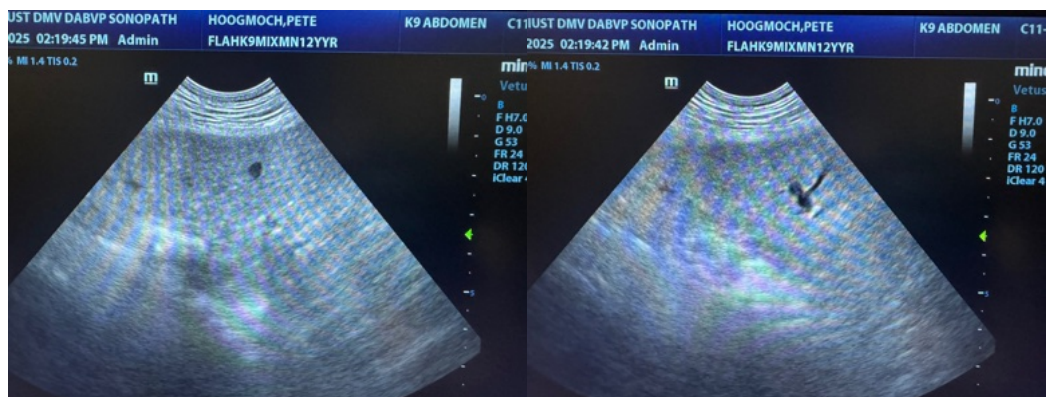
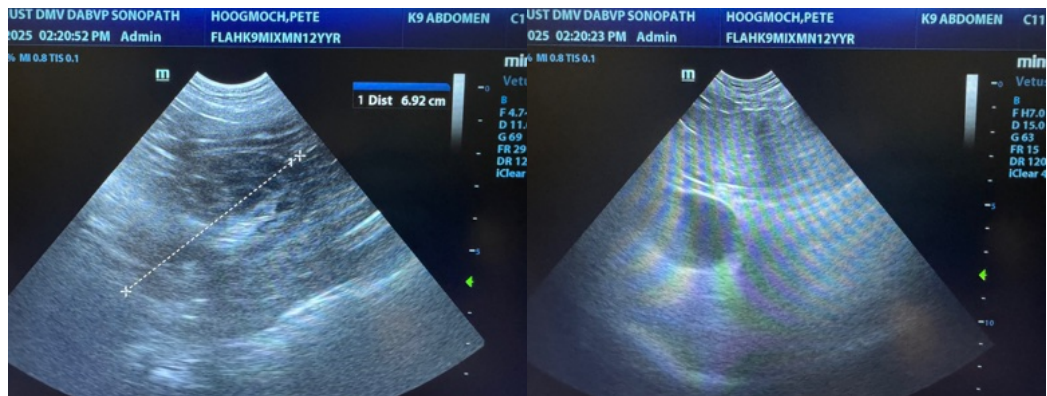
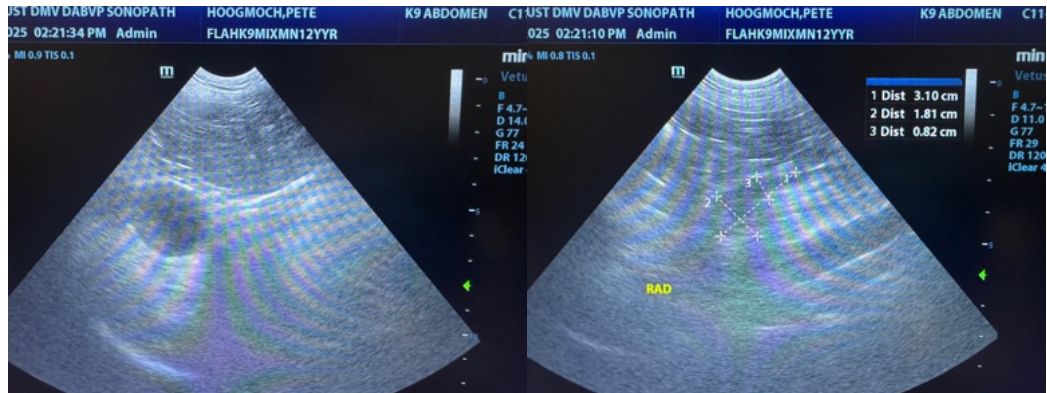
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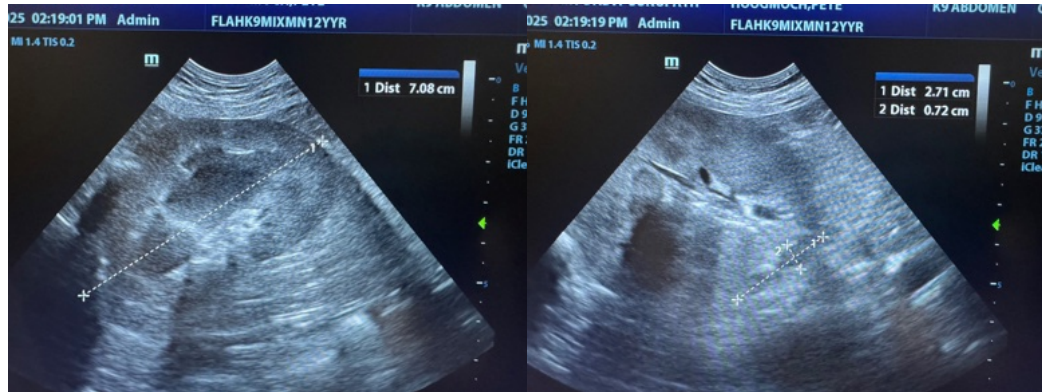
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

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