



**PATIENT**

Buddy Ells

**SPECIES**

Canine

**BREED**

German Shepherd

**SEX**

Neutered Male

**AGE**

12 Years

**WEIGHT**

84.4 pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rebecca Hamilton

**HOSPITAL NAME**

Cordon Road Animal  
Hospital

**REFERRING VET**

Dr. Rowland

**INVOICE**

13025

**DATE**

01/09/2026

**PRESENTING CLINICAL SIGNS**

Decreased appetite since 1/4/26 -No vomiting, occasional diarrhea -Guarded on abdominal palpation -Increased water intake -Lethargic -Accidents in the house, both urination and defecation Meds: Sotalol, Proviavle, and Amox/Clav.

Abnormal PE/Chem/CBC/UA Results: ALT 2094 -Alk Phos 3478 -WBC 22.5 -Neutrophils 17279 - Monocytes 2292 -DGGR Lipase 1272

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra to a depth of 2.0 cm 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 residual **prostate** measured 1.0 cm in diameter.

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 7.5 cm in length. The right kidney measured 6.9 cm in length.

**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 0.80 cm width at the cranial pole and 0.50 cm width at the caudal pole. The right adrenal gland measured 2.15 cm x 1.16 cm width at the cranial pole and 0.65 cm width at the caudal pole.

**Spleen**

The **spleen** revealed a separate hypoechoic mass measuring 3.7 cm deriving from the cranial pole of the spleen with other minor heterogenous changes noted in the spleen.

**Liver**

The left **liver** in this patient revealed an expansive mixed echogenic parenchymal and micronodular mass with regional pericapsular inflammation. The mass measured approximately 10.0+ cm. The mass was pedunculated and at risk for torsion. The mass appeared to be deriving from the mid caudal liver. The cranial aspect of the liver appears normal. The gallbladder and common bile duct were unremarkable. Some vascular congestion was noted within the mass. The bridge of the liver mass to the relatively normal liver measured approximately 1.7 cm.

**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



**PATIENT**

Buddy Ells

**SPECIES**

Canine

**BREED**

German Shepherd

**SEX**

Neutered Male

**AGE**

12 Years

**WEIGHT**

84.4 pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rebecca Hamilton

**HOSPITAL NAME**

Cordon Road Animal  
Hospital

**REFERRING VET**

Dr. Rowland

**INVOICE**

13025

**DATE**

01/09/2026

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.

**Free Abdomen**

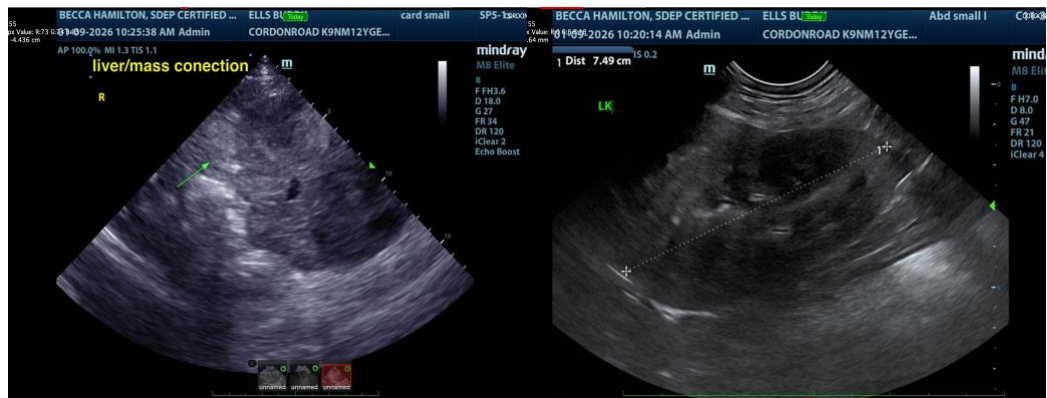
Rapid view of the heart revealed no evidence of right auricular pathology or pericardial pathology, however, tachycardia was present.

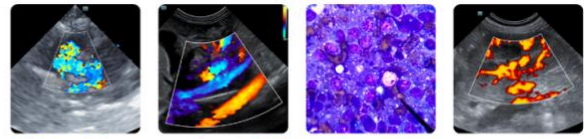
**ULTRASONOGRAPHIC FINDINGS**

- Splenic and hepatic masses- appear potentially resectable.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Two separate pathologies may be enacted in this patient. An EKG is indicated to assess for tachyarrhythmia. Splenic hemangiosarcoma to the liver is possible, however, separate hepatocellular carcinoma or complex hepatoma is possible as well. There is a chance that both lesions may be benign or separately unrelated. No evidence of organ metastasis appears to be present. Chest radiographs followed by CT or direct exploratory surgery with liver lobectomy and splenectomy is indicated. Strongly recommend immediate surgical intervention given the regional inflammation noted associated with the bridge of the mass which may indicate torsion or necrosis or risk for rupture.





**PATIENT**

Buddy Ells

**SPECIES**

Canine

**BREED**

German Shepherd

**SEX**

Neutered Male

**AGE**

12 Years

**WEIGHT**

84.4 pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rebecca Hamilton

**HOSPITAL NAME**

Cordon Road Animal  
 Hospital

**REFERRING VET**

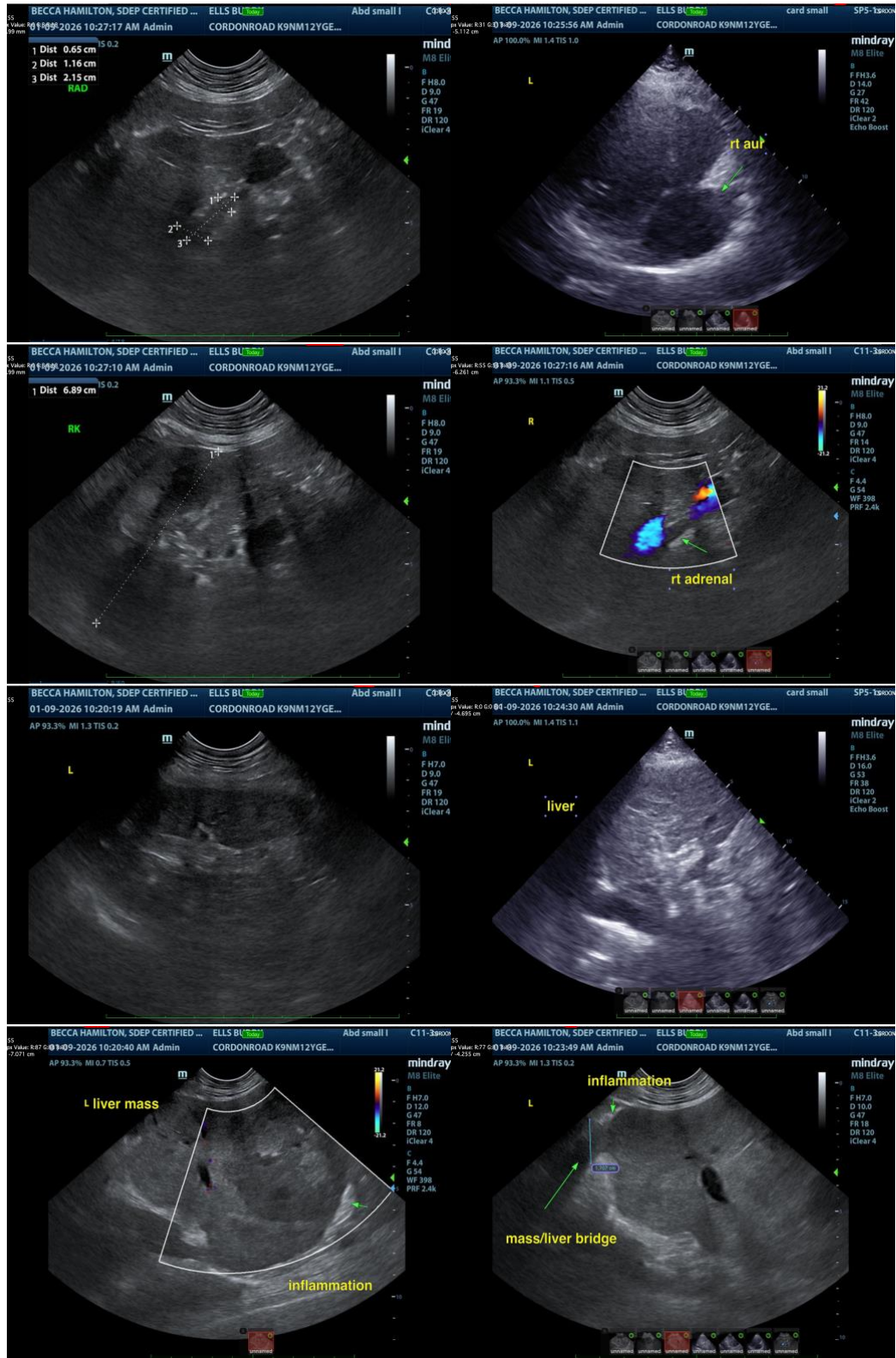
Dr. Rowland

**INVOICE**

13025

**DATE**

01/09/2026





**PATIENT**

Buddy Ells

**SPECIES**

Canine

**BREED**

German Shepherd

**SEX**

Neutered Male

**AGE**

12 Years

**WEIGHT**

84.4 pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rebecca Hamilton

**HOSPITAL NAME**

Cordon Road Animal  
 Hospital

**REFERRING VET**

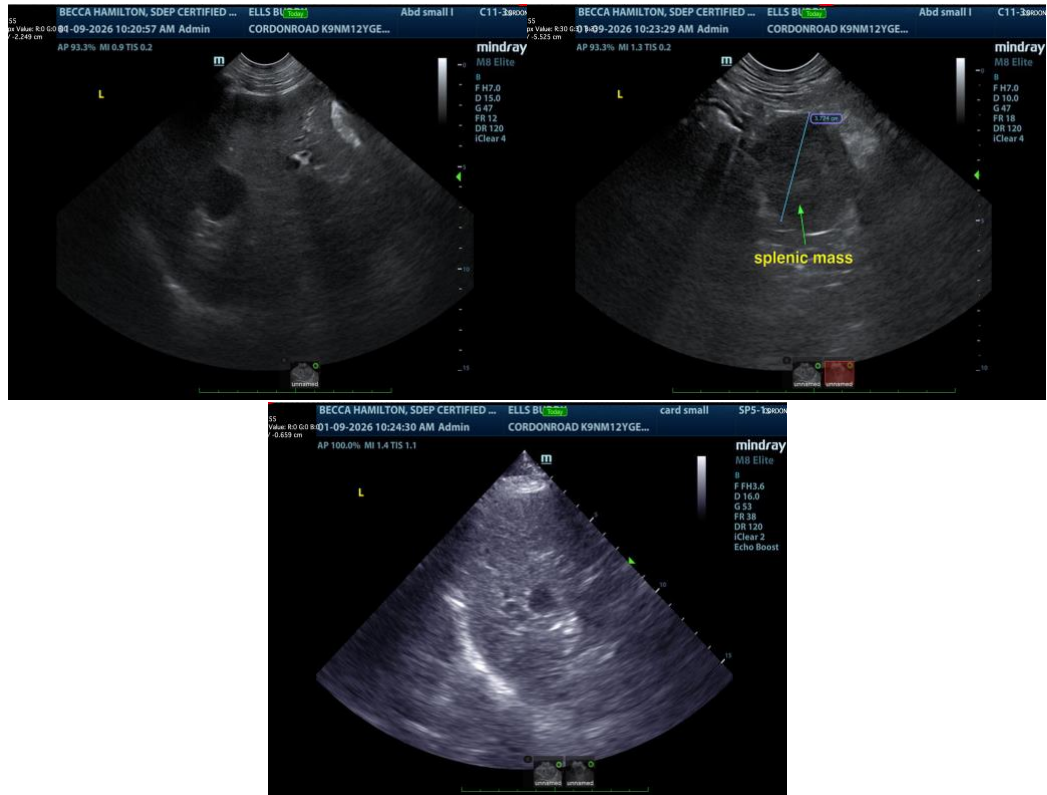
Dr. Rowland

**INVOICE**

13025

**DATE**

01/09/2026



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](mailto:info@SonoPath.com)