



PATIENT

Mae West Bussel

SPECIES

Canine

BREED

Toy Poodle

SEX

Spayed Female

AGE

12 Years 3 Months

WEIGHT

9.64 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ken Leal

HOSPITAL NAME

Long Valley AH

REFERRING VET

Dr. Russell Earl

INVOICE

35913

DATE

12/15/25

PRESENTING CLINICAL SIGNS

History: Elevated liver enzymes Weight loss mild anemia Chronic history of increased respiratory effort. More recently has had increasing liver enzymes. Tense, nonpainful abdomen. Medications : Denamarin, hydrocodone 5 mg/ homatropine 1.5 mg. 1/4 tab qid.

Abnormal PE/Chem/CBC/UA Results: AlkPhos = 575 (559 on recheck) AST = 547 ALT = "off the scale" (same on recheck) HCT = 35.8%. Hgb = 11.9 (decreased) MCV = 58.0 (decreased) MCH + 19.3 (decreased).

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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. Mineralization was noted in the kidneys, nonobstructive. The left kidney measured 3.6 cm. The right kidney was subnormal in size, measuring 3.48 cm.

Adrenal Glands

The region of the **adrenal glands** was imaged and revealed no evident pathology, however, the patient was tense in this region when imaging this region.

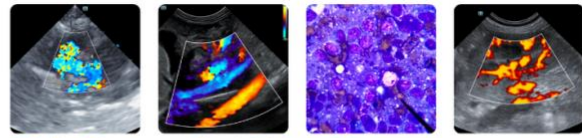
Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes were noted. This is a mild change.

Liver

The **liver** in this patient revealed a microcavitated mass with irregular swelling and localized free fluid adjacent to the liver mass. The mass was pendunculated deriving from the caudal aspect of the left liver. Enhanced mesentery was noted. The **gallbladder** was overdistended with suspended bile.

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.

Pancreas

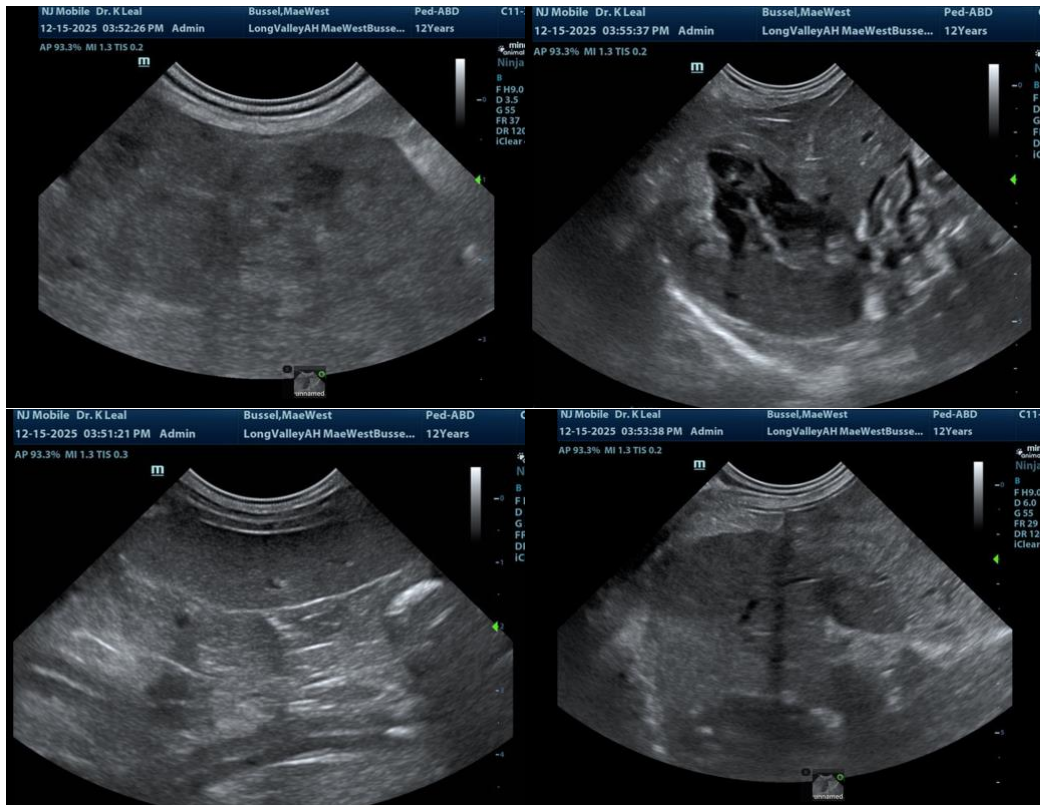
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Pedunculated liver mass occupying the caudal aspect of the left liver with regional free fluid and inflammation, potential torsion.
- Concurrent gallbladder mucocele
- Age-related renal changes with mineralization.
- Age-related splenic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Immediate left liver lobectomy and cholecystectomy are indicated. The mass does appear resectable. This is a surgical emergency.





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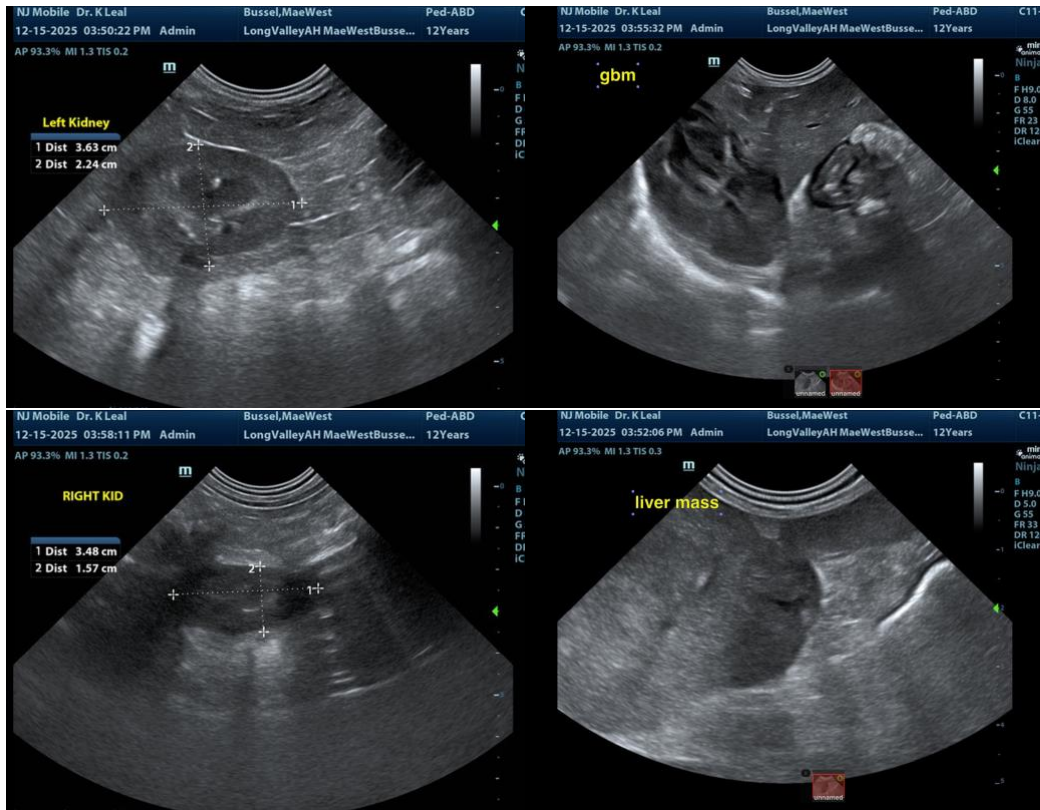
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
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