



**PATIENT**

Princess Delilah  
Goldberg

**SPECIES**

Canine

**BREED**

Pitbull

**SEX**

Spayed Female

**AGE**

14 years

**WEIGHT**

59 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Summit Dog and Cat  
Hospital

**REFERRING VET**

Dr. Levitian

**INVOICE**

96274

**DATE**

2/23/22

**PRESENTING CLINICAL SIGNS**

Elevated calcium, previous Dx of invasive hepatocellular carcinoma, gallbladder and liver.  
Abnormal PE/Chem/CBC/UA Results: Ca 12.7 (11.4 H)

**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** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The right kidney measured 6.04 cm.

**Adrenal Glands**

A right adrenal gland mass was noted and measured 3.85 x 2.56 cm at the cranial pole and 0.93 cm at the caudal pole. The right adrenal mass appears to be significantly vascular without overt caval invasion. The left adrenal gland was normal in size and contour measuring 2.03 x 0.65 cm at the cranial pole and 0.83 cm at the caudal pole.

**Spleen**

The **spleen** revealed a focal, target type nodule at the medial aspect of the mid splenic body. The nodule measured 0.94 x 0.64 cm. The splenic nodule was largely non vascular on power Doppler assessment.

**Liver**

The left **liver** revealed a 7.3 x 6.6 cm disruptive, mixed hypoechoic mass. The liver mass revealed ill-defined margins and extends into the medial aspect of the liver. The gallbladder is not visualized.

**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.



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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.

**SPECIES**

Canine

**Heart**

**BREED**

Rapid view of the heart revealed no evidence of pathology.

Pitbull

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Extensive, left-sided liver mass. Possibly still resectable.

Spayed Female

Right adrenal mass, likely resectable. No obvious caval invasion. However, minor invasion cannot be completely ruled out.

**AGE**

Moderate degenerative renal changes.

14 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

I recommend CT evaluation of the abdomen for surgical planning of the right adrenal and left liver mass to assess if surgery is an option. Chest CT would be ideal to assess for micrometastasis. The left liver mass is likely return of prior carcinoma, but could be metastatic from the right adrenal gland. Right adrenal differentials include pheochromocytoma or carcinoma, adenoma is possible yet less likely. Serial blood pressure measurements are warranted +/- urine catecholamine if hypertension is an issue.

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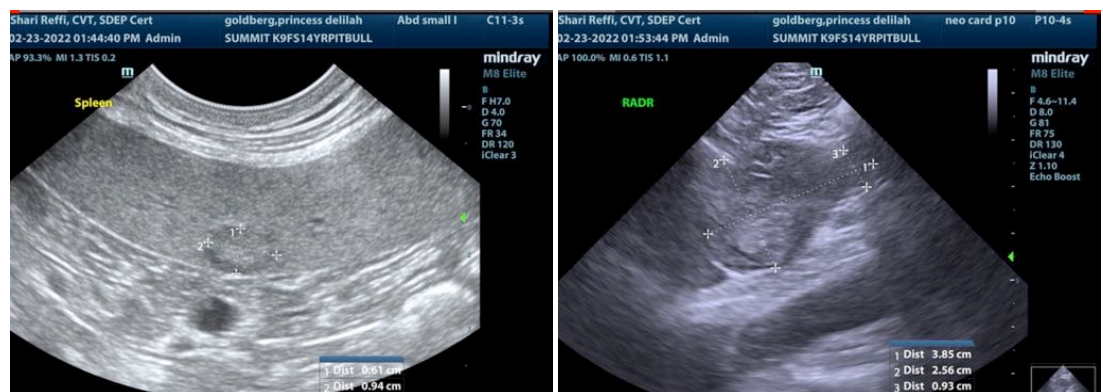
Dr. Levitian

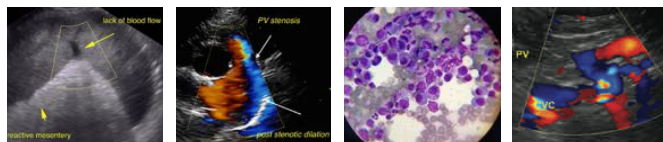
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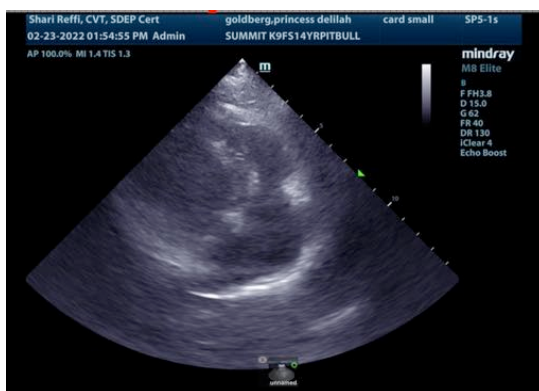
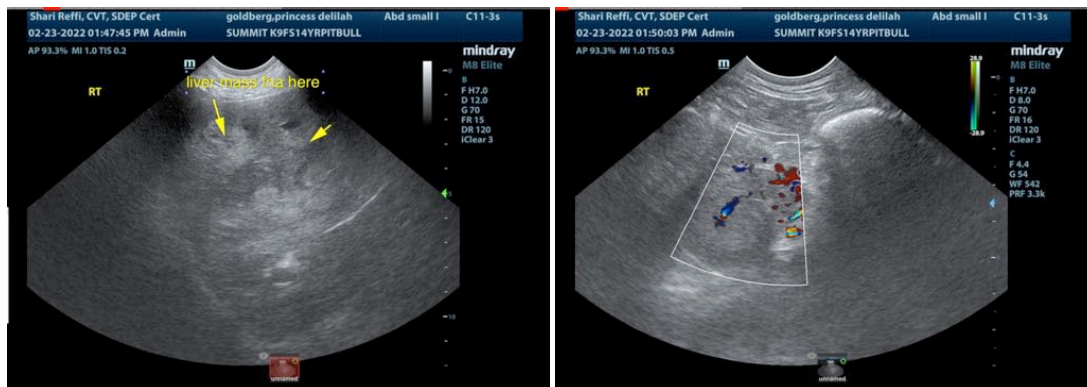
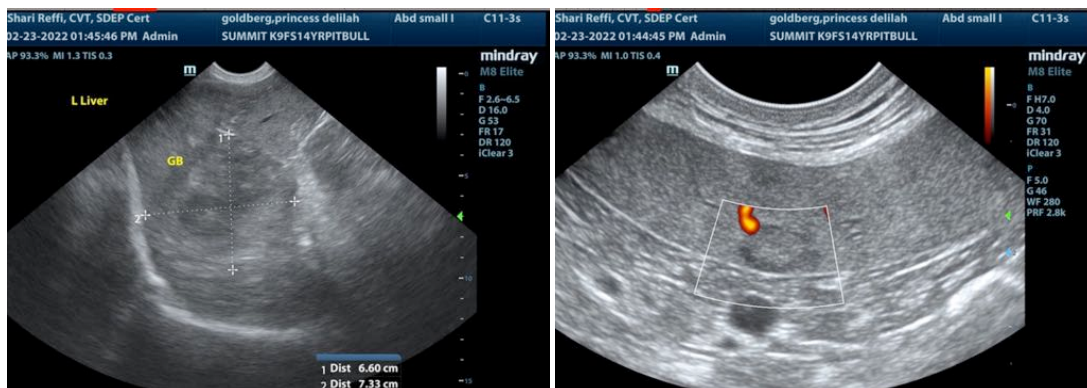
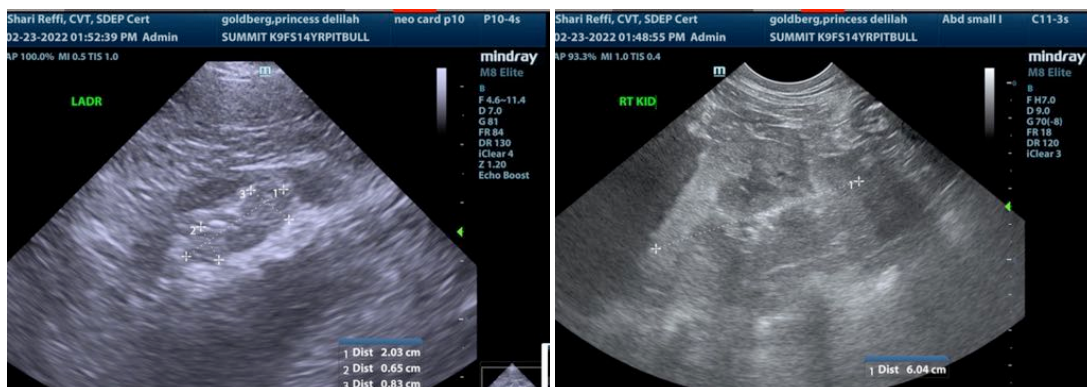
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Canine

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.

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Pitbull

**Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com**  
Info@SonoPath.com

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