

PATIENT

Shadow Hoffman

SPECIES

Canine

BREED

German Shepherd Mix

SEX

Spayed Female

AGE

8 Years 21 Days

WEIGHT

62.8

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

HOSPITAL NAME

Ashley Pines AH

REFERRING VET

Not Provided

INVOICE

35320

DATE

1/9/26

PRESENTING CLINICAL SIGNS

Reason for visit: AUS- SL 1/8/26

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 was noted. Ureteral papillae were normal. The pelvic urethra was imaged 3.0 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 mild 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. Medullary structure differed distinctly from that of the cortex. Slight pyelectasia was noted in the left kidney. The left kidney measured 7.44 cm. The right kidney measured 5.56 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 3.28 cm x 0.66 cm. The right adrenal gland measured 2.04 cm x 0.7 cm.

Spleen

The **spleen** revealed multifocal hypoechoic nodular changes, measuring up to 1.15 cm, with disruption of architecture. No cavitation was noted. No evidence of rupture. The nodular changes are disruptive, and strong concern for round cell neoplasia.

Liver

A 4.5 cm x 5.0 cm hyperechoic mass was noted in the right cranial **liver**, adjacent to the gallbladder. The remainder of the liver was unremarkable with slight heterogenous parenchymal changes. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal.

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 demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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.

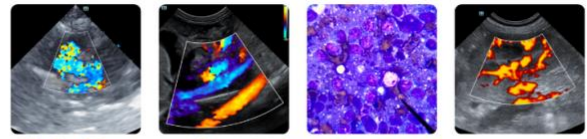
ULTRASONOGRAPHIC FINDINGS

- Right cranial liver mass- low grade carcinoma is suspected. Granuloma or hepatoma are possible, yet less likely.
- Splenic nodule- strong concern for round cell neoplasia. Fungal disease, necrosis, pronounced nodular hyperplasia are all possible.
- Age-related renal changes with slight left kidney pyelectasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend ultrasound guided FNA of the splenic nodules and the liver mass (if accessible) from an SDEP 12 right intercostal position, and this would be a sonographer judgement call at the time of sedation on the accessibility of the liver mass. Prognosis is guarded, depending upon cytology review. A third option is proactive splenectomy and liver inspection and biopsy of the mass adjacent to the gallbladder, if chest radiographs and CNS exams are normal. The liver mass does not appear overtly resectable given its position.





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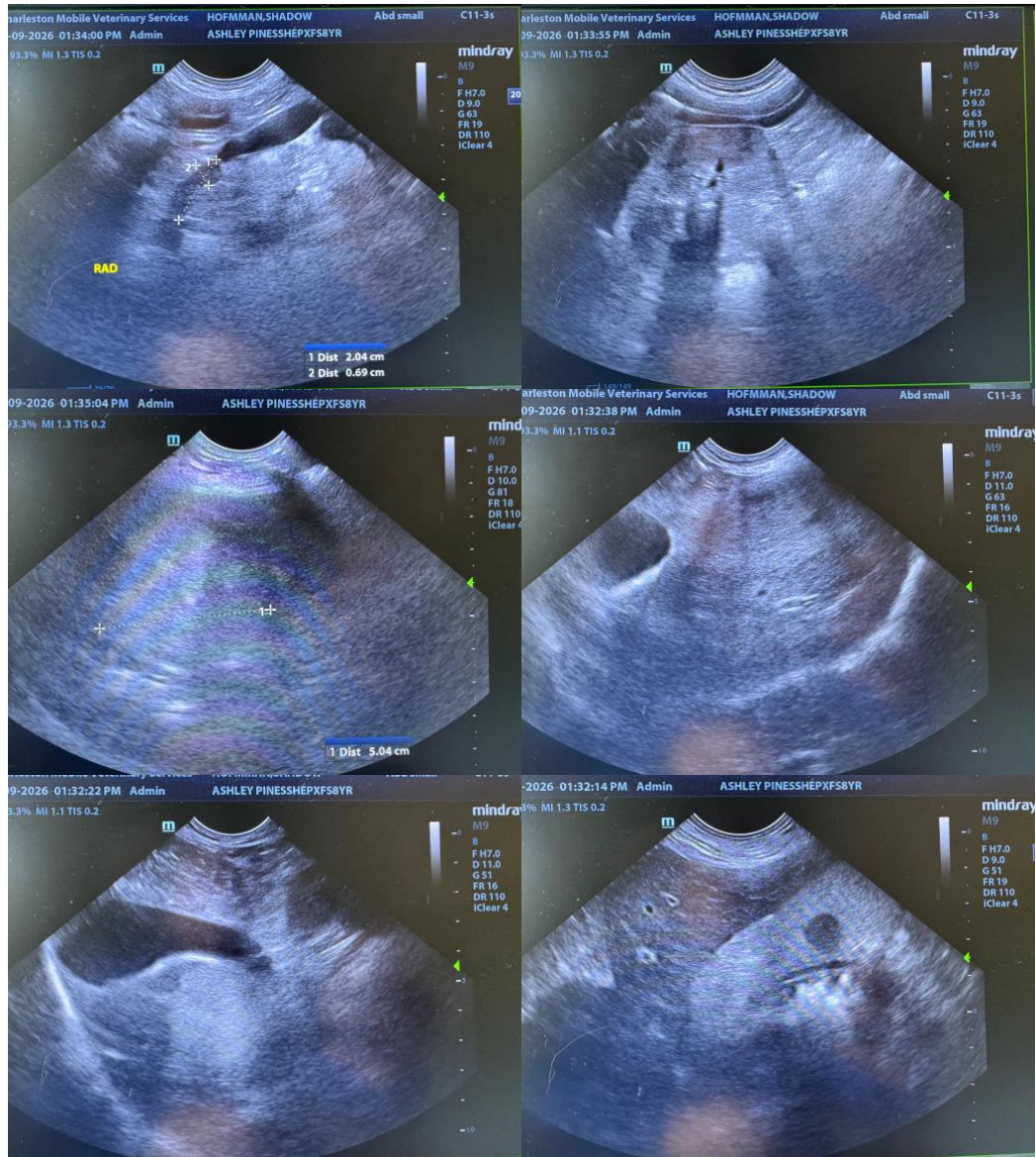
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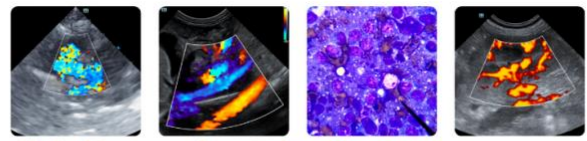
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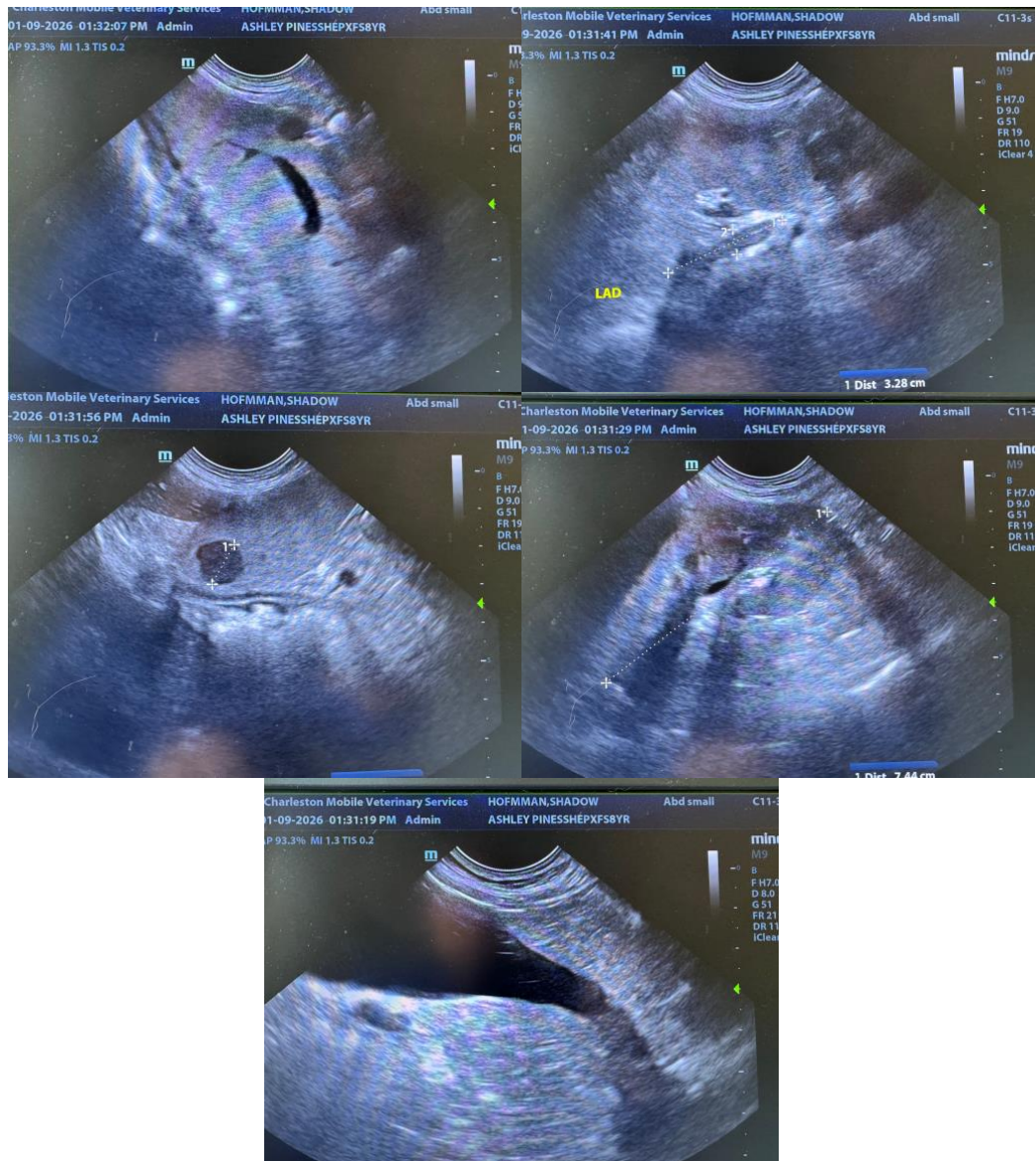
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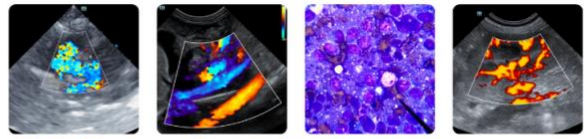


The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com



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