



**PATIENT**

Maya Maselli

**SPECIES**

Canine

**BREED**

Havanese

**SEX**

Spayed Female

**AGE**

13 years

**WEIGHT**

11.4 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jessica Miller, RDMS

**HOSPITAL NAME**

Animal Genreal on  
Hudson

**REFERRING VET**

Dr. Lang

**INVOICE**

94834

**DATE**

12/22/21

**PRESENTING CLINICAL SIGNS**

ALP steadily increasing over the last year. Hx of liver nodule and enlarged adrenal glands bilaterally. Current meds: Apoquel, Bravecto  
Abnormal PE/Chem/CBC/UA Results: ALP 1662, platelet count 488000 UA SG: 1.027

**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 4.55 cm. The left kidney measured 4.34 cm.

**Adrenal Glands**

The left **adrenal gland** was enlarged similar to the prior exam with nodular changes that measured 1.6 x 0.42 cm at the caudal pole and 0.75 cm at the cranial pole. The right adrenal gland measured 1.51 x 0.97 cm at the cranial pole and 0.52 cm at the caudal pole with nodular changes. There was no progression from the prior sonogram. Bilateral adenomatous hyperplasia is likely.

**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 was noted.

**Liver**

The **liver** revealed minor heterogenous, hypoechoic, non-disruptive nodular changes. Macronodular changes were noted in the right cranial liver and measured 3.0 x 2.0 cm. This is moderately progressive from the prior sonogram. This created a hepatoma type mass. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology 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**

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**

Progressive hepatic nodule. Hepatoma type mass, yet non-disruptive. This is likely benign.

**AGE**

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Otherwise, stable abdomen without significant progression of underlying pathology.

**WEIGHT**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the hepatic nodule is warranted and is potentially resectable, yet likely low grade.

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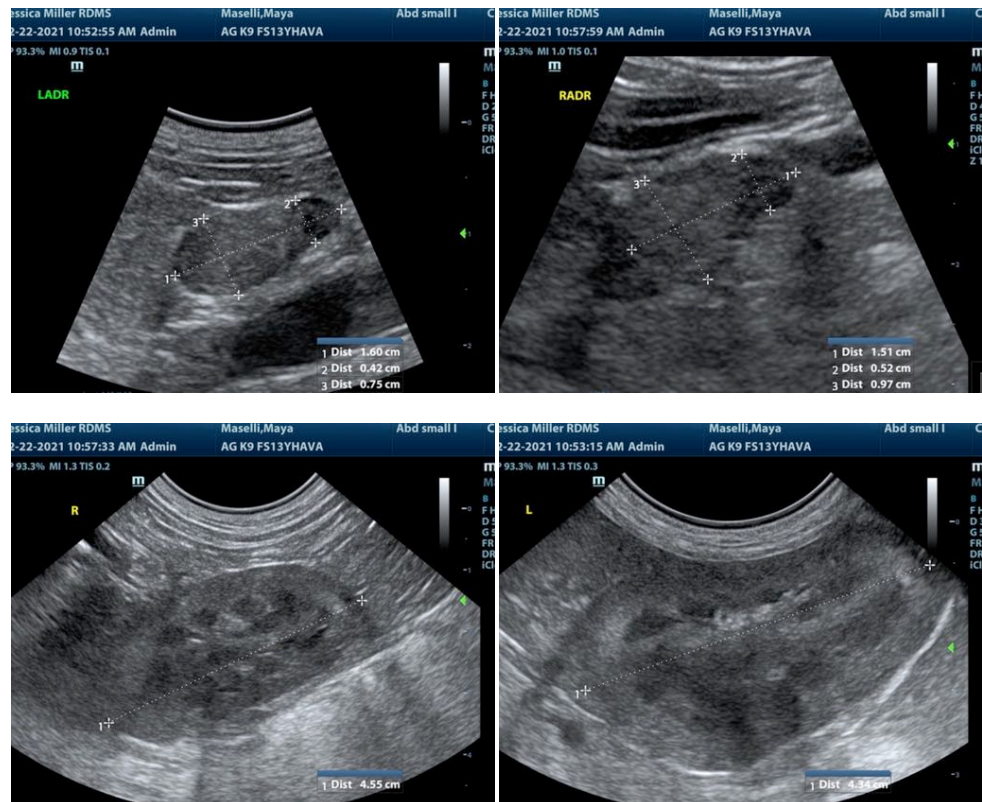
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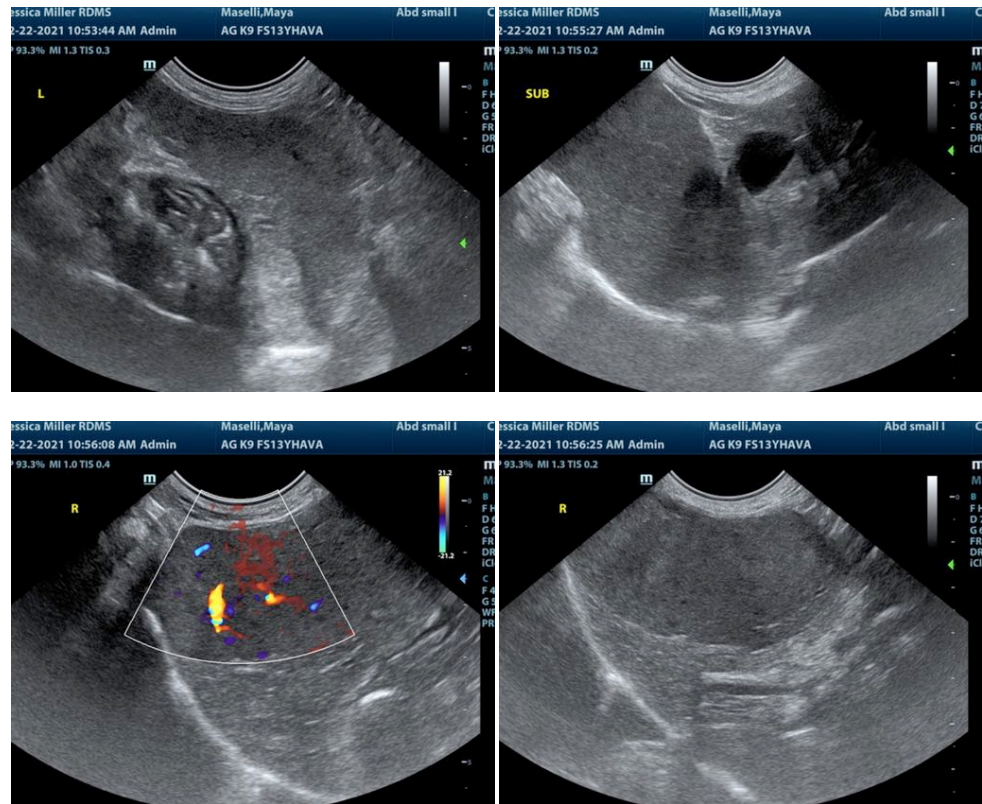
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com  
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