



PATIENT

Brandy Cohen

SPECIES

Canine

BREED

Mix

SEX

Spayed female

AGE

14 years

WEIGHT

14 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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HOSPITAL NAME

Franklin Lakes AH

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Dr. Z

INVOICE

69523

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12/11/25

PRESENTING CLINICAL SIGNS

Increased liver values.

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 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. Mineralization was noted. The left kidney measured 5.68 cm with slight pyelectasia. There was minor deviation owing to the adjacent left adrenal mass. The right kidney measured 5.28 cm and was deviated by the mass in the region of the right adrenal gland.

Adrenal Glands

A 3.7 x 3.4 cm, mixed echogenic expansive mass was noted in the area of the left **adrenal gland**. The patient was tense and would necessitate full sedation to assess for caval invasion. A separate mass or contiguous mass was noted in the region of the right adrenal gland measuring 3.42 x 2.7 cm. Normal right adrenal gland was not visualized.

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 from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.



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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. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

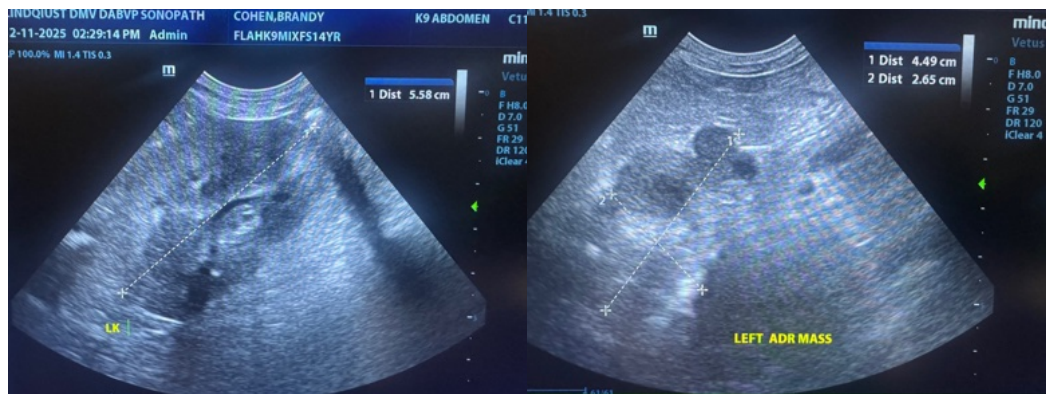
ULTRASONOGRAPHIC FINDINGS

- Adrenal mass or masses

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The masses in the left and right adrenal regions may be connected or two separate masses. Both masses were heterogenous, expansive, irregular and mineralized. There was no obvious caval invasion noted, yet this cannot be completely ruled out. Pheochromocytoma, adenocarcinoma, adenoma are all possible. Serial blood pressure measurements are warranted. If hypertension is an issue then urine metanephrine level is indicated. CT evaluation and surgical assessment is recommended. Prognosis is guarded.

Serial blood pressure measurements are recommended in this patient. If hypertension is an issue urine 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.





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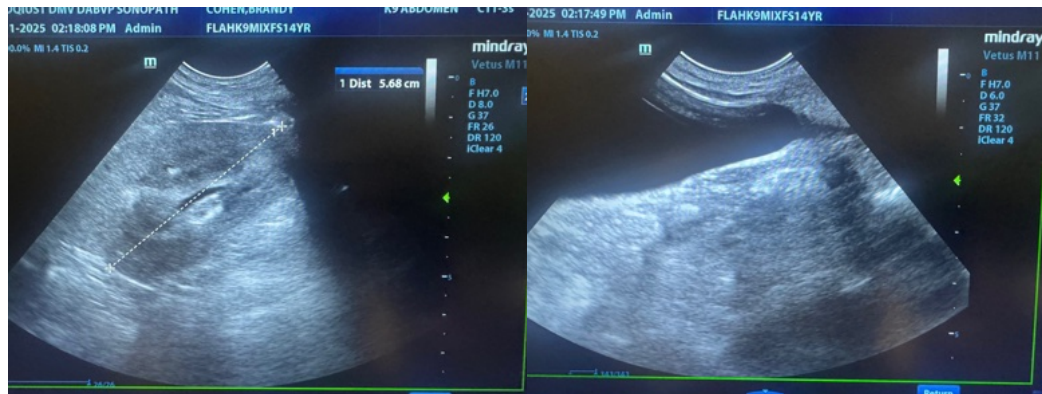
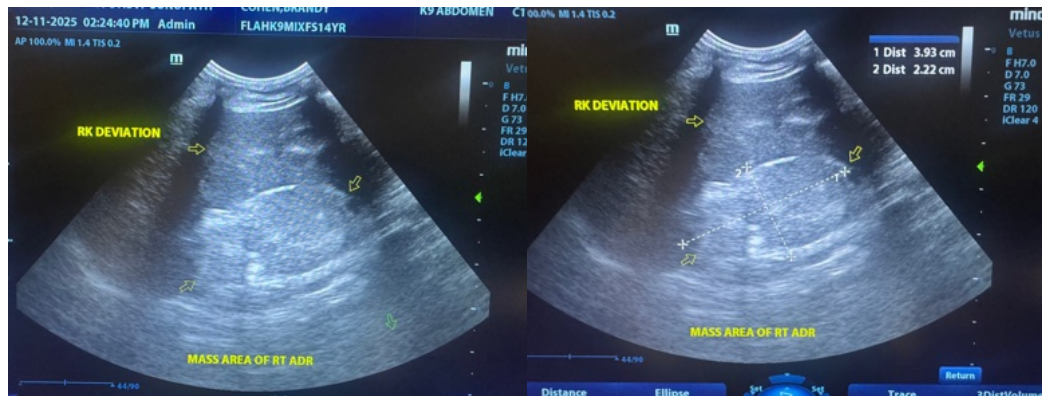
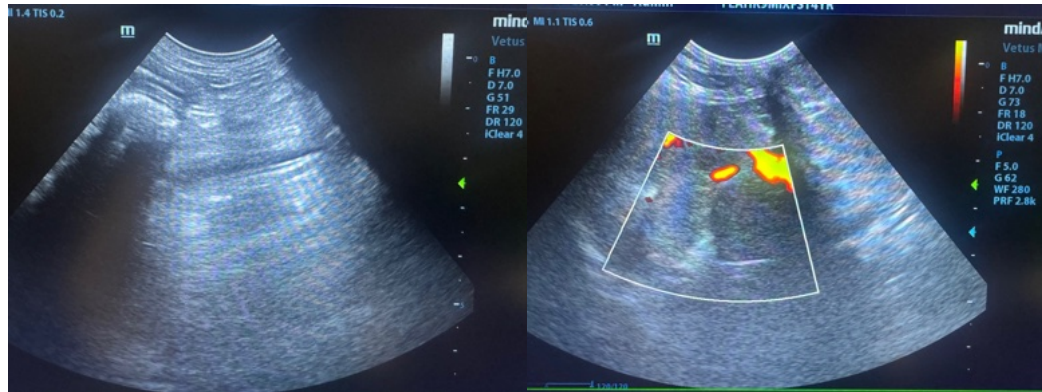
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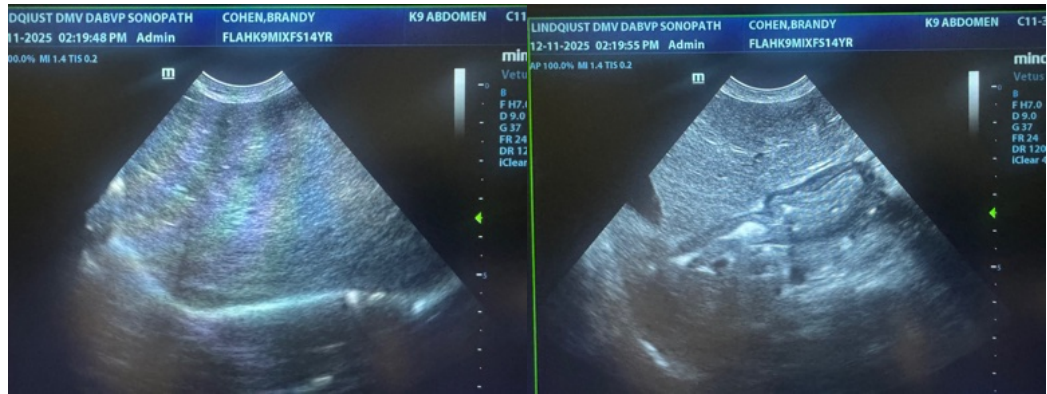
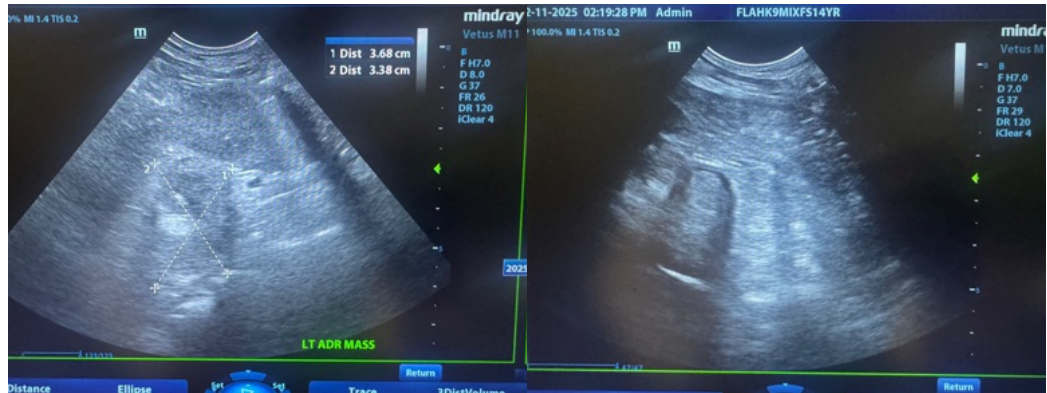
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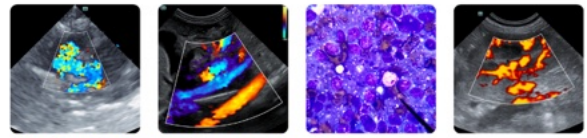
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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