



PATIENT

Greta Bakker

SPECIES

Canine

BREED

Lab x

SEX

Spayed Female

AGE

14 Years

WEIGHT

42 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Dr. Kathleen Laux

HOSPITAL NAME

Rondout Valley
Veterinary Associates

REFERRING VET

Dr. Kathleen Laux

INVOICE

72254

DATE

1/16/26

PRESENTING CLINICAL SIGNS

Has not been eating or drinking for 5 days at this point. Very painful all over her body.
Abnormal PE/Chem/CBC/UA Results: ALT >2000

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight pelvic mineralization noted in the left kidney. The left kidney measured 6.3 cm. The right kidney measured approximately 7.0 cm.

Adrenal Glands

The **left adrenal gland** was mildly enlarged, slightly irregular, and hypoechoic with loss of corticomedullary definition, measuring 2.6 cm x 1.02 cm at the caudal pole and 1.88 cm at the cranial pole.

The **right adrenal gland** was mildly enlarged, measuring 2.55 cm x 0.88 cm at the caudal pole and 1.4 cm at the cranial 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 were noted.

Liver

The **liver** revealed multiple cavitated, disruptive masses. Free fluid noted around the masses. The gallbladder was slightly overdistended yet not overtly pathological.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed variable thickening.

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.



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Free Abdomen

Enhanced hyperechoic mesentery noted throughout the mid abdomen.

Free fluid noted in the abdomen.

ULTRASONOGRAPHIC FINDINGS

- Diffuse hepatic neoplasia – hemangiosarcoma, carcinoma, sarcoma all possible. Mild potential for abscessation.
- Variable gastrointestinal thickening – inflammatory bowel/gastroenteritis versus emerging round cell neoplasia.
- Free fluid and enhanced mesentery.
- Mildly enlarged adrenal glands.
- Age related urinary bladder and kidney changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the parenchymal and cystic portions of the hepatic masses recommended for further definition. The hepatic presentation is particularly aggressive.

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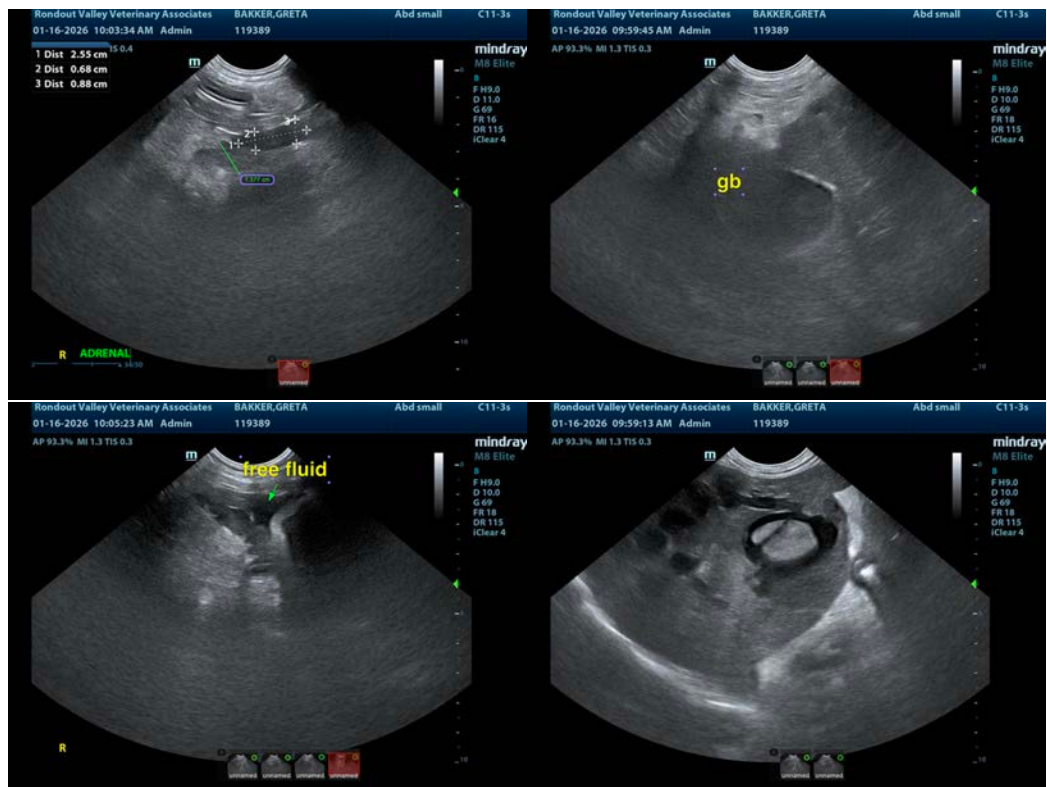
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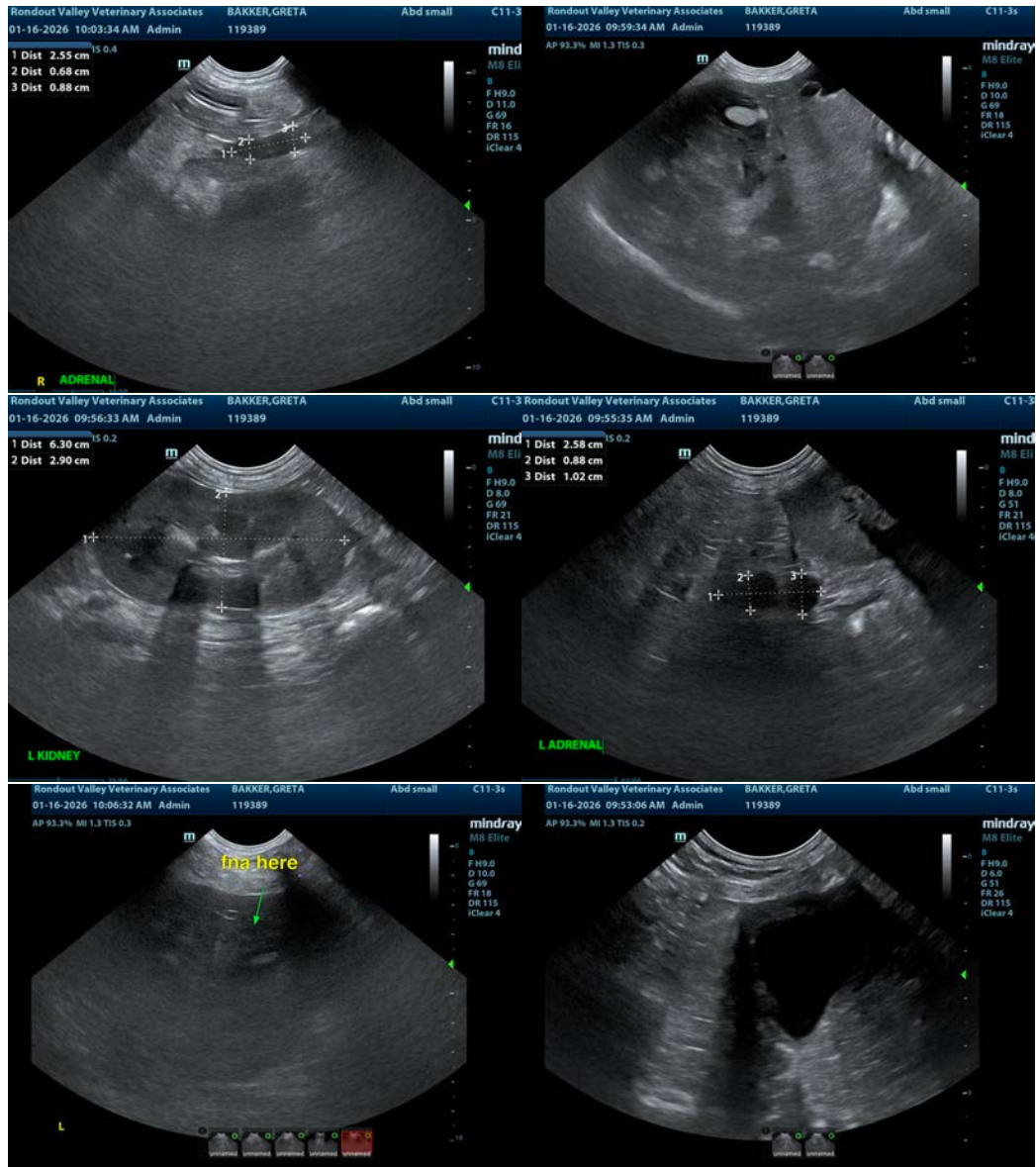
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(CFM), Cert. IVUSS,
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