



## PATIENT

Zegers Freddy

## SPECIES

Canine

## BREED

Terrier Mix

## SEX

Neutered male

## AGE

14 years

## WEIGHT

16.8 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Mayra Sanchez

## HOSPITAL NAME

Sunset AH

## REFERRING VET

Dr. Polit

## INVOICE

70103

## DATE

1/13/26

## PRESENTING CLINICAL SIGNS

History: -Presented for evaluation of oral mass and dental cleaning -Radiographs (performed at another DVM) showed mass in abdomen  
Abnormal PE/Chem/CBC/UA Results: PE: severe dental disease, pedunculated multi-lobular oral mass on buccal mucosa CBC: NAF chem: Glob 4.9, TP 7.6

## 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. Slight pelvic mineralization was noted in the left kidney. The left kidney measured 4.6 cm. The right kidney measured 4.68 cm.

### Adrenal Glands

The regions of the **adrenal glands** were imaged with no evidence of pathology.

### Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself caudally. This is a positional variant and is not pathological. There was no evidence of significant disease.

### 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. An expansive, mixed echogenic 10 cm parenchymal mass was noted and was deriving from the caudal liver. The mass was pedunculated. The gallbladder presented some dependent debris with essentially normal contour. Gallbladder calculi were noted with polypoid changes. The cystic and common bile ducts were normal. 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. 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

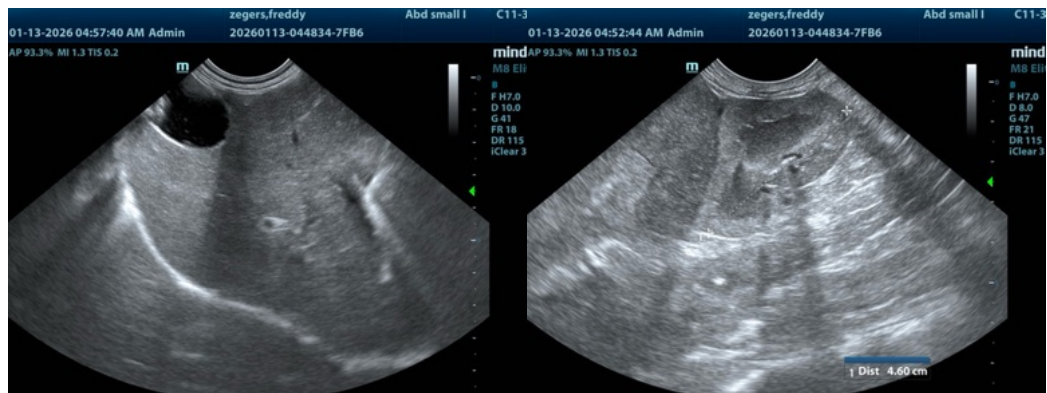
Large liver mass deriving from the caudate process.

Gallbladder calculi.

Geriatric abdomen otherwise.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT evaluation for surgical planning would be ideal in this patient. FNA can be considered for further definition as to hepatoma versus low-grade carcinoma. Gallbladder calculi can be removed at the time of surgery.





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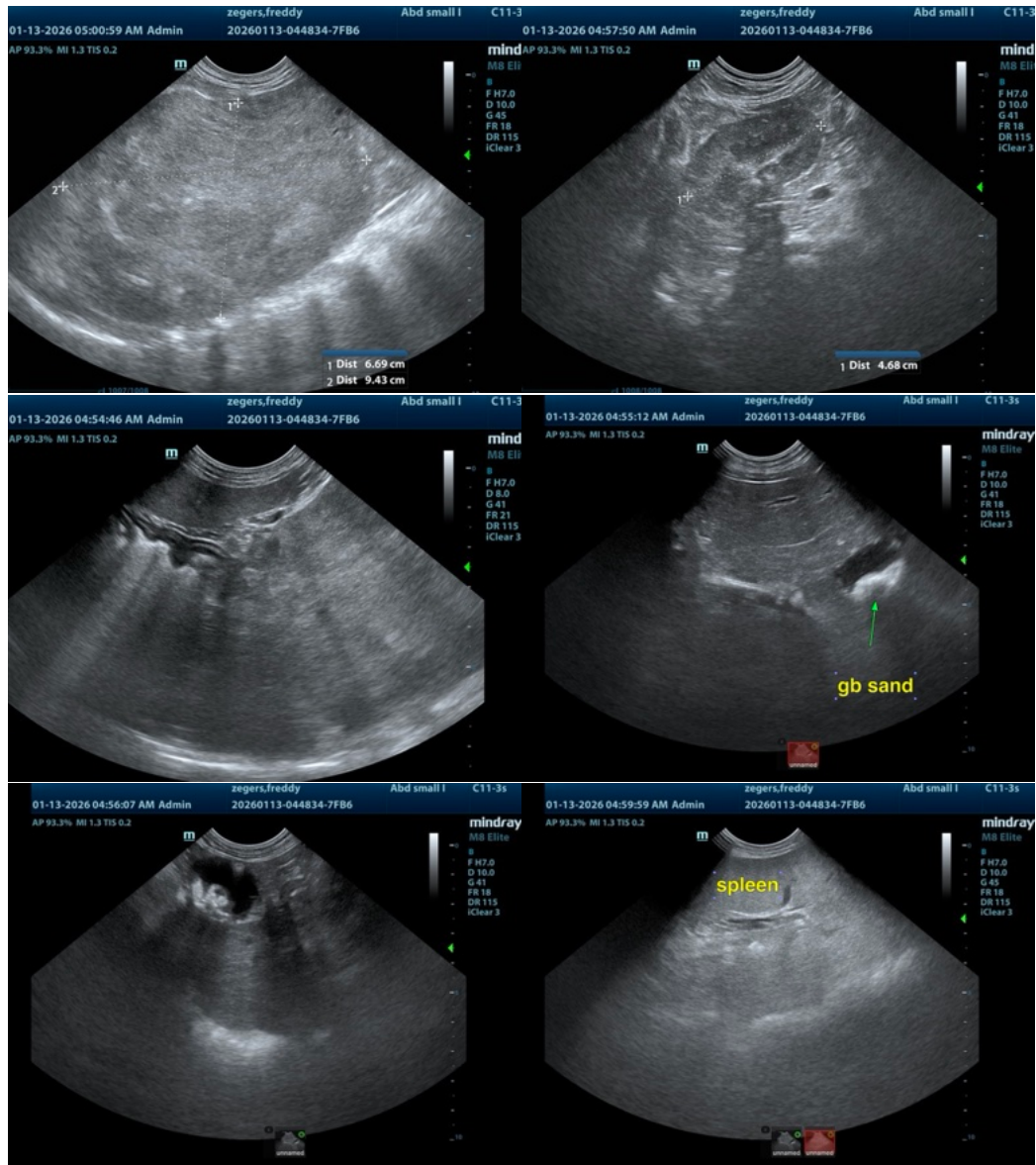
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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