



## PATIENT

Bailey Carl

## SPECIES

Canine

## BREED

Westie

## SEX

Spayed Female

## AGE

17 Years

## WEIGHT

19 pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Elaina Petrone

## HOSPITAL NAME

Matawan Animal  
Hospital

## REFERRING VET

Dr. Elaina Petrone

## INVOICE

13975

## DATE

02/25/26

## PRESENTING CLINICAL SIGNS

- 5-6 day history of anorexia, vomiting, and diarrhea.
- Elevated ALT (863) and ALP (1800)
- Elevated PSL
- Fecal pending

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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 his age patient. Medullary structure differed distinctly from that of the cortex. Slight pyelectasia was present. The left kidney measured 4.67 cm in length. The right kidney measured 4.2 cm in length.

### Adrenal Glands

Both **adrenal glands** were not visualized.

### Spleen

The **spleen** presented mildly heterogenous with irregular contour and isoechoic nodular changes. The spleen was folded upon itself cranially.

### Liver

The **liver** revealed multifocal hypoechoic nodular changes. An echogenic cyst was noted in the left cranial liver measuring 3.65 cm x 2.5 cm. An undifferentiated 8.0 cm mass was noted in the mid abdomen with progressive acoustic attenuation. Variable other smaller cysts were noted in the liver.

The gallbladder was overdistended with inspissated bile consistent with emerging mucocele measuring approximately 4.0 cm x 3.0 cm. Some striating bile was noted as well.

### 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



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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.

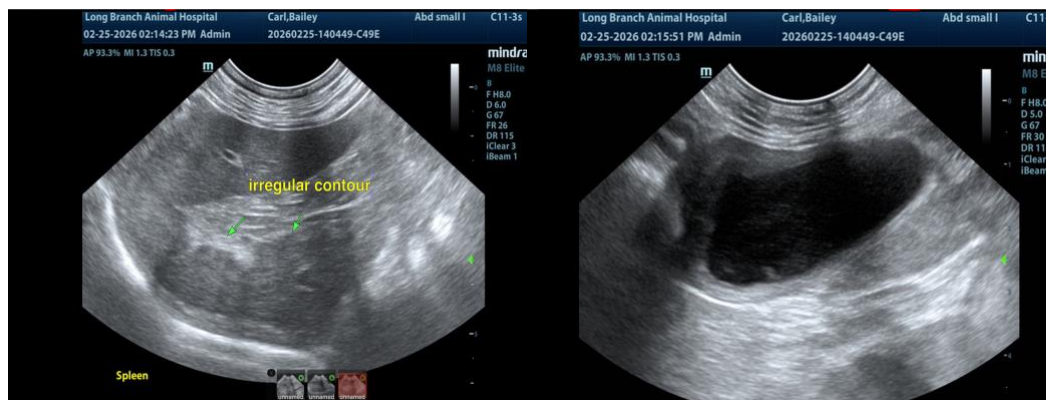
**ULTRASONOGRAPHIC FINDINGS**

- Folded spleen.
- Bladder thickening.
- Geriatric abdomen.
- Moderate degenerative renal changes.
- Pedunculated mass- at risk for torsion.
- Multiple liver cysts.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The pedunculated mass appears to be deriving from the left caudal liver and appears resectable. The mass is most consistent with hepatoma and potential for carcinoma. Left liver lobectomy is recommended in this patient. Removing a majority of the left liver owing to the cystic and nodular changes is recommended. Manual expression of the gallbladder or removal of the gallbladder could be considered proactively.

If adrenal disease is suspected, further imaging of the adrenals under sedation would be appropriate. FNA and culture of the cranial liver cyst is indicated given the flocculant material within the cyst which may represent infection or possible abscessation (most likely).





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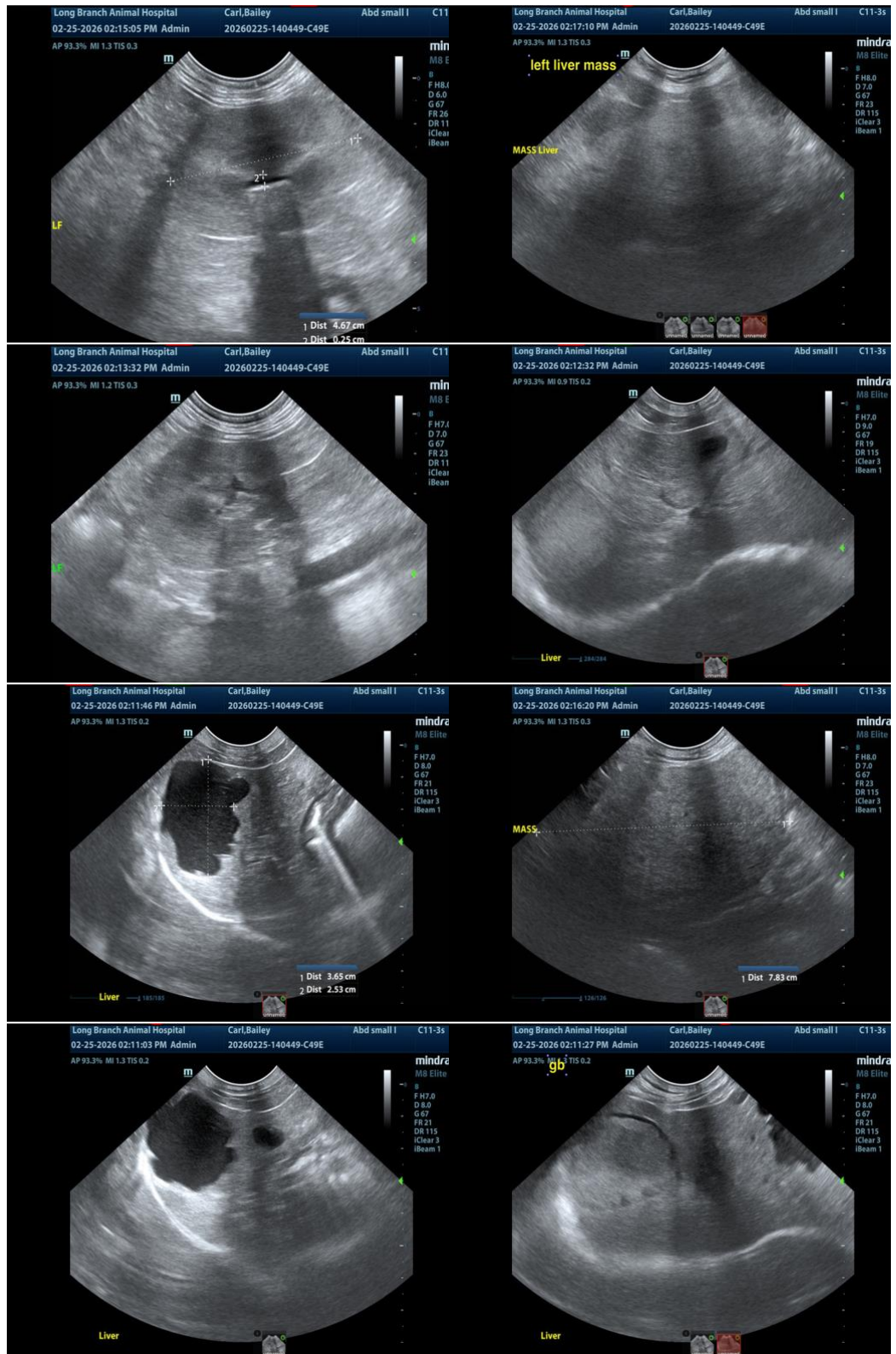
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com

[info@SonoPath.com](mailto:info@SonoPath.com)