



PATIENT

Falcon Hare

SPECIES

Canine

BREED

Rat Terrier

SEX

Neutered Male

AGE

11 Years

WEIGHT

30.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jimmerson

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Jimmerson

INVOICE

35472

DATE

1/19/26

PRESENTING CLINICAL SIGNS

History:

- Pt V+ ~7-8 times between 9:30a-3p, started as undigested food then progressed into bile.
- Not eating today, drinking little, ur wnl, bm this morning, no D+/c/s.
- Has loose stool at times and it is reddish but not bloody.
- Oct 2024, P had ultrasound because of abnormal liver and pancreas values, O was told that P had a lot of sludge in gallbladder and that was altering those values.
- Had BW done in 6/25 everything was fine per O
- Pt currently on Ursodiol 250 mh (1/2 tab BID), Denamarin SID AM, Alprazolam (0.5 mg PRN for stressful), Sertraline 50 mg (1 tab SID), Apoquel 16 mg (PRN 1/2 tab), Optimmune and eye vitamin

Abnormal PE/Chem/CBC/UA Results: BAR, frequent lip smacking, tense and grunts on cranial abdominal palpation, BCS 7/9 brief aFAST = marked GB debris without organization, liver is hyperechoic of round/nodule (mass-like, bowel walls are thick and irregular with region of lumen dilation CBC = HCT 57%, WBCs 10.22k (N) Chem17 = ALT 177 (H), ALP 847 (H), GGT 58 (H), Chol 330 (H), Amyl >2500, Lipase 3682 EPOC = lyses wnl, lactate 3.0 (high N) vcheck cPL = >2000, severe.

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 **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 5.84 cm. The right kidney measured 5.3 cm.

Adrenal Glands

The **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. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.5 cm.

The region of the **right adrenal gland** was imaged and revealed no evident pathology.

Spleen

The **spleen** revealed a focal nodule, measuring up to 1.2 cm, at the mid body, with loss of structural detail.



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Liver

Falcon Hare

The **liver** was swollen, hypoechoic, and irregular. The medial liver revealed an approximately 7.0 cm mass. An extensive amount of gallbladder sand was noted with acoustic shadowing and overdistention.

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Gastrointestinal

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The upper **gastrointestinal tract** was thickened yet also enveloped by the pancreatic pathology and steatitis. The colon was unremarkable.

SEX

Pancreas

Neutered Male

The **pancreas** revealed extensive mixed hyper- and hypoechoic parenchymal changes with nodules, occupying the pancreatic base and enveloping the upper GI tract. Enhanced surrounding mesentery was noted.

AGE

Free Abdomen

11 Years

There were pockets of **free fluid** noted.

WEIGHT

ULTRASONOGRAPHIC FINDINGS

30.4 Pounds

- Extensive pancreatitis/gastroenteritis
- Extensive medial liver mass – differentials include hepatocellular carcinoma or complex hepatoma. Hemangiosarcoma and granulomatous disease are less likely.
- Focal splenic nodule
- Extensive gallbladder sand
- Pockets of free fluid

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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There are multiple issues in this patient. Pancreatitis/gastroenteritis is the immediate issue, however, there is an extensive medial liver mass that should be sampled. Ultrasound guided FNA of the liver mass and pancreas is indicated. CT evaluation for potential surgical planning, regarding the liver mass, could be considered, however, the position of the mass would likely be difficult to resect. Prognosis is guarded.

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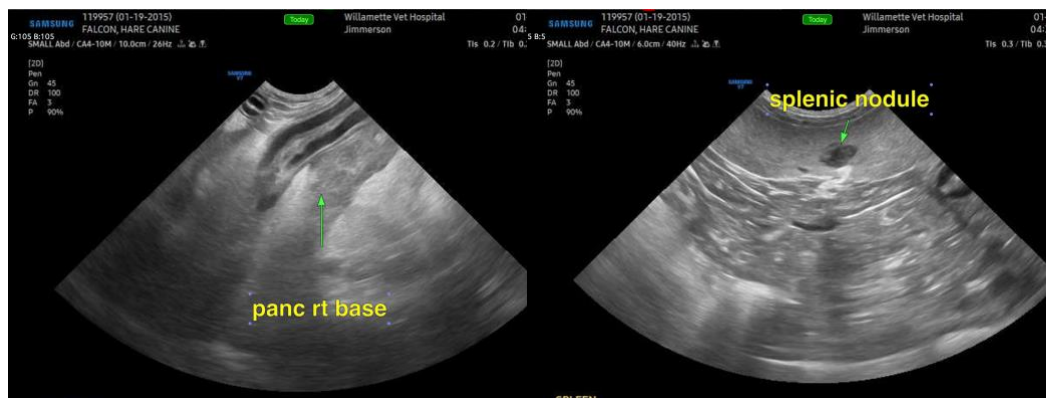
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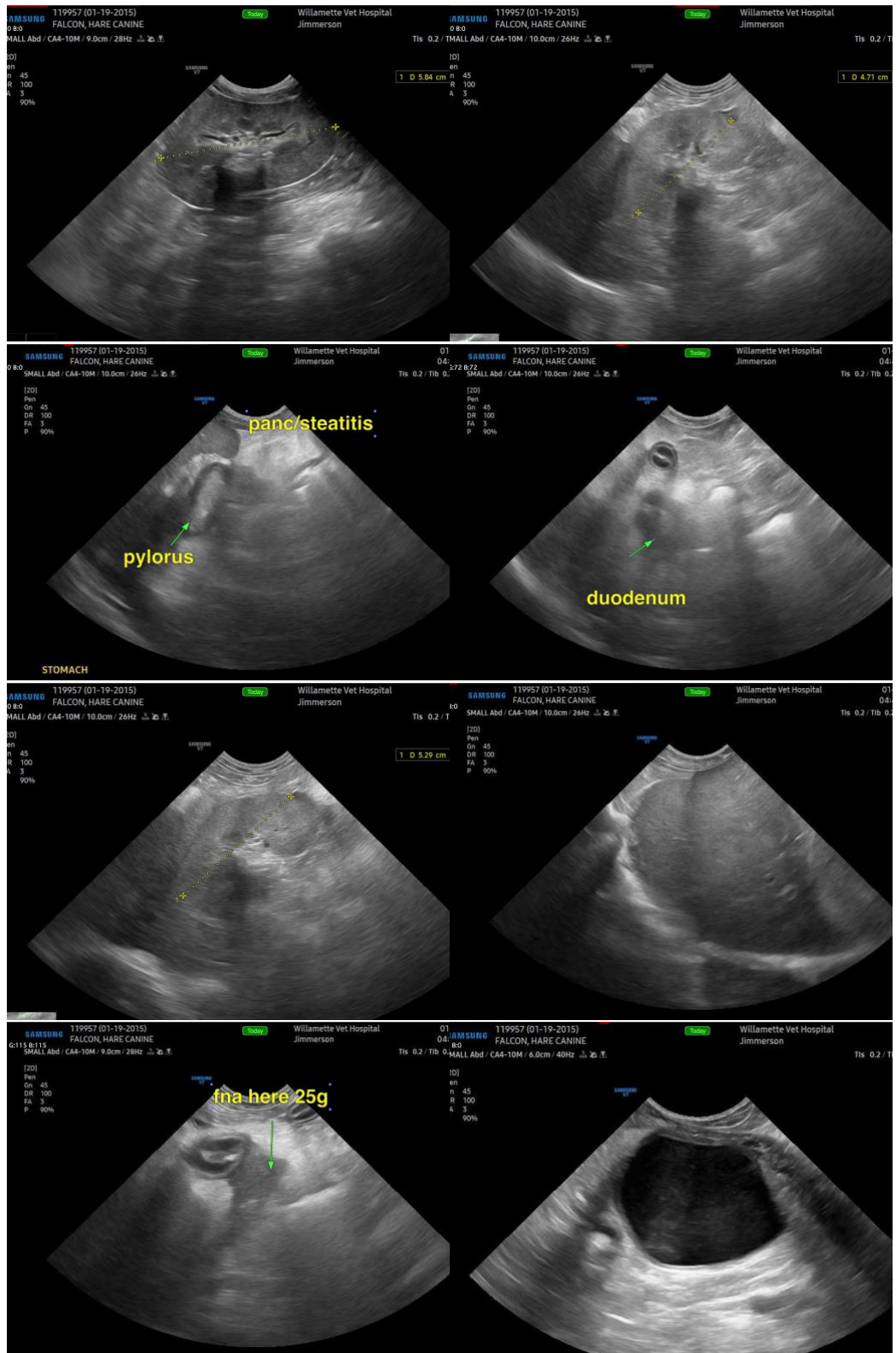
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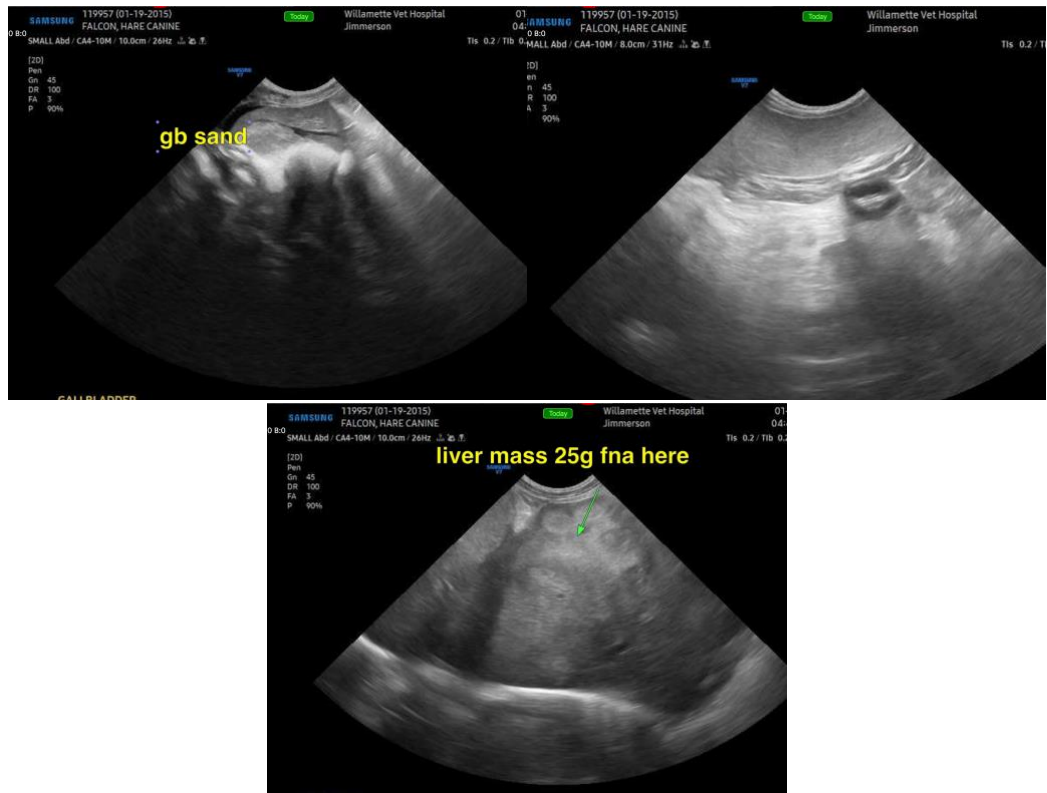
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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