



## PATIENT

Mick Poole

## SPECIES

Canine

## BREED

Australian Shepherd

## SEX

Neutered Male

## AGE

11 Years

## WEIGHT

36 Pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Mike Beard

## HOSPITAL NAME

Animal Care VC

## REFERRING VET

Dr. Spivey

## INVOICE

36260

## DATE

3/17/26

## PRESENTING CLINICAL SIGNS

Started a week ago last Saturday - wouldn't get up, didn't want to eat, unfocused, had to be carried downstairs. Weight loss. Anorexia.

Abnormal PE/Chem/CBC/UA Results: Weight loss, polydipsia. Elevated ALT, GGT, TP, Glob. CBC mild anemia.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The **bladder** in this patient was mildly thickened (up to 0.7 cm) 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. A minimal amount of urine was present at the time of the sonogram. Assessment for UTI is indicated. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 6.2 cm. The right kidney measured 4.8 cm.

### *Adrenal Glands*

The **left adrenal gland** was visualized obliquely. The left adrenal gland was mildly heterogenous and measured the upper limits of normal (0.8 cm in width).

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 were noted.

### *Liver*

A cystic mass was noted in the left **liver**, measuring 5.4 cm x 6.0 cm, with both cavitated fluid and coalesced debris. The remainder of the liver was slightly heterogenous with isoechoic nodular changes. The mass does appear resectable and appears to be at the center of a lobar mass, measuring approximately 9.0 cm, most consistent with hepatoma. The gallbladder was fairly small yet suspended striating bile was noted, measuring 2.2 cm x 2.9 cm.

### *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.

### *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.

### *Free Abdomen*

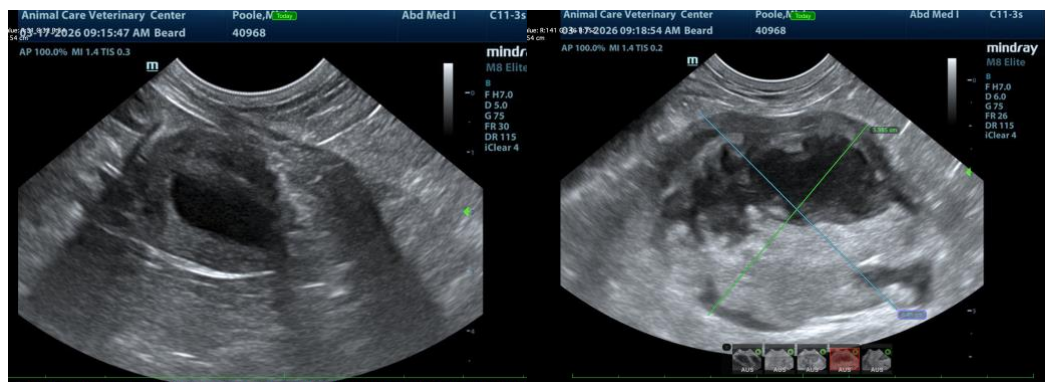
Slight areas of **free fluid** were noted.

## ULTRASONOGRAPHIC FINDINGS

- Necrotic hepatoma, possible abscessation or complex cyst
- Concurrent gallbladder mucocele
- Slight areas of free fluid
- Mildly heterogenous left adrenal gland
- Age-related urinary bladder and renal changes

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Surgical removal of the left liver pathology is recommended. CT evaluation is warranted for further definition. Manual expression of the gallbladder at the time of surgery is indicated. Otherwise, ultrasound guided drainage, cytology and culture could be considered of the structure to assess for abscessation. The lobar pathology appears to be fairly isolated and likely resectable, however, further imaging of the right dorsal liver is warranted, as that parenchyma was not evident on this image set.





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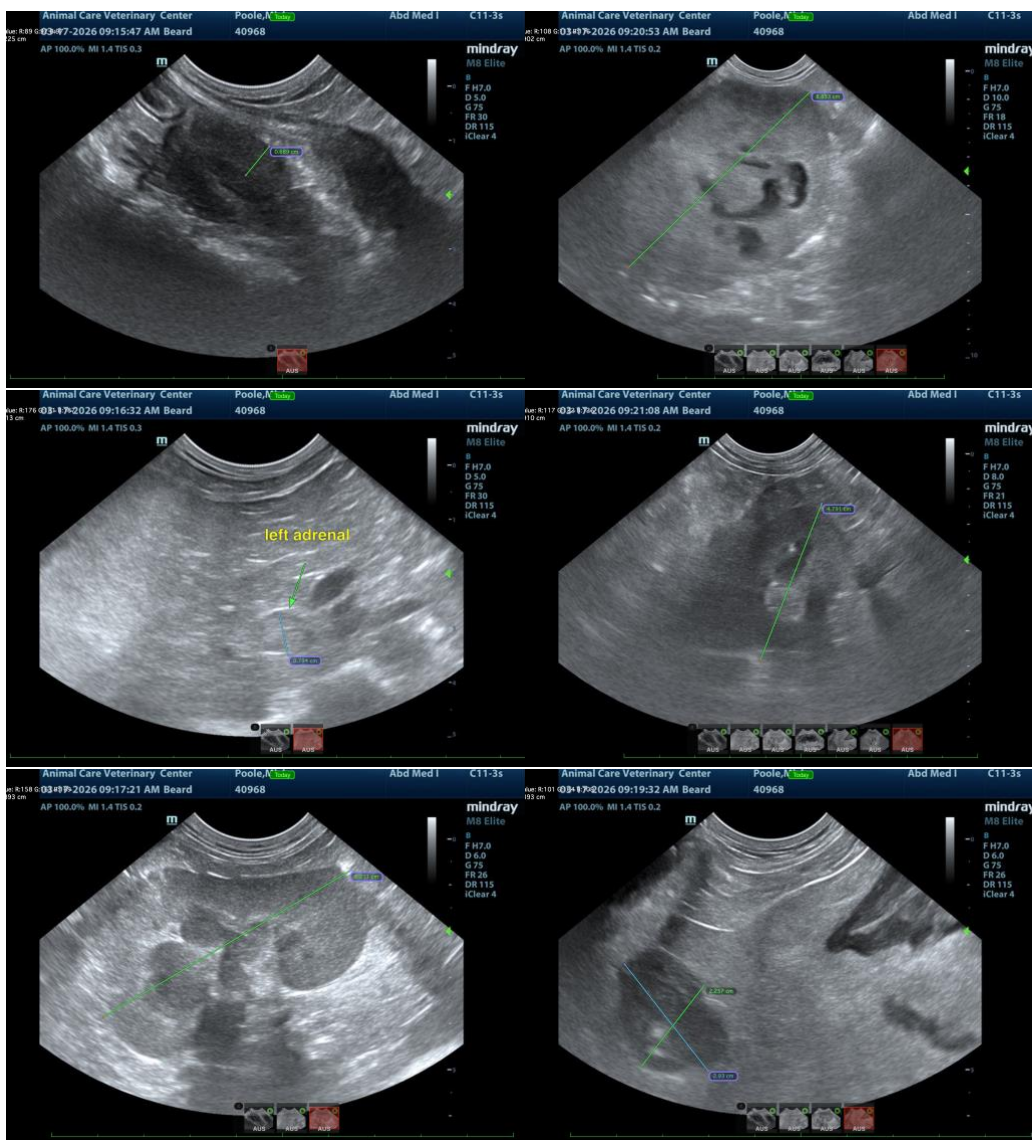
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)