



PATIENT

Sadie Farris

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed female

AGE

9 years

WEIGHT

53 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ashley Whitesell

HOSPITAL NAME

Dickson AC

REFERRING VET

Dr. Whitesell

INVOICE

68402

DATE

11/6/25

PRESENTING CLINICAL SIGNS

History: Was scanning for echo but incidentally found possible abdominal mass so converted to abdominal ultrasound. Images have already been sent/recieved by sonopath. Only the echo was analyzed so this is the additional upload case requested by sonopath in order to analyze the abdominal views.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction and appeared normal. 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 **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 6.5 cm. The right kidney measured 6.3 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 0.5 cm. The right adrenal gland measured 1.2 cm at the cranial pole and 0.7 cm at the caudal pole.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself. This is a positional variant and is not pathological. There was no evidence of significant disease.

Liver

The **liver** revealed a parenchymal mass that measured 10+ cm and was deriving from the left liver. The liver mass was impinging on the spleen. The cranial liver was unremarkable. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder was unremarkable.



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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

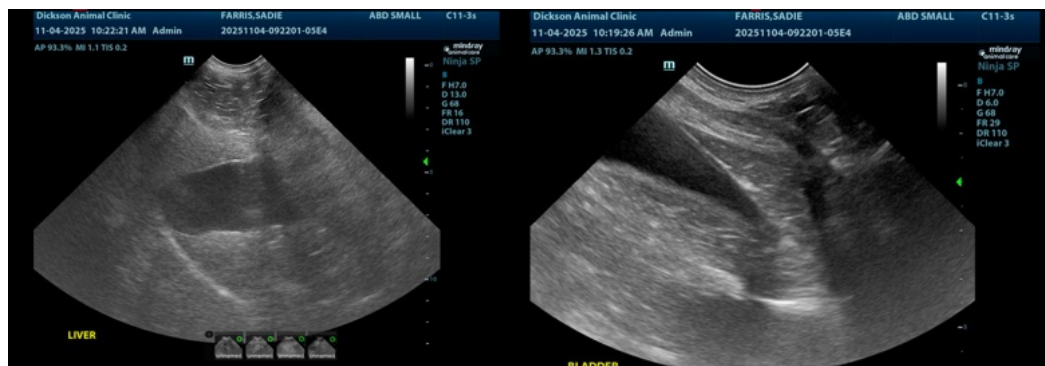
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- 10+ cm expansive puffy cloud type liver mass noted and impinged upon the spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of free fluid. The left liver mass impinged upon the spleen. The mass is potentially resectable. There is a strong concern for hepatocellular carcinoma. The mass appears potentially necrotic. I cannot definitively say the spleen is not involved in the neoplastic process. However, it appears to be separate from the liver mass. CT evaluation is necessary for further definition or direct exploratory surgery with expectation of left liver lobectomy. Prognosis is guarded.





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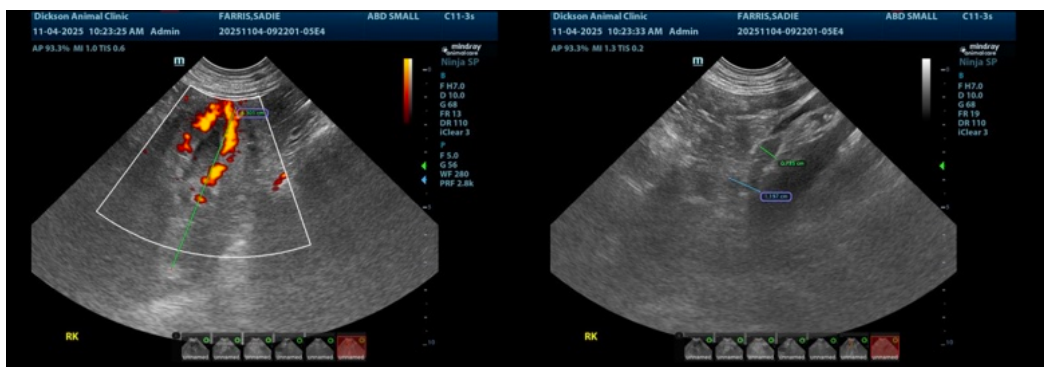
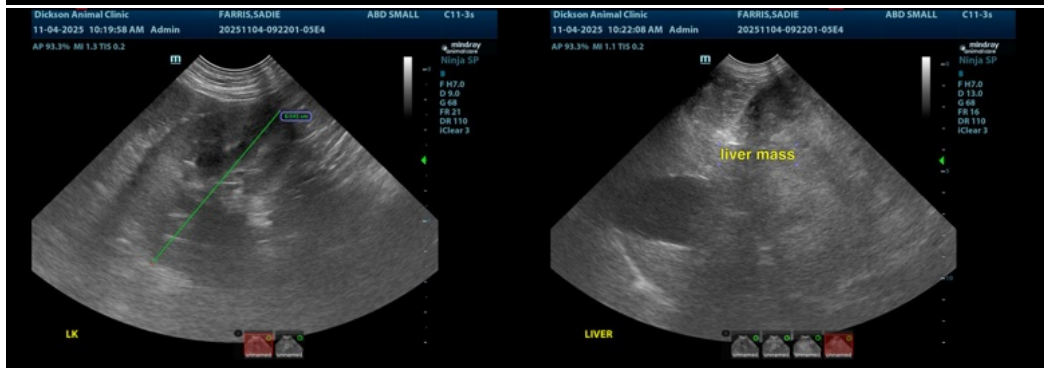
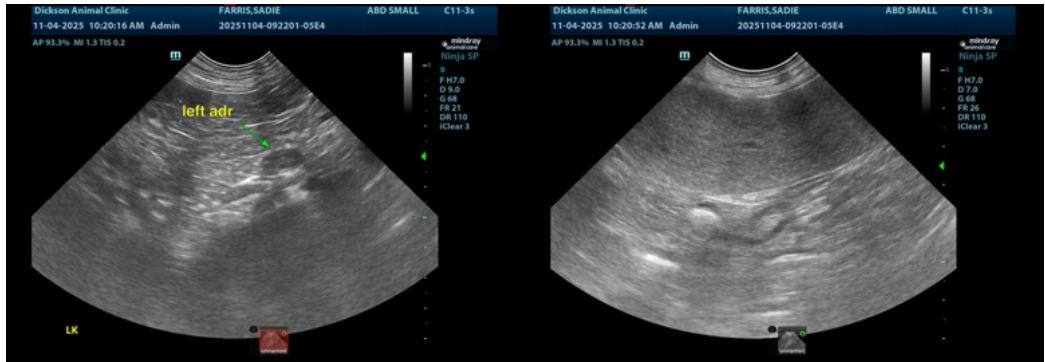
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 of SonoPath.com

info@SonoPath.com