



**PATIENT**

Mollie Zawaski

**SPECIES**

Canine

**BREED**

Mix

**SEX**

Spayed female

**AGE**

10 years

**WEIGHT**

48.6 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Chloe Lowe

**HOSPITAL NAME**

Companion VH of  
 Wayne

**REFERRING VET**

Dr. Spitz

**INVOICE**

71758

**DATE**

2/19/26

**PRESENTING CLINICAL SIGNS**

- Cushing's. Increased liver enzymes- recurrent. Loose bloody stool, decreased appetite
- last u/s 12/18/24
- Trilostane, apoquel, probiotic, metronidazole
- ALT 254, ALP 8271, Ca 17.2, Chol 480, PSL 328, BUN 52, Creat 2.4, T4 <0.3 Pending resting cortisol and FT4/TSH PLT 526,000, HCT 41, Coag PT: 6/ PTT: 11

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. Corticomedullary and pelvic calculi were noted. Minor microcystic changes were noted. The right kidney measured 7.42 cm. The left kidney measured 5.8 cm.

**Adrenal Glands**

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins was noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The right adrenal gland 2.25 x 1.37 cm at the cranial pole and 0.66 cm at the caudal pole. The left adrenal gland measured 2.7 x 0.94 cm at the cranial pole and 0.95 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 multiple hepatic masses and nodules. The largest mass measured 7.3 cm in the left medial liver with areas of cystic masses also noted. Heterogenous parenchyma was noted. The gallbladder and common bile duct were unremarkable. Regional inflammation was associated with the masses.

**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. The hepatomegaly deviated the stomach caudally. 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.

**Heart**

Rapid view of the heart revealed no evidence of pathology.

**ULTRASONOGRAPHIC FINDINGS**

Subjectively near end stage degenerative renal disease.

Bilateral adrenal hypertrophy. Potential PDH or normal variant.

Hepatic masses and nodules. Diffuse hepatic neoplasia. Hemangiosarcoma versus carcinoma with a minor potential for abscessation.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ultrasound-guided FNA of the parenchymal portions of the masses and drainage of the cystic portions are warranted for further definition. The masses were multi-focal and do not appear surgical.



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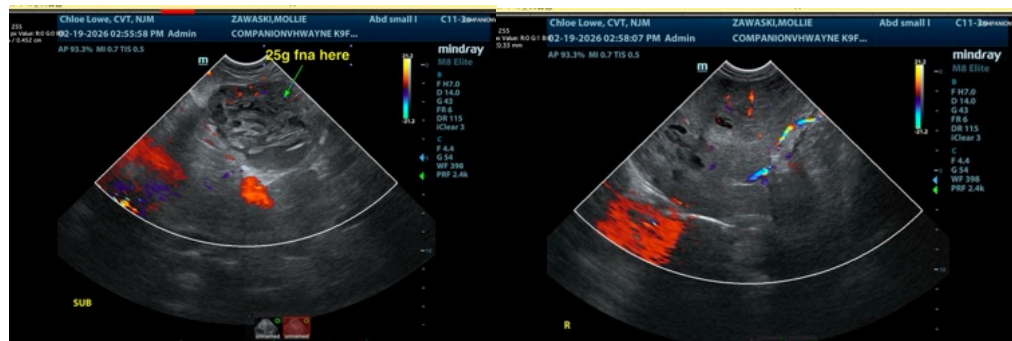
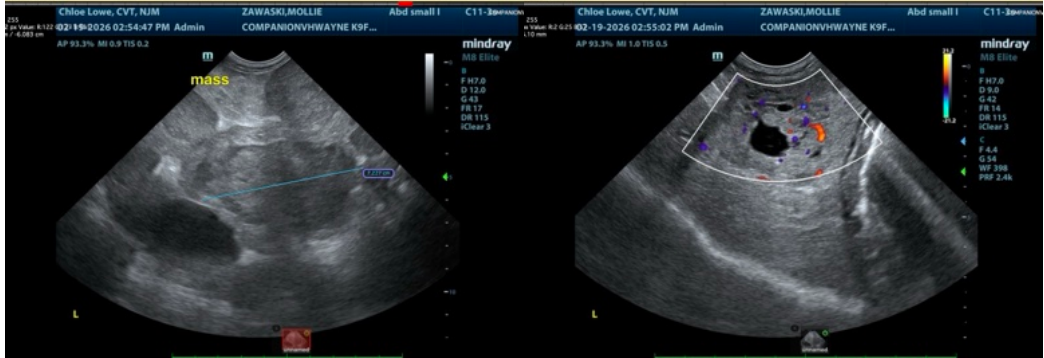
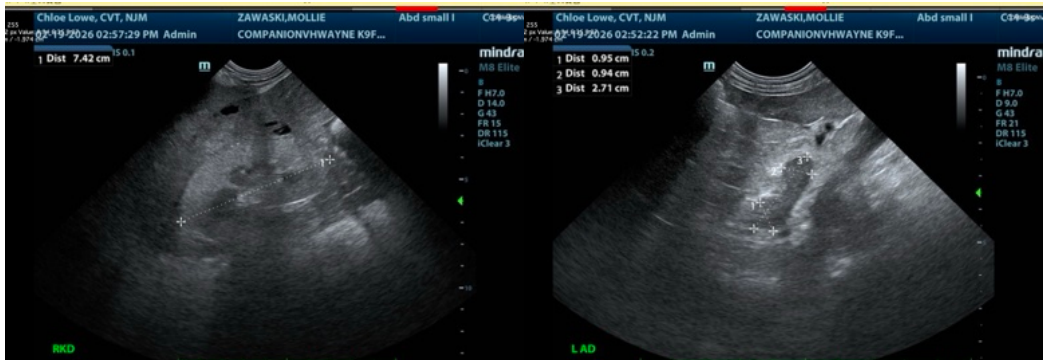
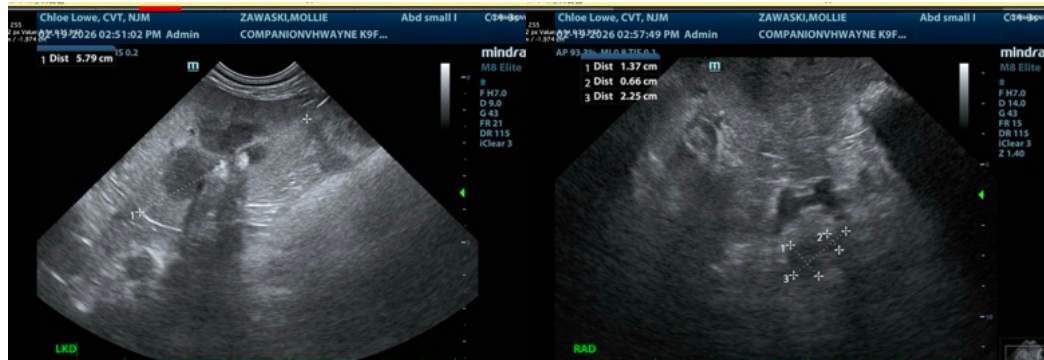
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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