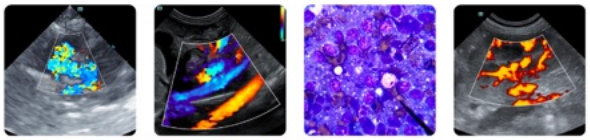


PATIENT

Emily Crowe

SPECIES

Canine

BREED

Whippet Mix

SEX

Spayed female

AGE

15 years

WEIGHT

18.4 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Todd

HOSPITAL NAME

Lambs Gap AH

REFERRING VET

Dr. Todd

INVOICE

69290

DATE

12/15/25

PRESENTING CLINICAL SIGNS

History: Emily is a fifteen year old, FS, Whippet mix with a history of chronic progressive liver enzyme elevations. She also has a grade III/VI heart murmur, a recently ruptured right CCL and UTI. Current medications are dasuquin and marboquin. Emily will not take denamarin or hepaticlear liver supplements. Emily has had a decreased - absent appetite (and sometimes selective appetite) for her Dad. She will eat hot dogs and peanut butter.
Abnormal PE/Chem/CBC/UA Results: 10/4/25: ALT=229, ALP=569 11/12/25: ALT=883, ALP=1328 12/10/25: ALT=330, ALP=980, cPL wnl

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.

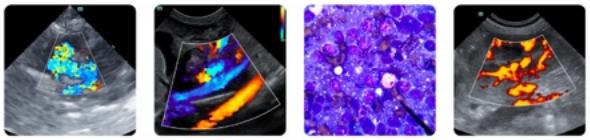
The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 5.0 cm. The left kidney measured 3.72 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 1.53 x 0.44 cm at the cranial pole and 0.48 cm at the caudal pole. The right adrenal gland measured 1.07 x 0.76 cm at the cranial pole and 0.5 cm at the caudal pole.

Spleen

The **spleen** presented discrete and diffuse hypoechoic micronodular parenchyma. The capsule was generally smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. Hyperechoic lipid plaques were noted in the spleen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. These changes are consistent with age related benign nodular hyperplasia. However, early hemangiosarcoma, lymphoma or mast cell neoplasia could not be entirely ruled out. Fine needle aspirate or biopsy following coagulation panel would be ideal especially of any weight loss is an issue. Otherwise, follow up ultrasound in 3-4 weeks to track these changes would be a more conservative approach.



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Liver

The **liver** in this patient presented coalescing nodular masses that measured 4.3 cm and occupied the medial dorsal and medial right liver. A more aggressive, right dorsal hepatic mass was noted at the caudal aspect of the liver. This mass measured 5.4 x 6.4 cm. The gallbladder presented a minor amount of dependent bile.

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. 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.

ULTRASONOGRAPHIC FINDINGS

Coalescing liver masses, do not appear cleanly resectable.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT evaluation is recommended for potential surgical approach can be considered. Ultrasound-guided FNA is indicated. Carcinoma versus granulomatous are the primary concerns in this patient. There is a minor potential for pronounced nodular hyperplasia. Ultrasound-guided FNA, cytology and culture of the liver is indicated.

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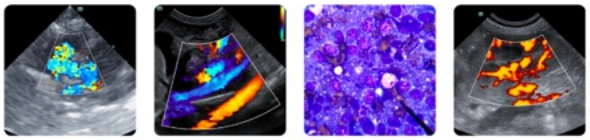

Clinical Sonography & Telecytology
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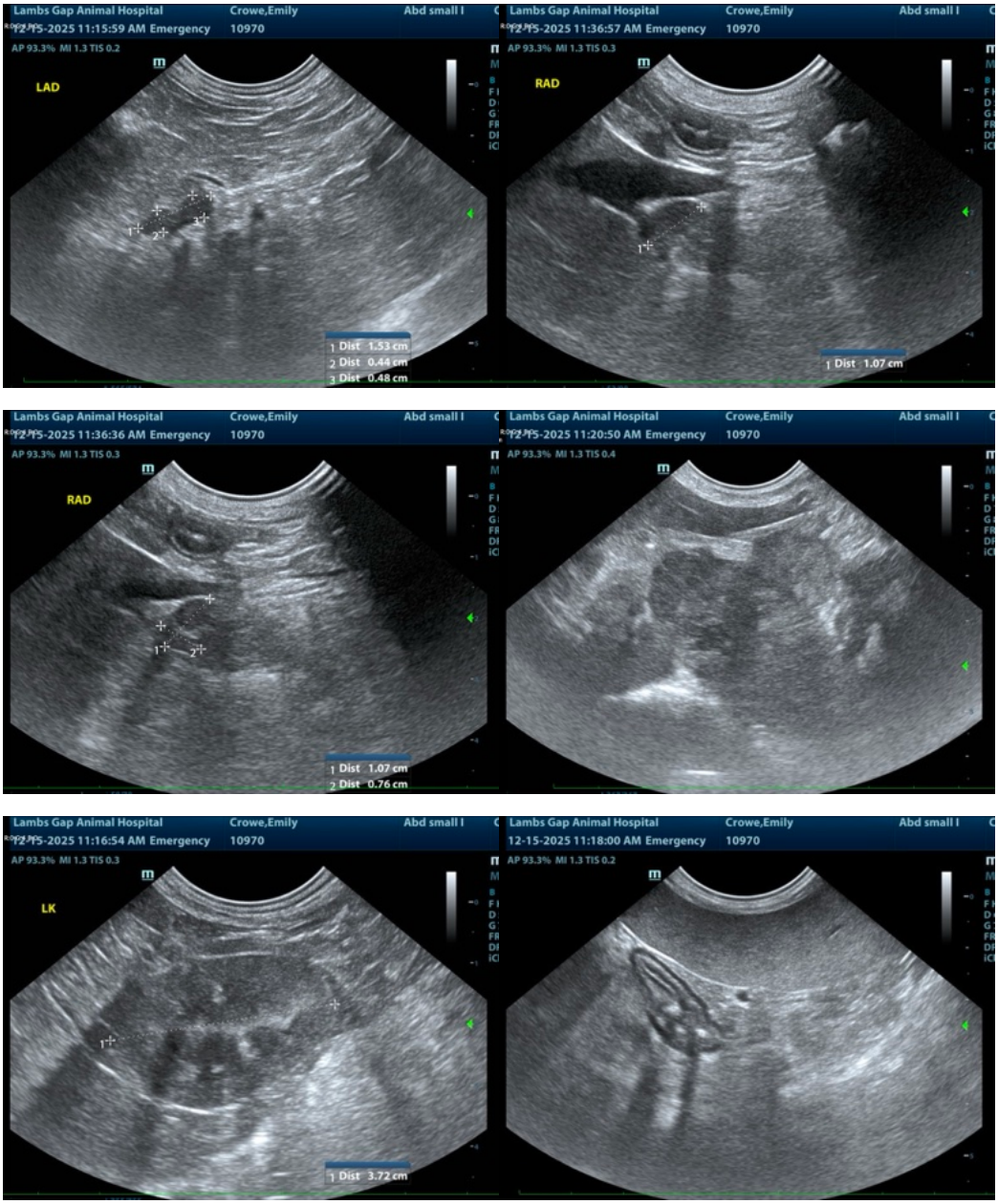

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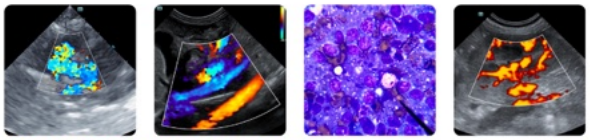

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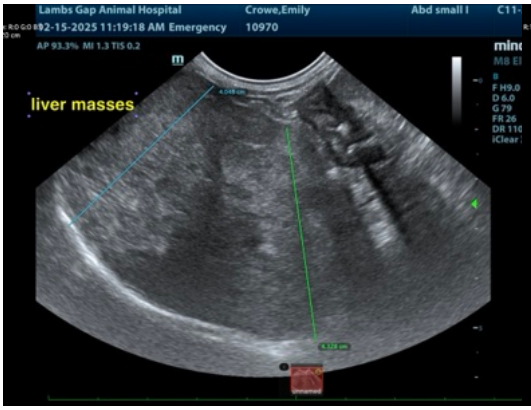

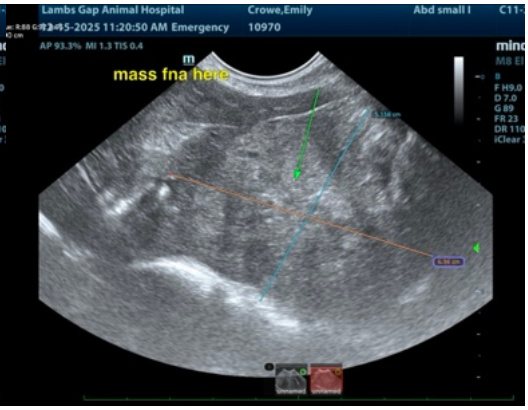

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 of SonoPath.com

info@SonoPath.com