



PATIENT

Calea Iverson

SPECIES

Canine

BREED

Shih Tzu

SEX

Not Provided

AGE

15 Years

WEIGHT

16 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jasmine Palacios

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

Dr. David Gray

INVOICE

36232

DATE

3/14/26

PRESENTING CLINICAL SIGNS

- 4 to 5 days vomiting and diarrhea. History liver issues
- Current Medications:
- Denamarin
- Abnormal PE/Chem/CBC/UA Results: See attached labs: 506 pan lipase high alt 848 /// 1514 alk phos /// ggt 43 See attached rads: inflamed GI liver enlarged displacing stomach up

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No 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. Trace bladder concretion was noted, nonobstructive.

The **kidneys** revealed largely normal size and 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. The left kidney measured 4.7 cm. An anechoic cyst was noted at the caudal pole of the right kidney, measuring 0.56 cm. The right kidney measured 5.5 cm.

Adrenal Glands

The **left adrenal gland** was enlarged at the cranial pole, measuring 0.97 cm at the cranial pole and 0.51 cm at the caudal pole x 2.84 cm in length.

The **right adrenal gland** was slightly irregular, yet no evidence of vascular invasion. The right adrenal gland measured 1.26 cm x 1.14 cm at the cranial pole and 0.69 cm at the caudal pole.

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 were noted.

Liver

The **liver** revealed multiple coalescing masses creating an expansive mixed echogenic mass, measuring 8.7 cm, impinging cranially upon the diaphragm, deviating the diaphragm, and impinging medially upon the gallbladder. Other nodular changes were noted in the right liver. The mass was mildly vascular. Architecture was strongly suggestive for hepatocellular carcinoma, however, granulomatous nonneoplastic mass is possible. Nodular changes were also noted in the right liver.



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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

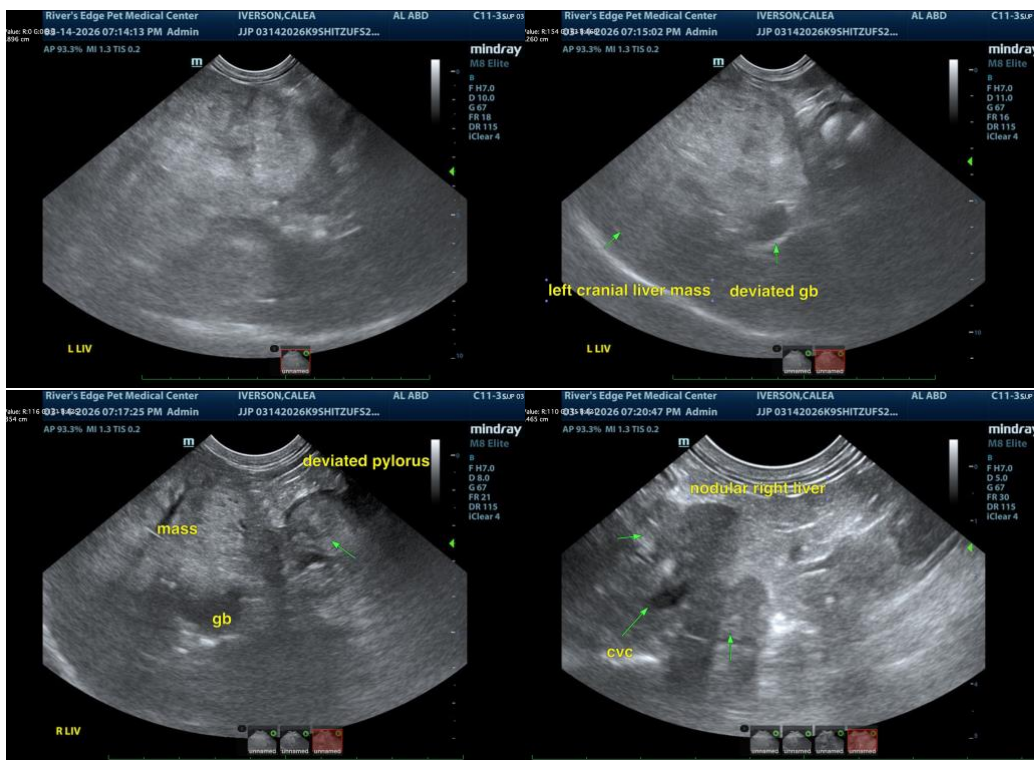
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Large liver mass, potentially resectable
- Slightly irregular adrenal glands, potential underlying PDH
- Slight bladder concretion
- Right kidney cyst
- Age-related abdominal changes otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT with contrast of the liver mass for surgical assessment and FNA are indicated.





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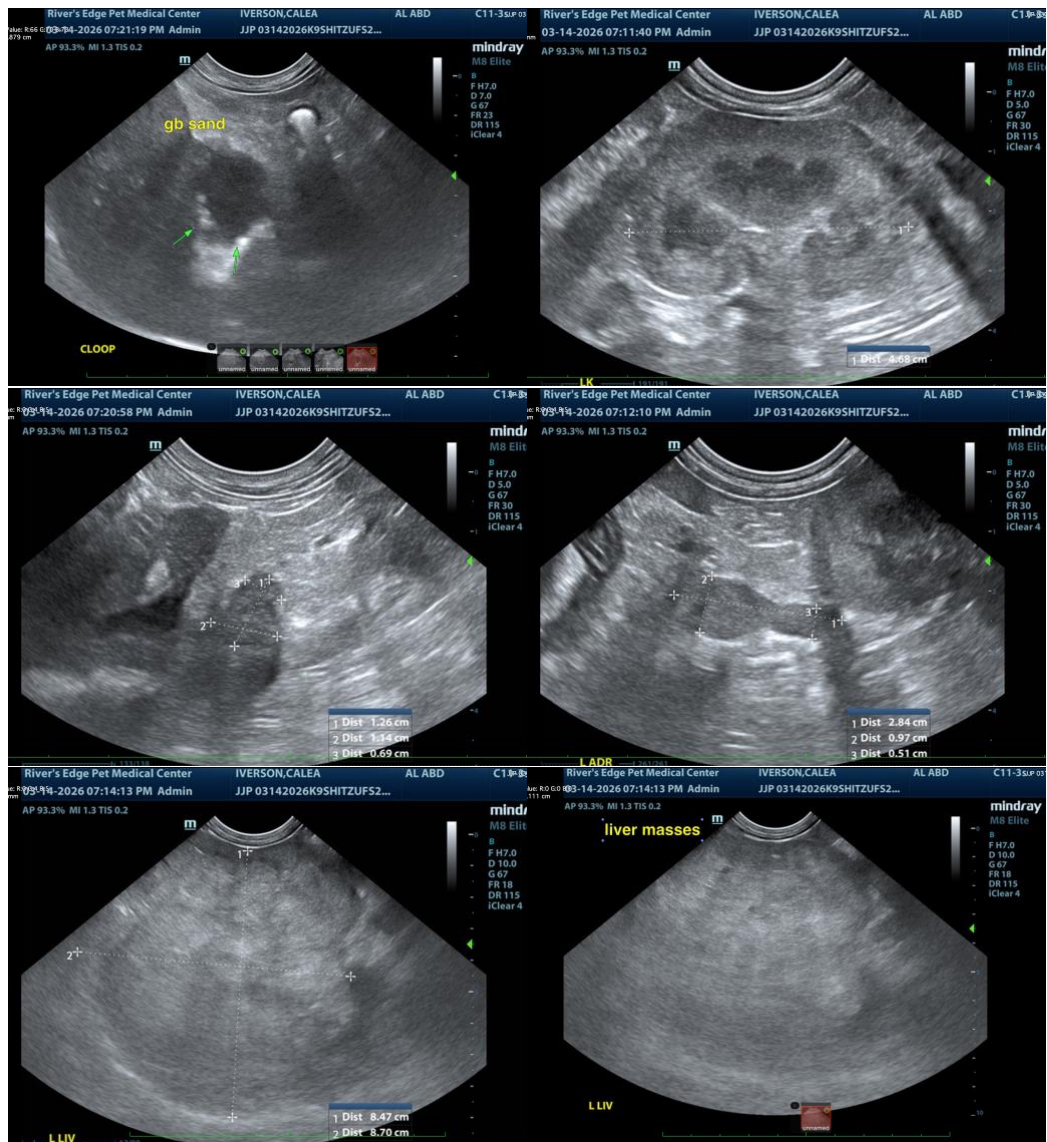
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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