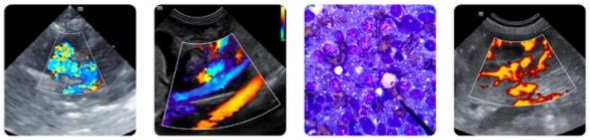

PATIENT

Rita Roo Ingels

SPECIES

Canine

BREED

Boxer Mix

SEX

Spayed Female

AGE

17

WEIGHT

65 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Wes Spangler

HOSPITAL NAME

TotalBond VH- Paw Creek

REFERRING VET

Dr. Wes Spangler

INVOICE

36659

DATE

4/20/26

PRESENTING CLINICAL SIGNS

17yo FS Boxer mix with ~3 week history of soft serve stools. Labwork revealed significantly elevated pancreatic enzymes. Abdominal ultrasound performed in December of 2024 identified a mass in the left liver that was not removed. Ventricular arrhythmia prompted cardiology referral in February 2026 identified frequent VPCs, pulmonary hypertension and possible ARVC via echocardiogram with cardiology service. Managed with sotolol, no sildenafil at this time. Takes levothyroxine for hypoT4, monthly librela injections

Abnormal PE/Chem/CBC/UA Results: H ALT 156 (18 - 121) U/L AST 20 (16 - 55) U/L H ALP 963 (5 - 160) U/L H GGT e 39 (0 - 13) U/L H Bilirubin - Total 0.4 (0.0 - 0.3) mg/dL Bilirubin - (0.0 - 0.2) mg/dL Unconjugated H 0.3 Bilirubin - (0.0 - 0.1) mg/dL Conjugated 0.1 Cholesterol 268 (131 - 345) mg/dL H Amylase 2292 (337 - 1469) U/L H Lipase f 1677 (0 - 250) U/L H Phosphorus 7.3 (2.5 - 6.1) mg/dL H Neutrophils 13336 (3004 - 9741) /uL

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 were noted. Ureteral papillae were normal. 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 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 7.08 cm. Areas of dystrophic mineralization were noted in the left kidney. The right kidney measured 7.7 cm.

Adrenal Glands

Both **adrenal glands** were 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 measured 0.9 cm at the cranial pole and 0.75 cm at the caudal pole.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes were noted. Cranial folding of the spleen was noted.

Liver

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The left medial **liver** revealed an expansive adenomatous type mass, measuring 5.6 cm, without disruption of architecture, however, mild capsular expansion was noted. The remainder of the liver was unremarkable with uniform parenchyma and normal vascularity. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

A 2.5 cm shadowing structure was noted in the **stomach**. The small intestine revealed slight increased submucosal thickening without loss of mural detail. Soft stool was noted in the colon.

Pancreas

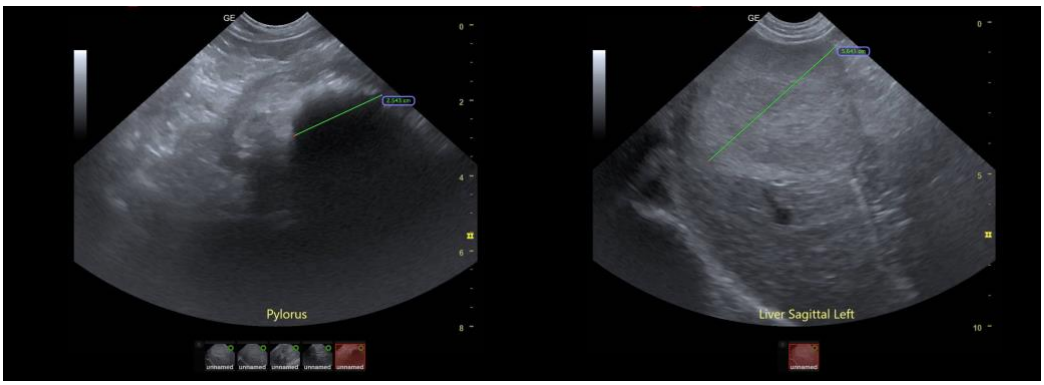
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Left sided liver mass, consistent with hepatoma or adenoma, subjectively benign
- Mild chronic GI changes with thickened mucosa, consistent with chronic inflammatory bowel
- Shadowing gastric structure- ingesta versus nonobstructive foreign matter or medications all possible.
- Soft stool in the colon
- Age-related splenic changes with splenic fold
- Age-related renal changes with left kidney dystrophic mineralization

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the general liver and liver mass is indicated for further definition to ensure more significant disease, other than adenoma or hepatoma, is present. The liver mass appears eventually resectable. Subjectively, the abdomen appears benign. Malassimilation/maldigestion, chronic inflammatory bowel, occult parasitism, and dietary intolerance are all potentials in this patient given the clinical history.



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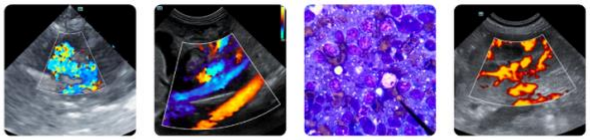

Clinical Sonography & Telecytology
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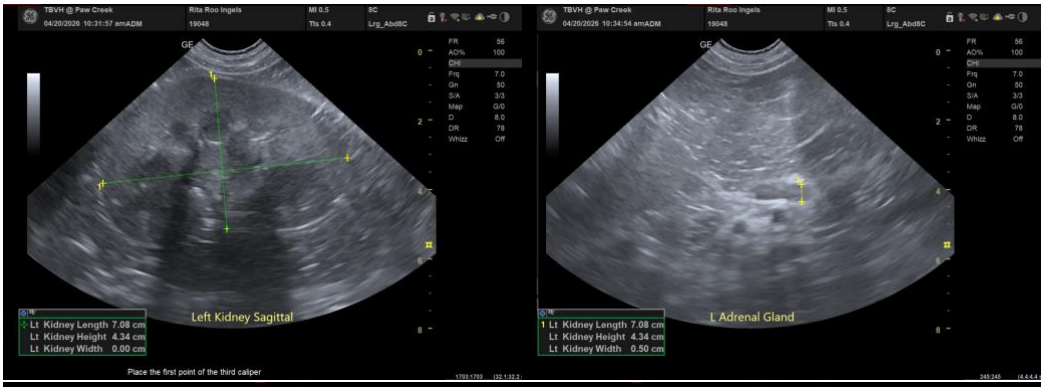

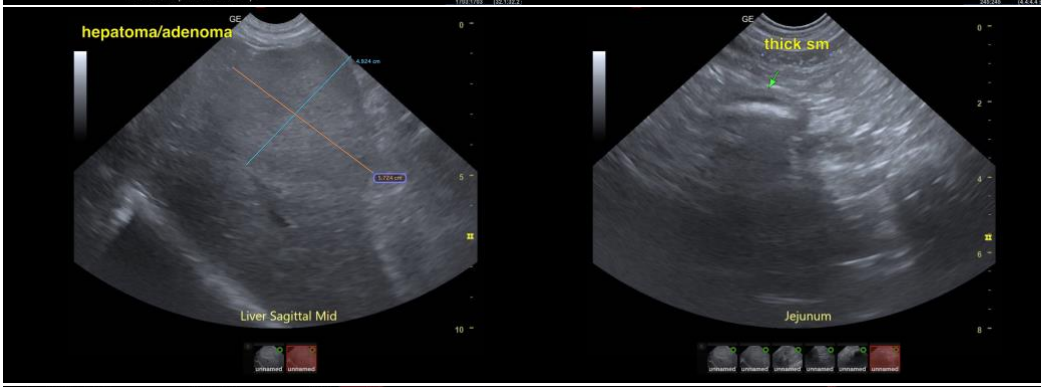

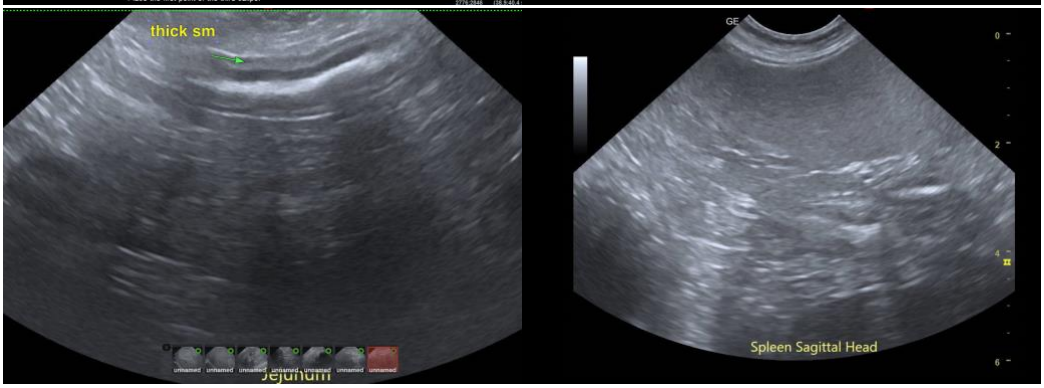

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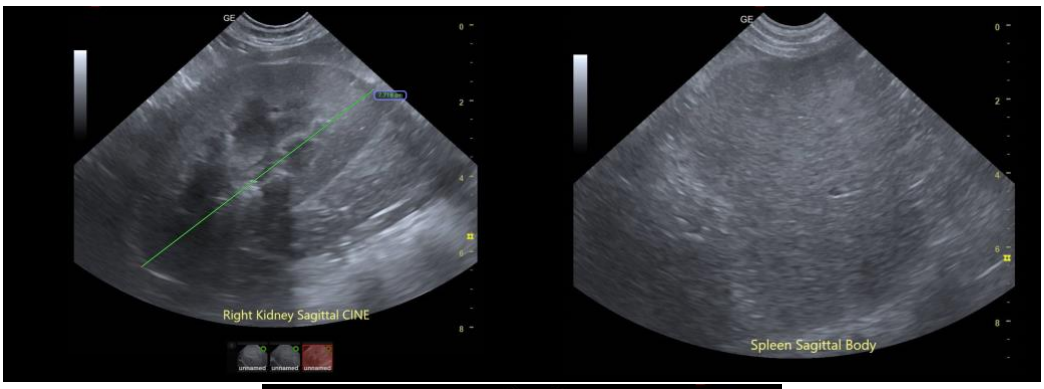

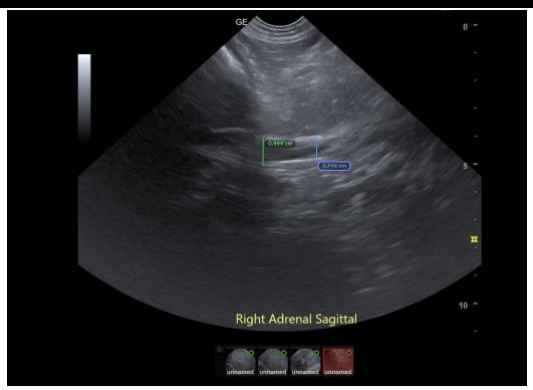

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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