



## PATIENT

Cocoa Peet

## SPECIES

Canine

## BREED

Corgi

## SEX

Spayed Female

## AGE

13 Years

## WEIGHT

20 Pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Jimmerson

## HOSPITAL NAME

Willamette VH

## REFERRING VET

Dr. Jimmerson

## INVOICE

35471

## DATE

1/19/26

## PRESENTING CLINICAL SIGNS

History:

- Presented 11/17 for Lethargic , diarrhea, history of previous pancreatitis.
- No exposure to fish
- Not eating or drinking since yesterday AM. No vomiting noted.

Abnormal PE/Chem/CBC/UA Results: QDR, laying sternal with head down, will lift head but very dull. MM pink and moist CRT <2s. H/L auscult wnl. Abd soft on palpation, urine dribbling, weak when walking Intake 1/17 diagnostics: Azotemia (now resolved), cPL elevated, Chem 17: Creat 1.8, BUN 40 (H), Phos 7.7 (H), ALT 897 (H), ALP 362 (H).

## 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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex, and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 4.7 cm. The right kidney measured 6.0 cm.

### *Adrenal Glands*

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.4 cm. The right adrenal gland measured 0.8 cm.

### *Spleen*

The **spleen** was folded upon itself with isoechoic to heterogenous parenchymal changes. Mild generalized enlargement was noted with hyperechoic lipid plaques.

### *Liver*

The **liver** revealed a complex cystic mass, occupying the left medial and right medial liver, measuring 7.0 cm, impinging cranially upon the gallbladder. A gallbladder calculus was noted.

### *Gastrointestinal*

The **stomach** was hypertrophied with an empty lumen, no loss of mural detail. The small intestine was mildly thickened without loss of mural detail. The colon was unremarkable.

### *Pancreas*



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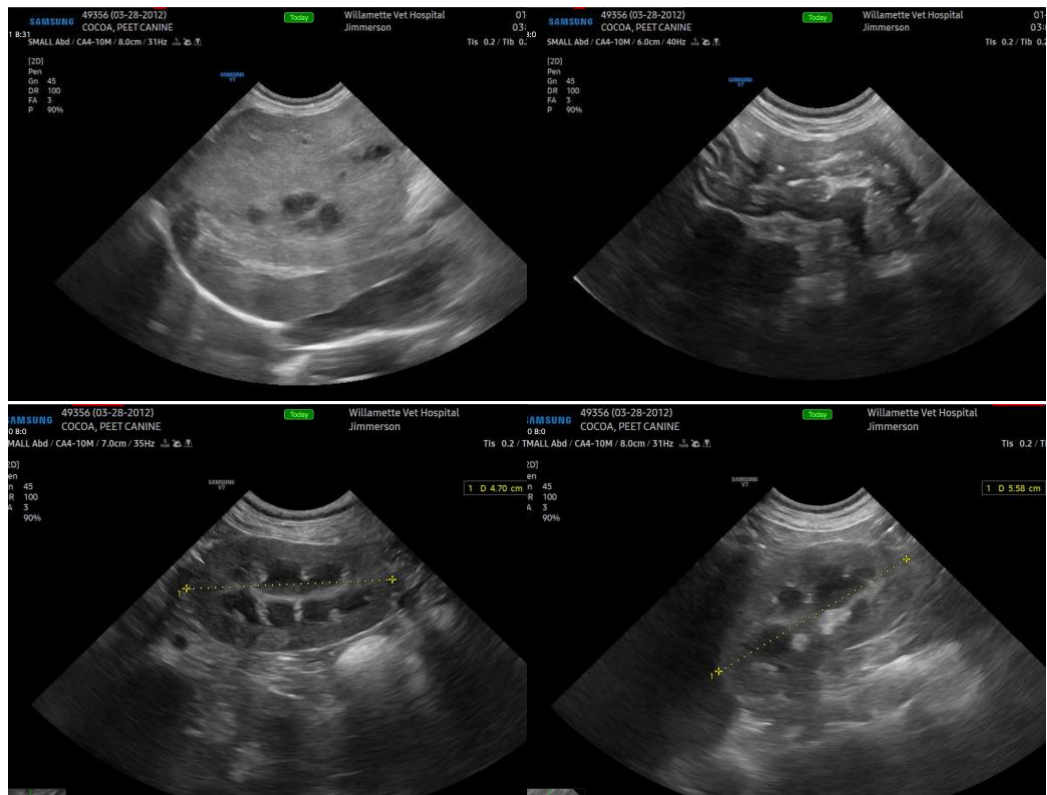
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

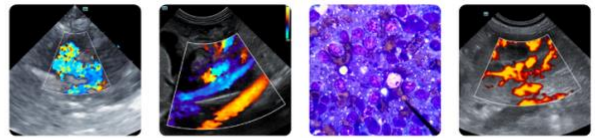
## ULTRASONOGRAPHIC FINDINGS

- Large liver mass, not likely resectable, however, CT evaluation is warranted for further definition.
- Mild gastroenteritis pattern
- Enlarged, folded spleen with isoechoic to heterogenous parenchymal changes and hyperechoic lipid plaques.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the nodular changes and drainage of the cystic portions are indicated. Prognosis is guarded. Cytology and culture of the liver lesions is indicated. Biliary carcinoma is likely. Hemangiosarcoma is possible. Granulomatous disease +/- suppurative changes is possible, yet less likely.





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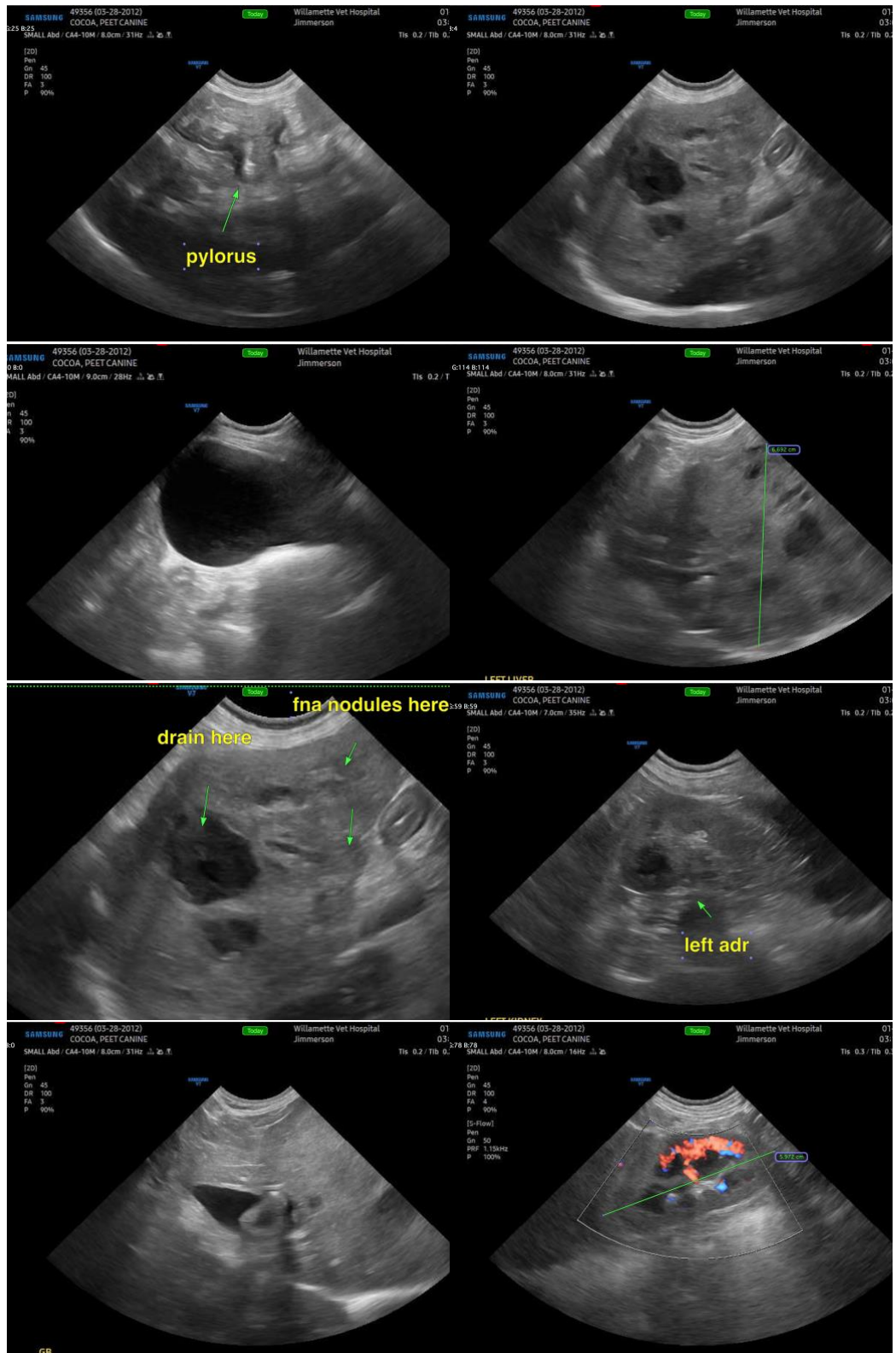
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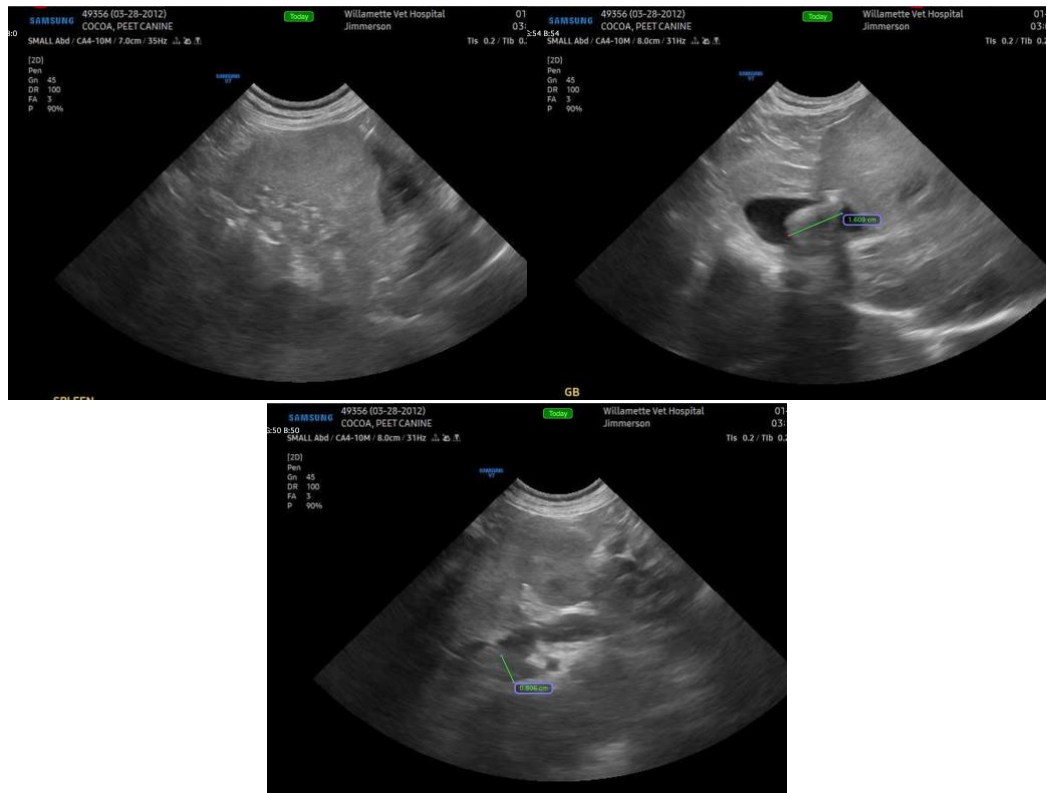
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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[info@SonoPath.com](mailto:info@SonoPath.com)