



PATIENT

Marley Gilliland

SPECIES

Canine

BREED

Beagle x

SEX

Spayed Female

AGE

9 Years

WEIGHT

46.7

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Heather Brenner

HOSPITAL NAME

Riverside Animal Clinic

REFERRING VET

Dr. Heather Brenner

INVOICE

74682

DATE

4/22/26

PRESENTING CLINICAL SIGNS

April 20 acute onset lethargy, decreased appetite, ataxia. Treated with Denamarin 425mg SID, Cerenia 24mg SID, Amoxicillin 500mg BID, Entyce SID.

April 22 lost 1.4 lbs, still afebrile, slightly more energy, urine accidents, polydipsia, eating some. Abnormal PE/Chem/CBC/UA Results: April 20 Systolic murmur, MM pink, afebrile. Abdominal and thoracic radiographs no thoracic nodules, VHS 10.35, abdomen loss of detail (obese dog), increased density cranial abdomen. Mild non regenerative anemia HCT 31%, RBC 5.22, Neut 12.78(2.95-11.64). ALT 1344, AST 1235, ALKP 4883, normal GGT and TBIL.

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 2.0 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 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. Right kidney measured 7.95 cm with slight pyelectasia. Left kidney measured 5.82 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. Left measured 2.6 cm x 0.57 cm at the cranial pole and 0.62 cm at the caudal pole. Right measured 2.17 cm x 0.46 cm at the cranial pole and 0.34 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 a 6.3 cm mixed echogenic mass in the right cranial liver. Slight free fluid and enhanced mesentery noted around the structure. Power doppler assessment of the mass was minimal. The liver was swollen otherwise. The gallbladder was unremarkable.

Gastrointestinal

Some shadowing material was noted in the stomach. May represent foreign matter depending on when the patient ate prior to the sonogram. Largest shadowing structure measured 2.7 cm. Transit of chyme



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into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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

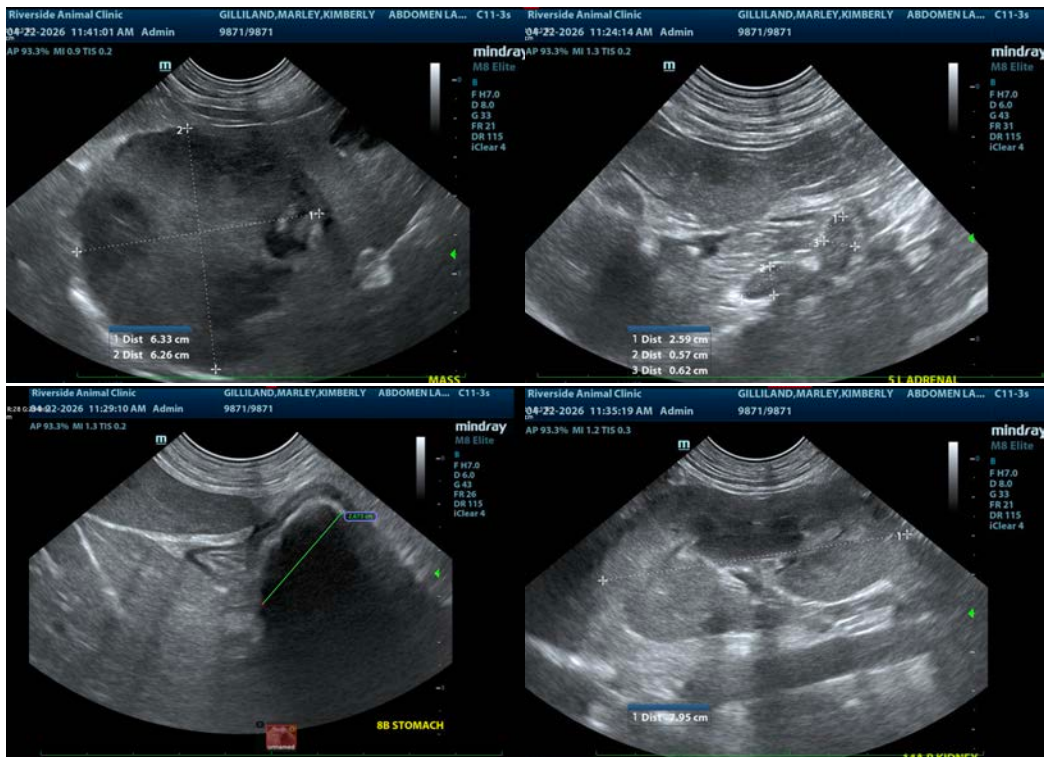
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Right cranial liver mass – May be non-neoplastic abscessation versus carcinoma or less likely hemangiosarcoma.
- Potential gastric foreign matter.
- Age related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the general liver parenchyma and 25-gauge FNA of the mass as well as fluid analysis and culture indicated. Otherwise, surgical exploratory could be considered. CT evaluation warranted prior to surgery as this is a difficult area to potentially resect. Coagulation panel warranted prior to intervention. Chest radiographs and echocardiogram warranted to assess for metastatic disease.





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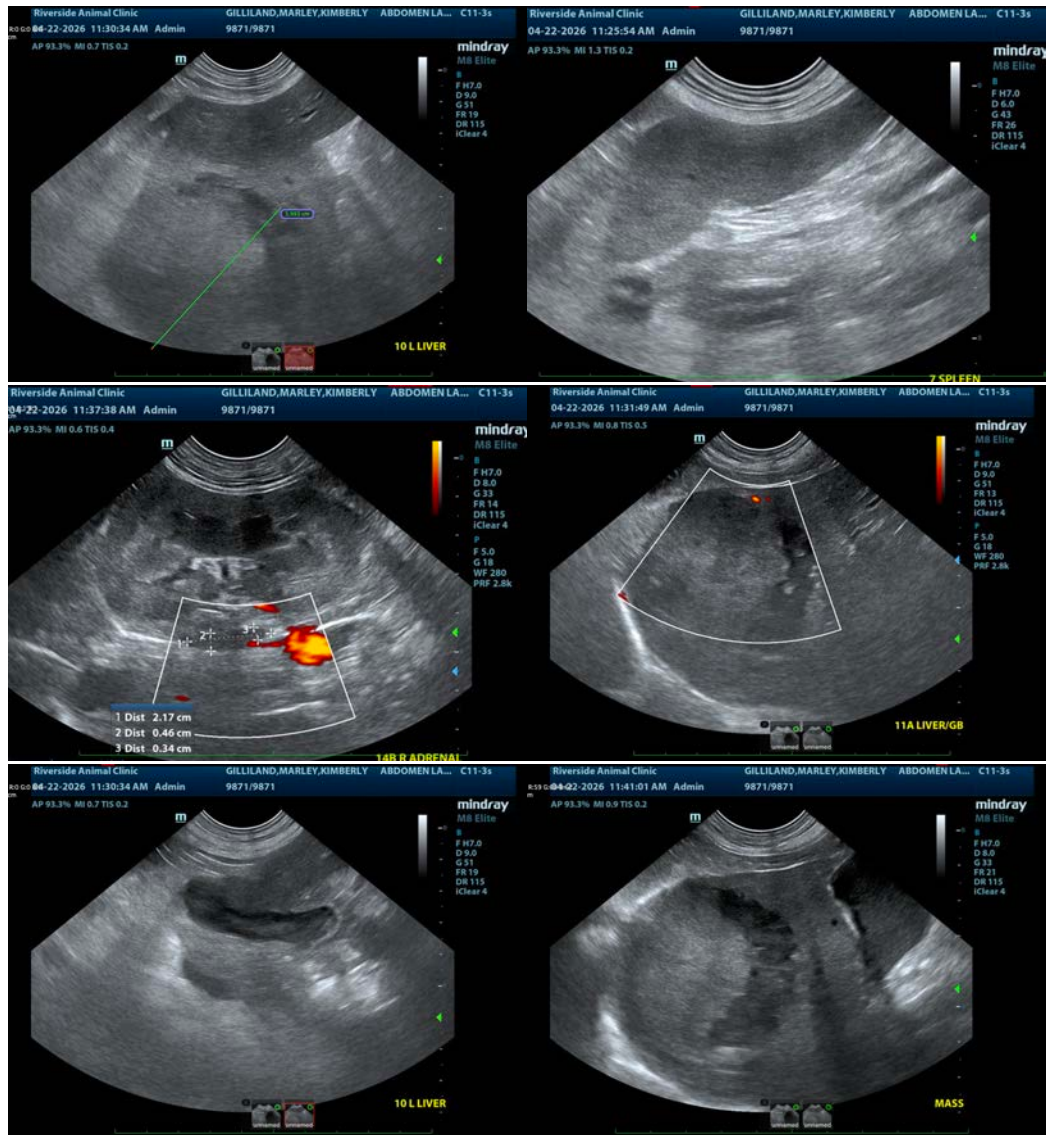
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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