



**PATIENT**

Charlie Patel

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

Spayed Female

**AGE**

11 Years 8 Months

**WEIGHT**

12.8 pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

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

**HOSPITAL NAME**

Ringwood Animal  
Hospital

**REFERRING VET**

Dr. Wilkes

**INVOICE**

12234

**DATE**

11/13/25

**PRESENTING CLINICAL SIGNS**

FNA of the liver. Nodules seen on last ultrasound.

Current Meds: Telmisartan

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

The **urinary bladder**, trigone, and pelvic urethra (to a depth of 3.0 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 5.0 mm.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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. The left kidney measured 4.16 cm in length. The right kidney measured 4.69 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 1.7 cm x 0.76 cm width. The right adrenal gland measured 2.01 cm x 1.09 cm width at the cranial pole and 0.69 cm width 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** in this patient revealed a persistent left medial mass measuring 3.14 cm presenting mildly vascular on power doppler assessment. Mass impinges upon the neck of the gallbladder. Ultrasound guided 25-gauge FNA was performed with solid recovery in two separate samples. The remainder of the liver was unremarkable with minor coalesced bile in the gallbladder was noted. The common bile duct appeared 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



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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.

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***Pancreas***

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation, then low-grade smoldering chronic pancreatitis should be suspected.

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**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Spayed Female

- Age-related renal/hepatic changes.
- Progressive hepatic mass.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommend proactive liver lobectomy in this patient. A CT may be appropriate. Low-grade hepatocellular carcinoma is suspected with possible hepatoma-type vacuolar hepatopathy depending upon cytology results. The mass appears to be progressively expansive yet not particularly aggressive.

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**ABOUT SONOPATH CT SERVICES:**

**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/sonopath-ct-services>

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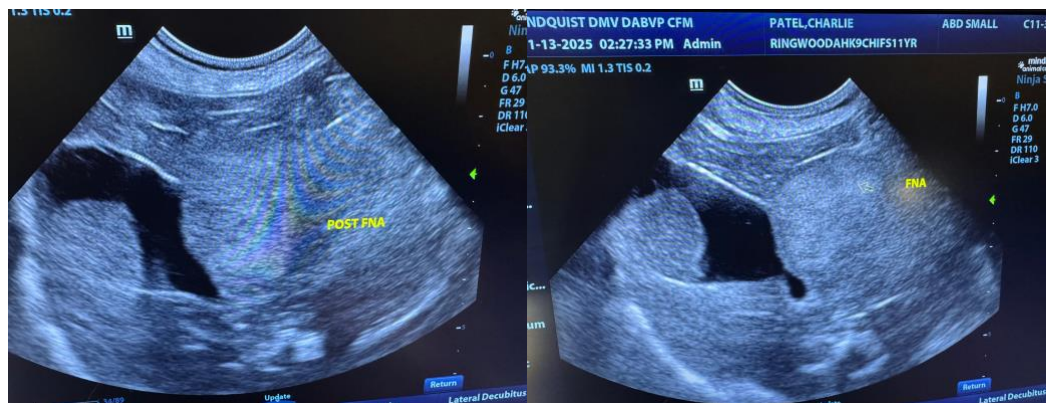
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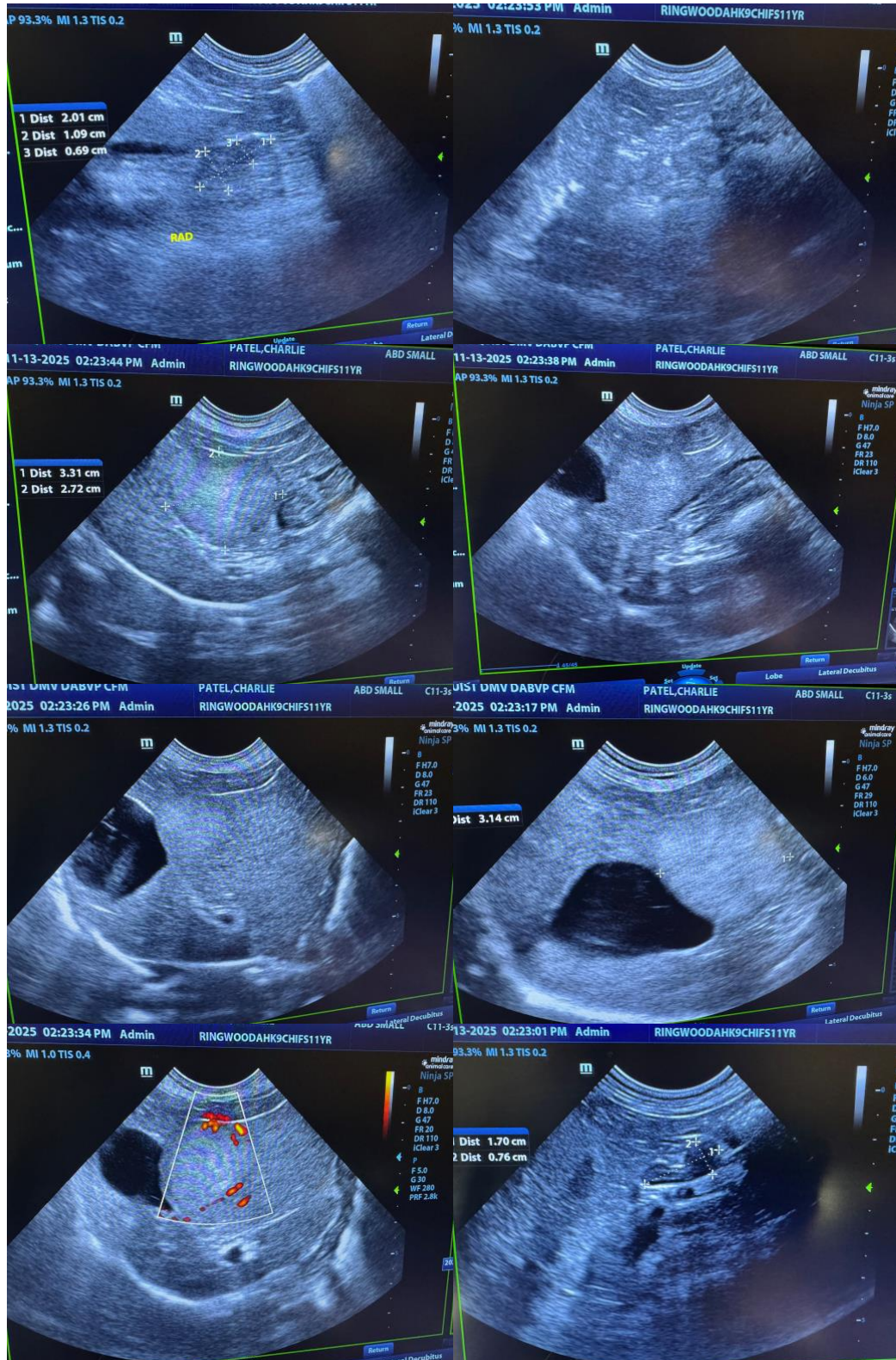
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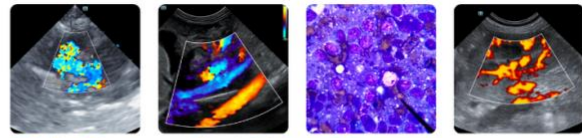
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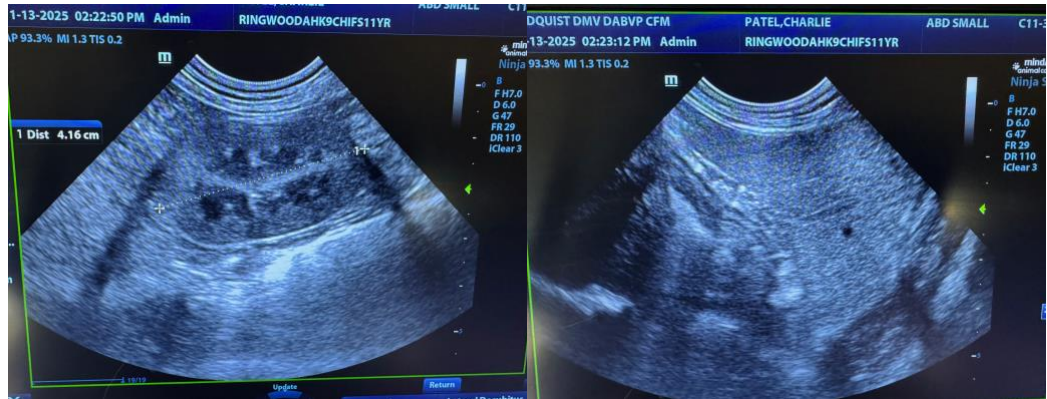
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com

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