



PATIENT

Laddie Romick

SPECIES

Canine

BREED

Scottish Terrier

SEX

Netuered male

AGE

8 years

WEIGHT

18.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Salas

HOSPITAL NAME

Tenafly VC

REFERRING VET

Dr. Salas

INVOICE

69250

DATE

12/12/25

PRESENTING CLINICAL SIGNS

History: 8 yr old MN Scottish Terr 18lbs. historically has had elevated ALP 1k range and ALT 100 range. this month presented with lethargy, wt loss, diarrhea. labwork showed mild reg anemia, all liver enzymes elevated ALP 5k, ALT 220, AST 150, decreased chol, UTI, isosthenuria urine, low t4. on ultrasound large splenic mass and concern for liver. mild ascites noted. 2 view full body rads taken- chest is clear.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra 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 right kidney measured 5.0 cm. The left kidney measured 5.2 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The **spleen** was not visualized and is likely displaced dorsally or involved in the neoplastic hepatic event.

Liver

The **liver** was riddled with multiple, nodules and expansive macronodular changes and masses. Areas of echogenic free fluid were noted. Portions of the mass appear to be pedunculated. Torsion is a potential or rupture given the free fluid. Enhanced mesentery was noted around the liver masses. The gallbladder was over distended with suspended debris. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.



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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

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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.

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ULTRASONOGRAPHIC FINDINGS

Coalescing liver masses with free fluid.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Eric Lindquist, DMV
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CT evaluation for potential surgical planning is warranted. The right cranial liver appeared unremarkable. However, the hepatic nodular changes tend to expand dorsally. Clean resection will likely be challenging in this patient. I suspect carcinoma. Hemangiosarcoma is less likely.

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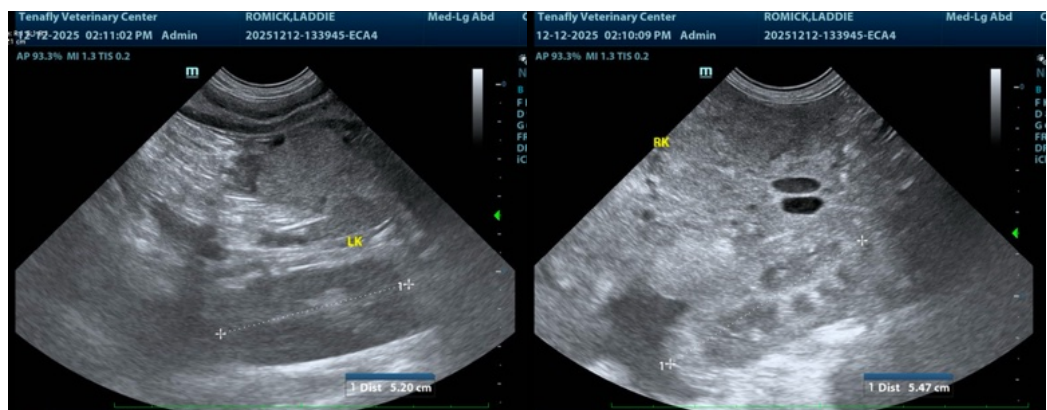
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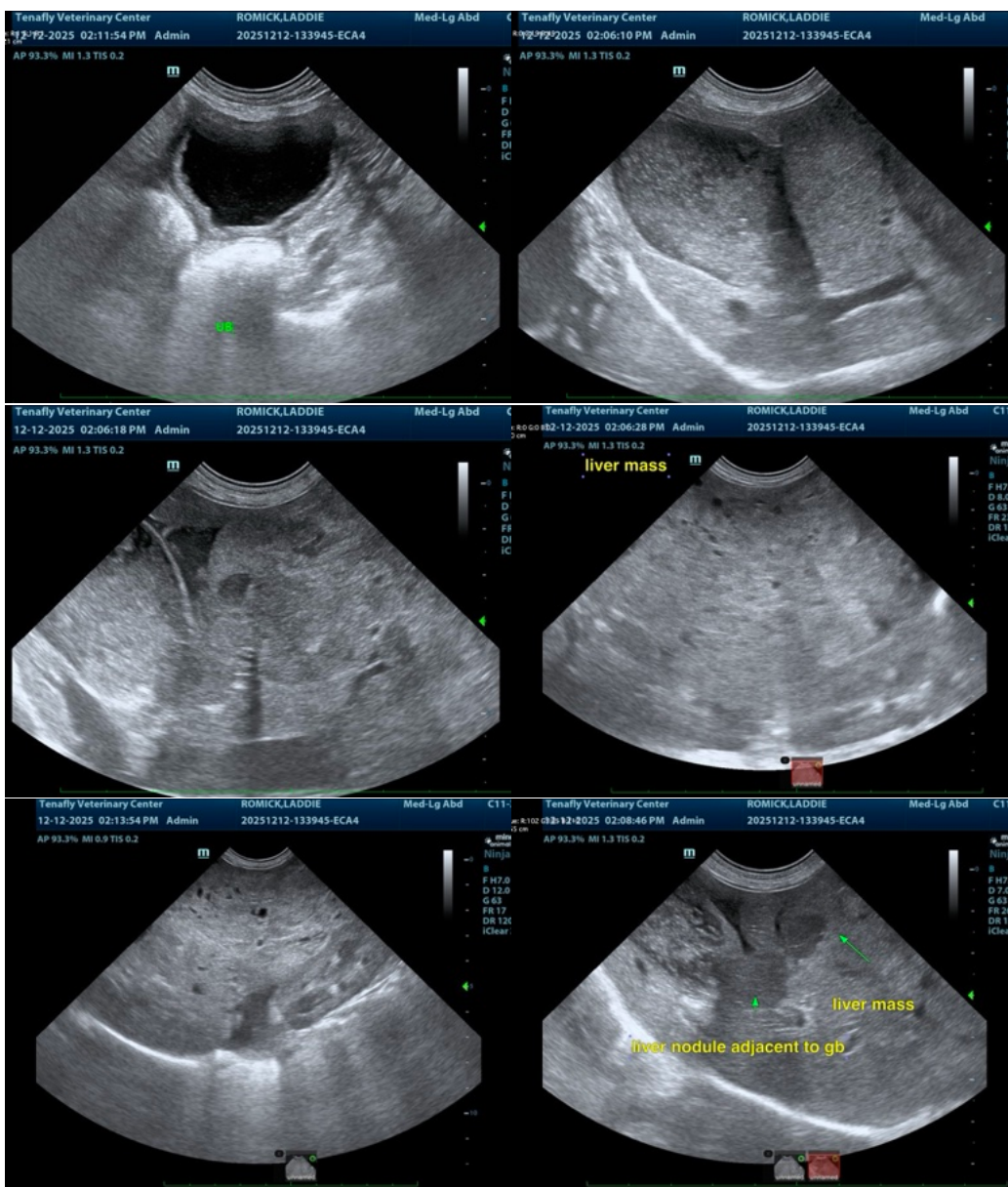
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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. IUUSS, CEO of SonoPath.com

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