



**PATIENT PRESENTING CLINICAL SIGNS**

Sadie Barry

History: losing weight, doesn't always finish food - not nml for patient DX with Liver mass - 4/18/22 eating Hills A/D on Entyce SID - As needed, Gabapentin 100mL BID, Enalapril 5mg - 1.5tabs BID , Rimadyl 25mg - 1 tab BID Gave Torb IV for light sedation - was not completely sedated - 0.26mL IV  
Abnormal PE/Chem/CBC/UA Results: 5/20/22 - phos. -1.9 (lo), Sodium - 159 (hi) , platelet ct. - 505 (hi) , Neu. - 86 (hi) , lymph. - 10 (lo) , EOS - 1 (lo)

**SPECIES**

Canine

**BREED**

Beagle

**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.

**SEX**

Spayed female

**AGE**

10 years

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. Occasional cortical cyst was noted. The cranial pole of the left kidney revealed a cyst that measured 1.3 cm. The left kidney measured 5.25 cm. The right kidney measured 5.96 cm with moderate degenerative changes, irregular contour and microinfarcts.

**WEIGHT**

19.2 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Adrenal Glands**

The right **adrenal gland** was uniform and measured 0.6 cm at the cranial pole and 0.4 cm at the caudal pole. The region of the left adrenal gland was imaged with no evidence of pathology.

**IMAGING PERFORMED BY**

Heather

**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.

**HOSPITAL NAME**

Animal Care Center of  
Flanders

**REFERRING VET**

Dr. Casulli

**Liver**

The **liver** revealed a mixed echogenic mass in the left cranial liver. The gallbladder was impinged upon by the mass. However, the right liver was unremarkable. The mass impinged upon the diaphragm cranially.

**INVOICE**

39584

**DATE**

10/3/22



**PATIENT**

**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**

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**

Left-sided liver mass, potentially resectable.

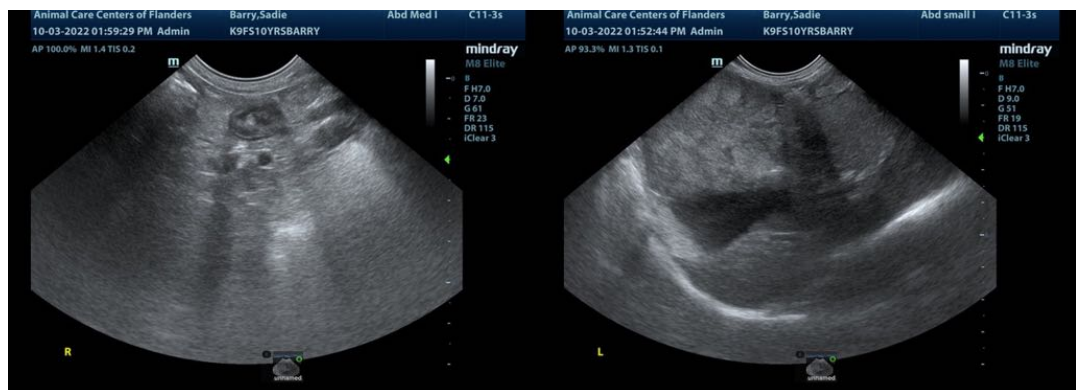
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

CT evaluation for surgical planning is indicated.

**ABOUT SONOPATH CT SERVICES:**

**SonoPath CT Services** are offered at the [Blairstown Animal Hospital](#). Blairstown animal hospital is just a 30-minute drive west on route 80 from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at

<https://sonopath.com/resources/sonopaths-teleconsultation-services-and-sdep-certification/sonopath-ct-services>





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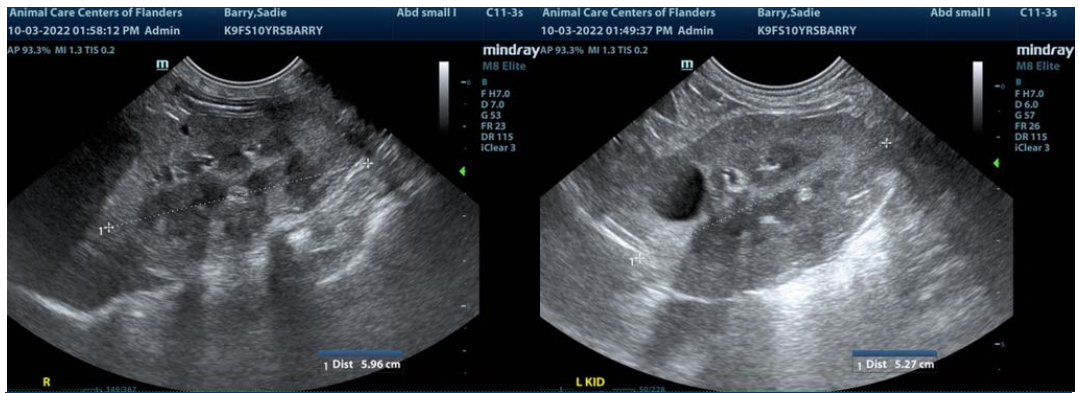
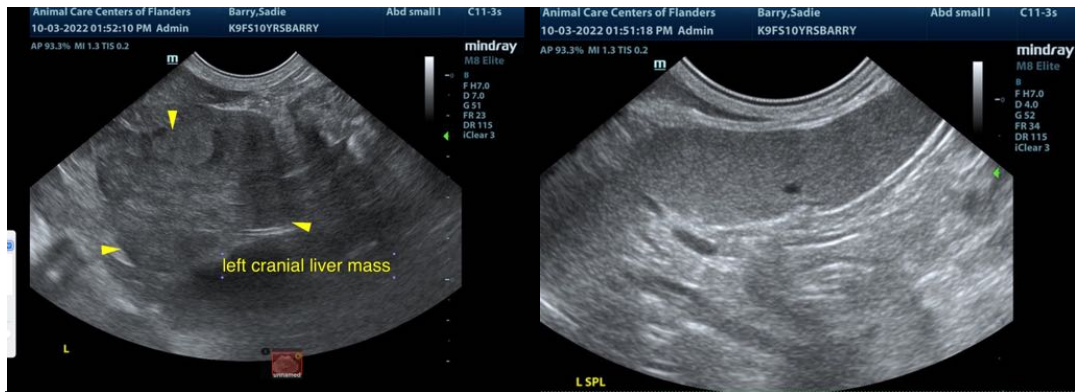
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com  
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