



PATIENT

Millie Mai

SPECIES

Canine

BREED

Mix

SEX

Spayed female

AGE

13 years

WEIGHT

37 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Nikki Kollman, RVT

HOSPITAL NAME

Airpark AH

REFERRING VET

Dr. Jonathan Gibson

INVOICE

70255

DATE

1/19/26

PRESENTING CLINICAL SIGNS

- Annual exam, with abnormal liver values on bw.
Abnormal PE/Chem/CBC/UA Results: ALT 686 (prev 59 2025) ALP 345 (prev 363, 311, 245 previous sequential years) Rest NSF. Did not have AST/GGT/Bili on this particular panel.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction and appeared normal. 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. Slight microcystic cortical changes are noted in the kidneys. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 5.56 cm. The right kidney measured 7.0 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 right adrenal gland measured 2.07 cm x 0.7 cm at the cranial pole and 0.5 cm at the caudal pole. The left adrenal gland measured 1.3 x 0.6 cm.

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 was noted.

Liver

The **liver** was diffusely hyperechoic to the falciform fat with generalized enlargement. The left liver revealed multi-focal, hypoechoic, attenuating tissue that created a mass effect of 9 x 7.5 cm with ill-defined, margins. This appears to be occupying the caudal aspect of the left caudal liver and appears potentially resectable. The mass is pedunculated. Right cranial liver cyst is noted and measured 0.9 x 1.4 cm. Occasional other parenchymal cysts were noted. Regional inflammation and slight regional lymphadenopathy was noted. The lymph node measured approximately 0.5 cm. The portal vein,



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common bile duct and the remainder of the portal hilus was unremarkable and non-affected. The gallbladder was unremarkable.

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Gastrointestinal

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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.

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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.

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ULTRASONOGRAPHIC FINDINGS

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Pedunculated, inflamed left caudal liver mass. Suspect complex hepatoma with potential torsion or necrosis/inflammation. Appears resectable. Hepatoma versus carcinoma are the primary concerns.

Reactive lymph node.

IMAGING PERFORMED BY

Nikki Kollman, RVT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA and CT evaluation for surgical planning or direct hepatic lobectomy is recommended. I strongly recommend surgical intervention in this patient. Ideally precluded by CT, yet the mass does appear resectable. Regional inflammation would suggest this is the source of liver value elevations.

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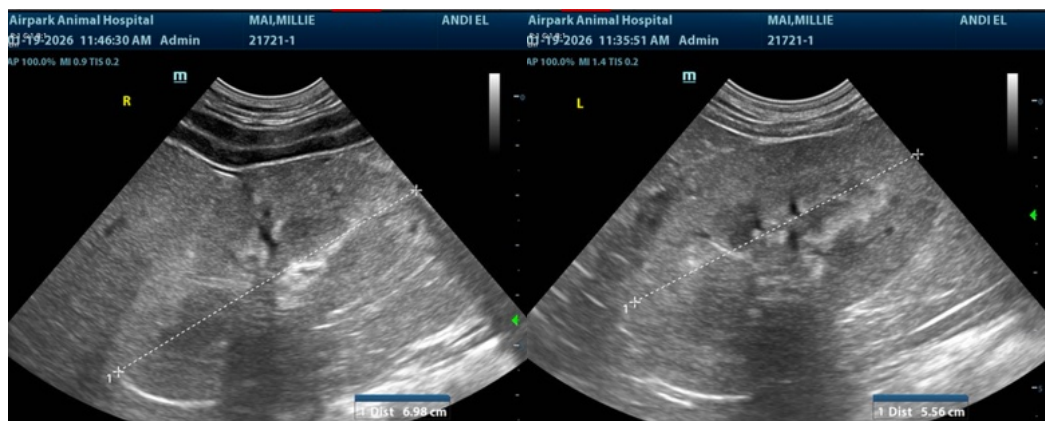
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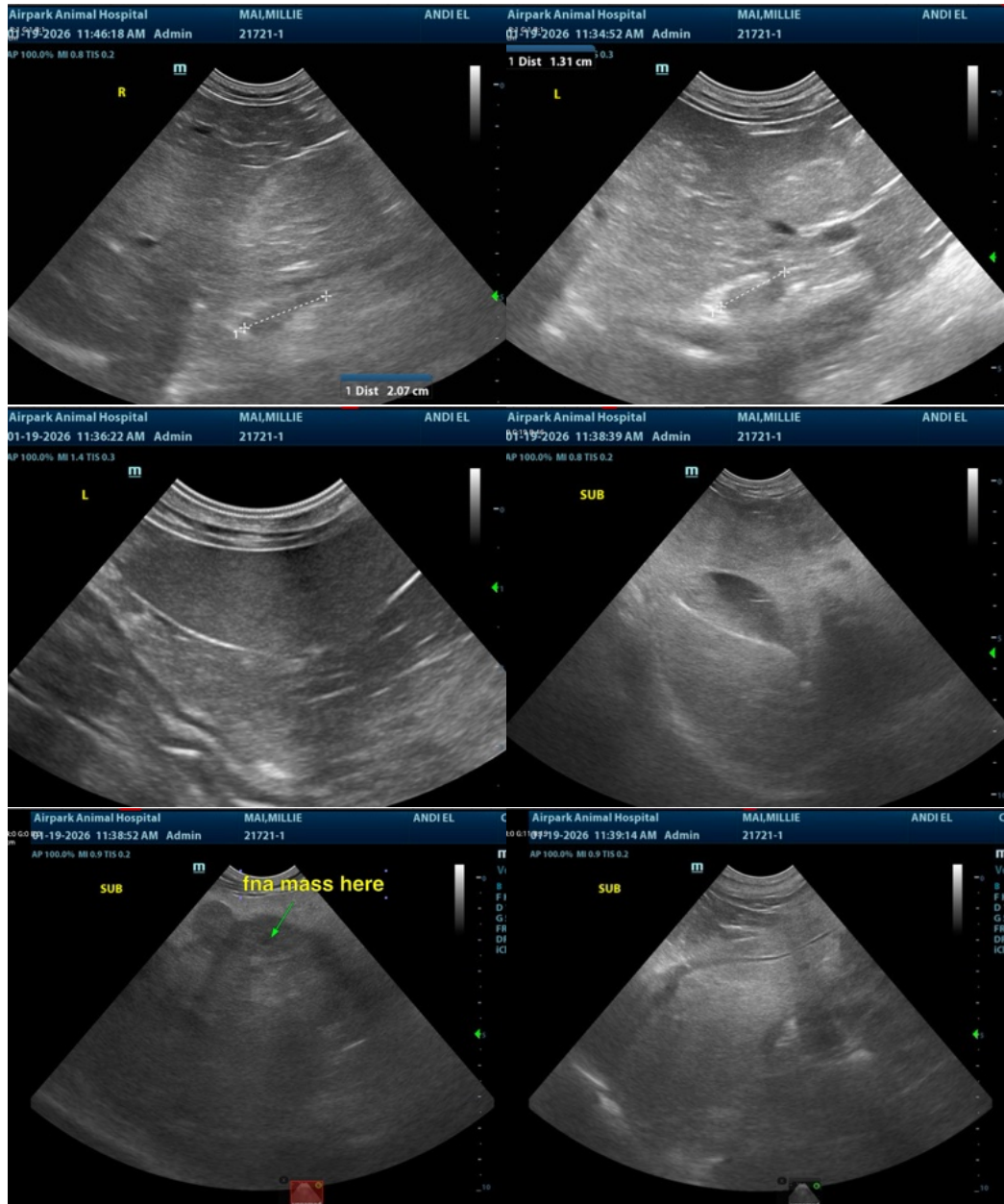
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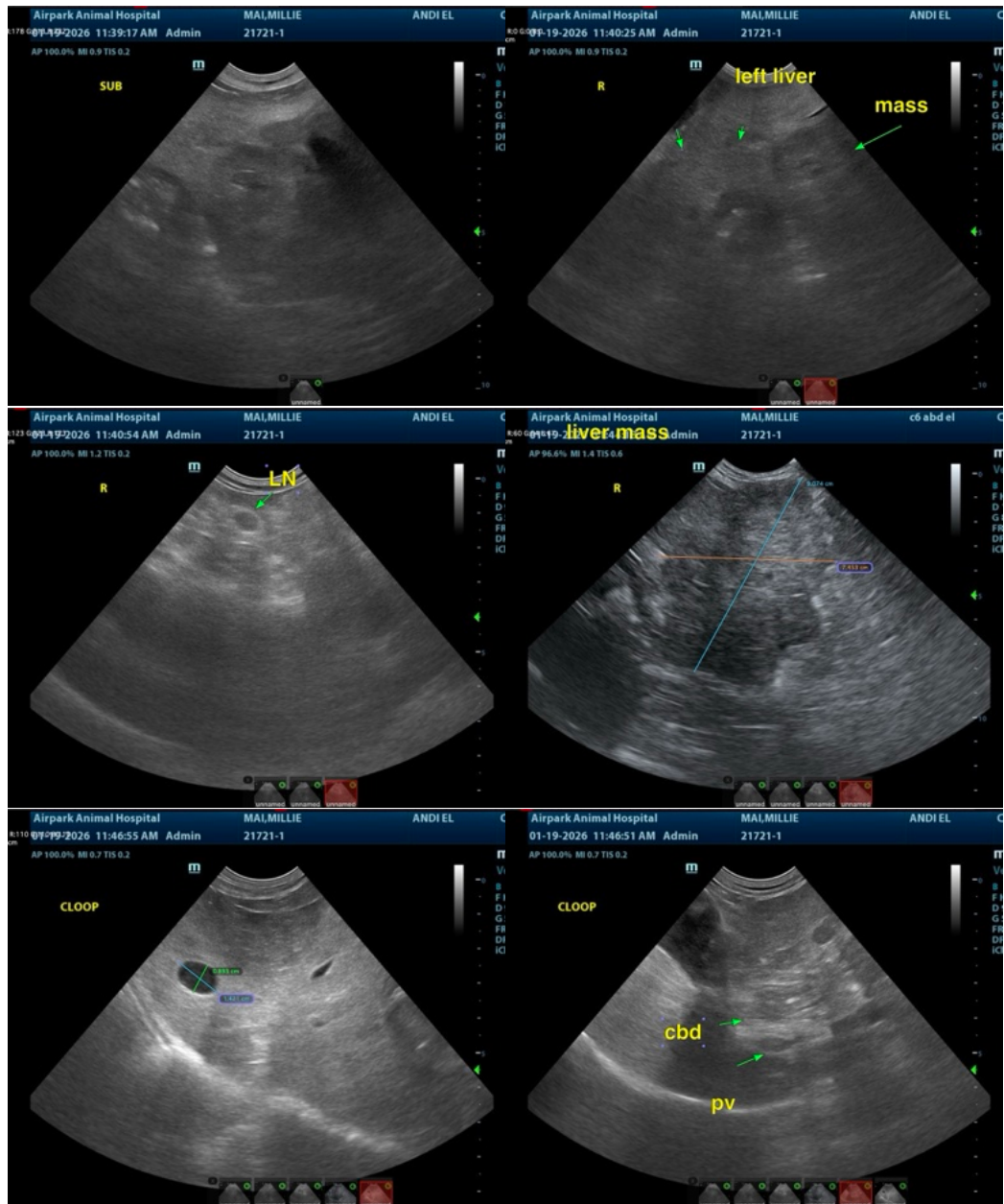
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

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