



PATIENT

Chloe Nordmann

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

FA

AGE

15 Years 4 Months

WEIGHT

17 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Animal Care Centers
(Flanders)

REFERRING VET

Dr. Hallihan

INVOICE

72638

DATE

1/30/26

PRESENTING CLINICAL SIGNS

Elevated liver enzymes- here for ultrasound guided liver aspirate. Has UTI symptoms. On previous ultrasound 12/19/25 pedunculated liver mass. Enalapril 5mg BID

Abnormal PE/Chem/CBC/UA Results: ALT 458, AST 141, All Phos 2161, GGT 52, UPC 0.7, trace blood USG: 1.022 HCT 39%

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 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. Similar to prior sonogram. Slight pinpoint mineralizations noted. The left kidney measured 4.4 cm. The right kidney measured 4.32 cm.

Adrenal Glands

The **left adrenal gland** was persistently swollen, measuring 0.72 cm at the caudal pole and 0.63 cm at the cranial pole.

The **right adrenal gland** was persistently swollen, measuring 1.03 cm at the cranial pole and 0.74 cm at the caudal 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** presented coarse architecture and slight increased portal markings. The pedunculated liver mass has increased in size with areas of cavitation. It appears potentially resectable. The mass is fairly vascular and measures 9.8 cm. Slight hyperechoic mesentery noted around the mass, suggestive of some level of inflammation. Some vascular congestion also noted. The cranial liver and right liver appeared unremarkable. The gallbladder and common bile duct were unremarkable.

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



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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

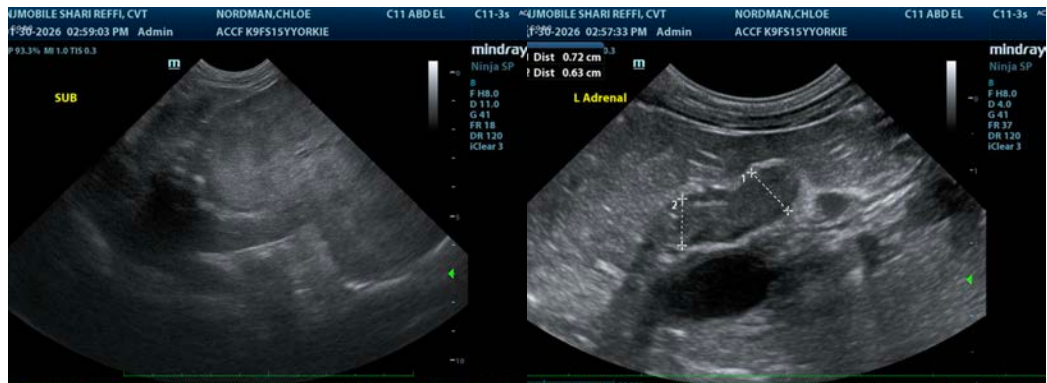
- Pedunculated liver mass with increased growth – hepatoma versus carcinoma, less likely hemangiosarcoma, granulomatous disease possible yet less likely.
- Bilaterally swollen adrenal glands, similar to prior sonogram.
- Age related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the hepatic mass performed without complication. CT for surgical planning strongly recommended followed by surgical consultation.

SonoPath CT Services are offered at the SonoPath Imaging and Veterinary Education Center, 141 Main St (rt 206), Andover, New Jersey, a 20-minute drive west on route 80/206 North from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at

<https://sonopath.com/services/vetimaging/>





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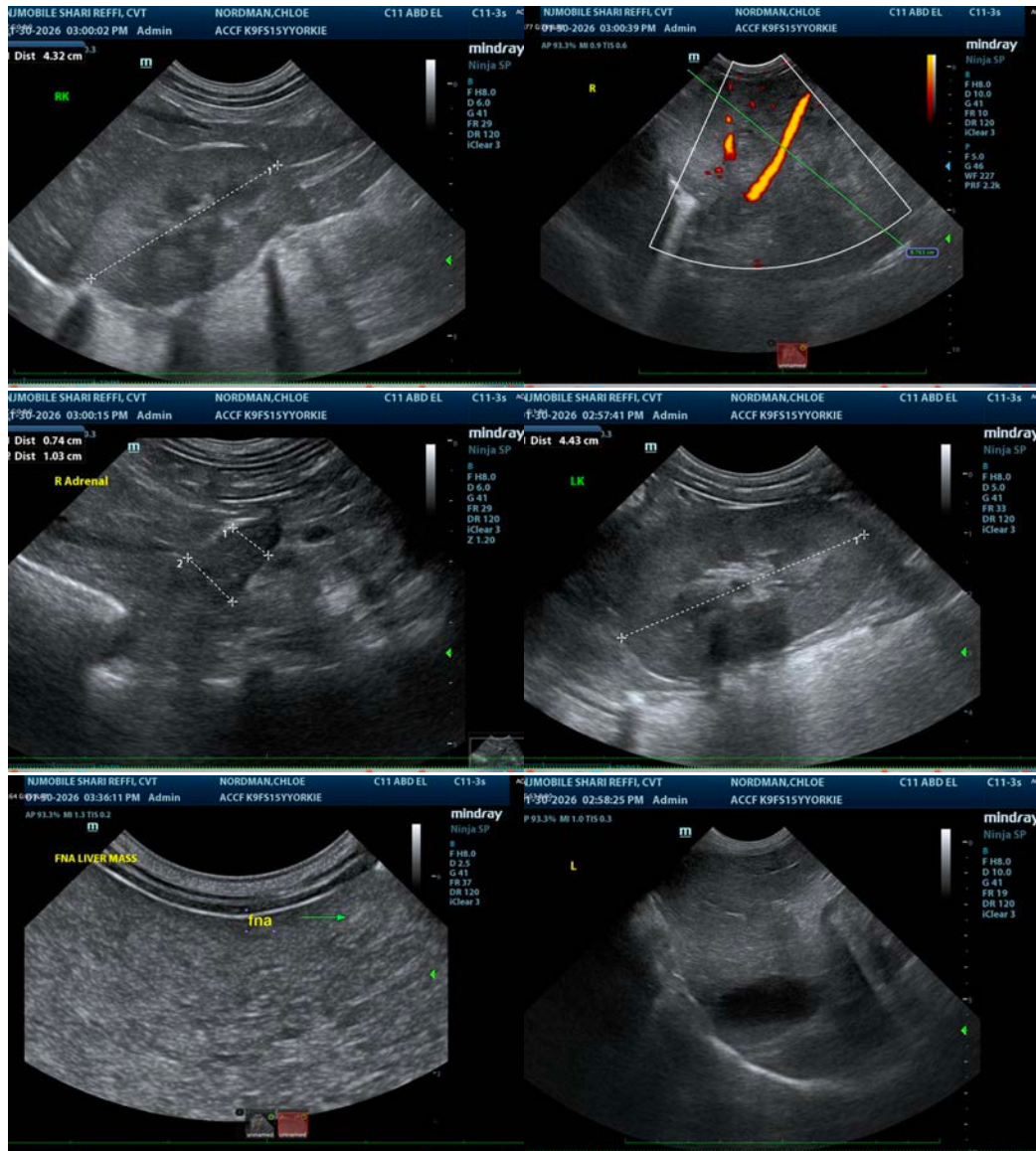
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com
info@SonoPath.com