

PATIENT

Biscuit Hitchcock

SPECIES

Canine

BREED

Havanese

SEX

Neutered Male

AGE

11 Years

WEIGHT

16 Pounds

INTERPRETED BY

Dr Brittany Sinclair,
 BVSc(hons), DACVECC

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Village Centre AH

REFERRING VET

Dr. Kunnath

INVOICE

35616

DATE

11/24/25

PRESENTING CLINICAL SIGNS

History: Findings: Not eating as much, urinating and drinking more in the last few days. Vomited once a few days ago. Known for seizures in past (managed well on phenobarb) Grade 3-4 heart murmur
 Current Medications Gabapentin 50mg/ml, Clinacin 25mg, Phenobarbital 30 mg Tablet
 Abnormal PE/Chem/CBC/UA Results: Primary Question to Be Answered in This Exam explanation to abnormal bloodwork (increased liver values) and to his recent symptoms(PU,PD,anorexia)? See attached BW.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The right kidney has a smooth capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. No evidence of pelvic dilation was present. The left kidney measured 4.47 cm in length. The right kidney measured 4.84 cm in length. Spherical anechoic fluid accumulation consistent with cortical cysts.

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Adrenal Glands

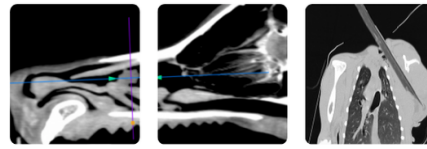
Left adrenal gland was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. The right adrenal gland was not definitively visualized but the vasculature in the area was within normal limits. The left adrenal gland measured 1.84 cm in length and 0.41 cm at the cranial pole and 0.64 cm at the caudal pole.

Spleen

The spleen was normal with a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma and smooth capsule, with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

What appears to be the caudate lobe of the liver, there is complete effacement with irregular heterogenous mass-like tissue, measuring at least 8.2 cm x 6.8 cm. The remainder of liver parenchyma has normal echogenicity and structure.



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The gall bladder is moderately distended with anechoic fluid, with hyperechoic partially organized debris non-shadowing debris present. There are no surrounding free fluid or signs of active inflammation.

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Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

BREED

Havanese

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis: mucosa layer ratio. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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The ileocecal junction was not visualized. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

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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 and parenchyma were normal. No overt evidence of active inflammatory or neoplastic disease was noted.

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Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

ULTRASONOGRAPHIC FINDINGS

- Large right sided liver mass
- Degenerative renal changes with multiple cortical cysts

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Mass in the liver is most concerning for neoplasia. Malignant tumors are more common in the dog and may be of hepatocellular, cholangiocellular, mesenchymal, or neuroendocrine origins. Hepatocellular carcinoma is the most common primary hepatic malignancy of the dog. Metastatic rates are relatively low, although rates are higher with nodular and diffuse forms. Hepatocellular adenoma (i.e. hepatoma) is a benign hepatocellular tumor that is commonly found as an incidental finding in dogs at necropsy. Other include cholangiocellular carcinoma, hemangiosarcoma, leiomyosarcoma, fibrosarcoma, hemangioma, histiocytic sarcoma, osteosarcoma, lymphoma and and myelolipoma. Secondary hepatobiliary tumors are more common than primary tumors as the liver is one of the most common sites of metastasis. Carcinomas metastasize to the liver more often than sarcomas. Common metastatic tumors include lymphoma, hemangiosarcoma, islet cell carcinoma, exocrine pancreatic carcinoma, intestinal carcinoma, renal carcinoma, and mast cell tumors.

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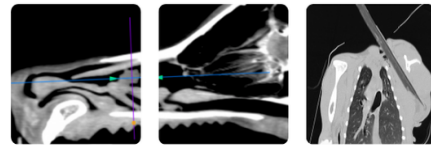
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Aspirate should be attempted for further information. Ultimately surgical removal should be considered because of risk of rupture and abdominal hemorrhage, and this may be both diagnostic and curative. Pre-operative abdominal CT may be considered for surgical planning; to confirm hepatic origin and thoracic CT could be used to screen for thoracic metastasis that may be missed on thoracic



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radiographs. Serial monitoring with follow up sonograms could be considered to monitor for progression if definitive removal is not desired at this time.

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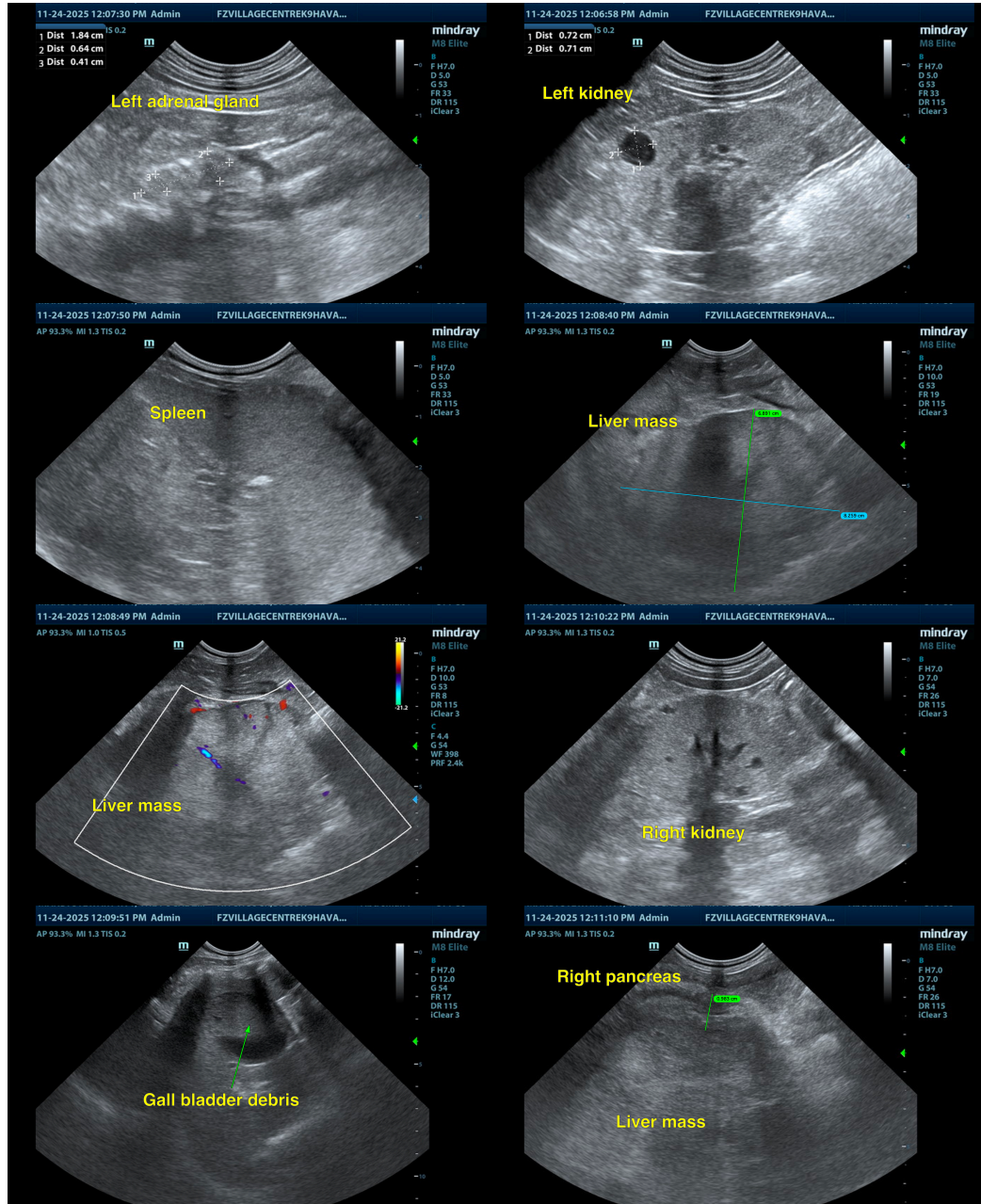
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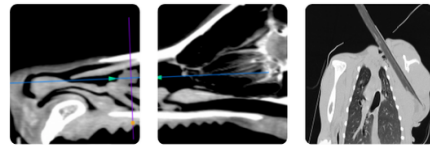
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance please contact me.

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info@SonoPath.com

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