



PATIENT

Dino Oliveri

SPECIES

Canine

BREED

Beagle

SEX

Intact male

AGE

10 years

WEIGHT

45 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Brandi Fatkin, DVM

HOSPITAL NAME

VCA Sinking Spring AH

REFERRING VET

Dr. Fatkin

INVOICE

71600

DATE

2/16/26

PRESENTING CLINICAL SIGNS

- Restlessness, gagging, shivering, standing in one place
- ALT 725 Alk Phos 382

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone 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 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 left capsule was acceptably uniform without significant irregularities. The left kidney measured 6.1 cm. The right kidney revealed cortical collapse and infarct at the dorsal cortex. The right kidney measured 7.0 cm.

Adrenal Glands

The **left adrenal gland** was 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 0.7 cm. The right adrenal gland was not visualized.

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 a hypoechoic nodular change without significant disruption of architecture and mild, irregular contour. Generalized hepatomegaly was present. The left medial liver revealed other disruptive nodular mass. The lesion measured 3.8 x 2.8 cm with areas of cavitation. The gallbladder and common bile duct were 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

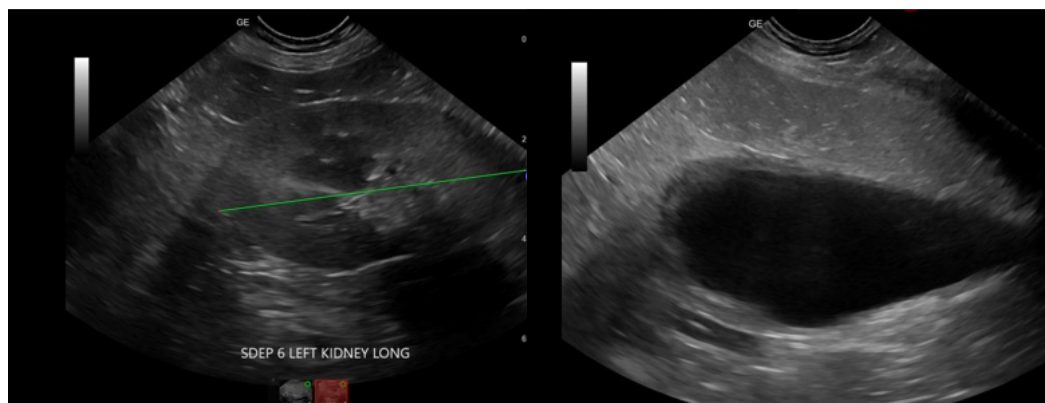
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Hepatic mass and hypoechoic nodule. Hepatic mass differentials include carcinoma, hemangiosarcoma, granulomatous non-neoplastic mass or abscessation, less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

25-gauge FNA of the hepatic mass is indicated. The hepatic mass is potentially resectable. CT evaluation for surgical planning +/- FNA is indicated or direct exploratory with liver lobectomy.





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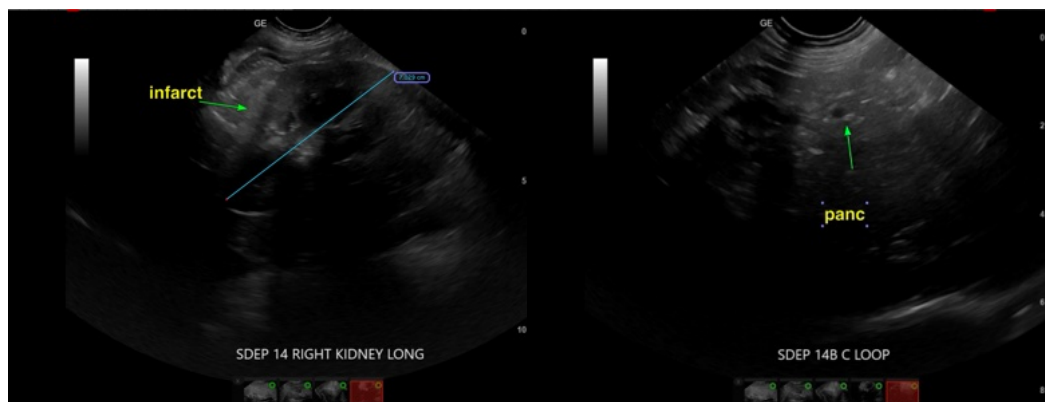
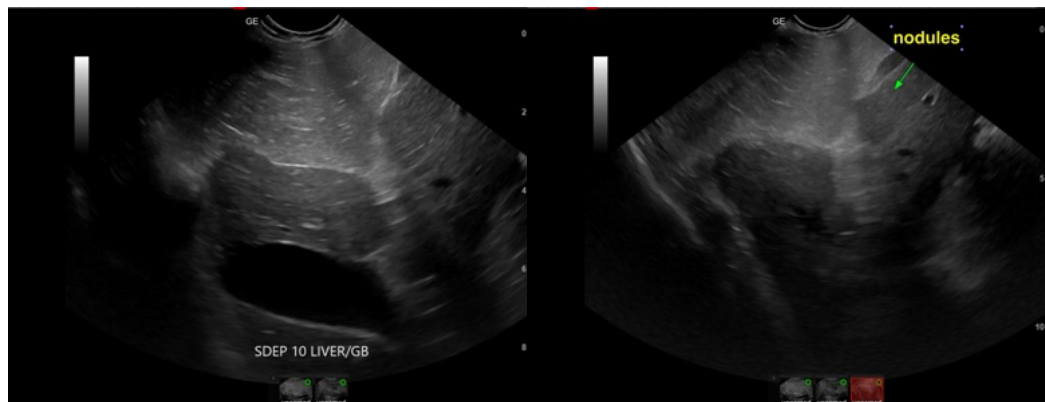
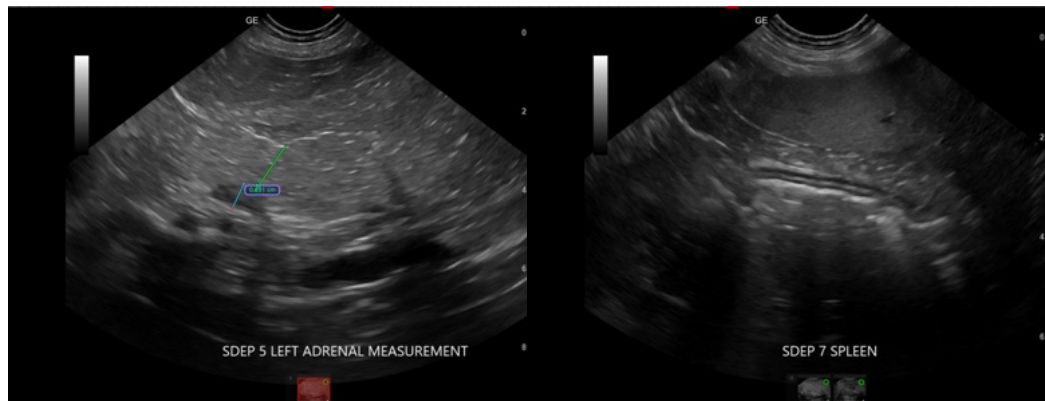
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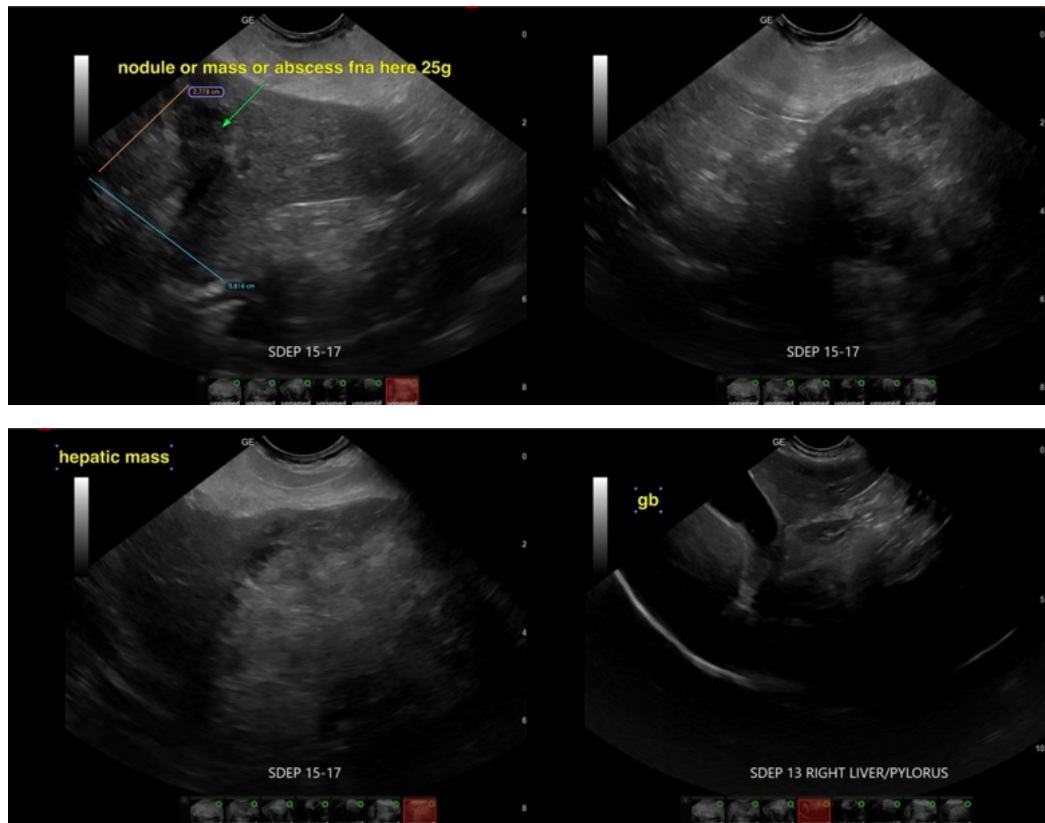
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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