



## PATIENT

Patric Lulic

## SPECIES

Canine

## BREED

Sheepadoodle

## SEX

Neutered Male

## AGE

12 Years

## WEIGHT

27 Pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Kyoung Han

## HOSPITAL NAME

Tenaflly VC

## REFERRING VET

Dr. Kyoung Han

## INVOICE

36766

## DATE

4/24/26

## PRESENTING CLINICAL SIGNS

History: Patric-12 yr old NM. Chronic liver enzymes elevation since 2025 , which is trending up.( alt: 179/ alp: 598 ). normal urine concentration ( 1.048) other blood work result is normal . i suspect mass on right cranial abdominal cavity and the origin is not clear but suspect liver. He was sedated with DKT 5 minutes prior to abdominal ultrasound exam.

## 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 4.9 cm. The right kidney measured 4.5 cm.

### *Adrenal Glands*

The **left adrenal gland** was slightly nodular and mildly irregular, measuring 0.68 cm.

The **right adrenal gland** was mildly nodular, measuring 0.88 cm at the cranial pole and 0.7 cm at the caudal pole, measurably normal.

### *Spleen*

The **spleen** was mildly enlarged, uniform.

### *Liver*

The **liver** in this patient revealed coarse architecture and irregular macronodular swelling at the right cranial liver. The macronodular change measured approximately 3.6 cm. Tissue was isoechoic to surrounding parenchyma and ill-defined, subjectively benign. Increased portal markings were noted. A mild amount of hepatic remodeling was noted. Generalized enlargement was present. The gallbladder and common bile duct were unremarkable.

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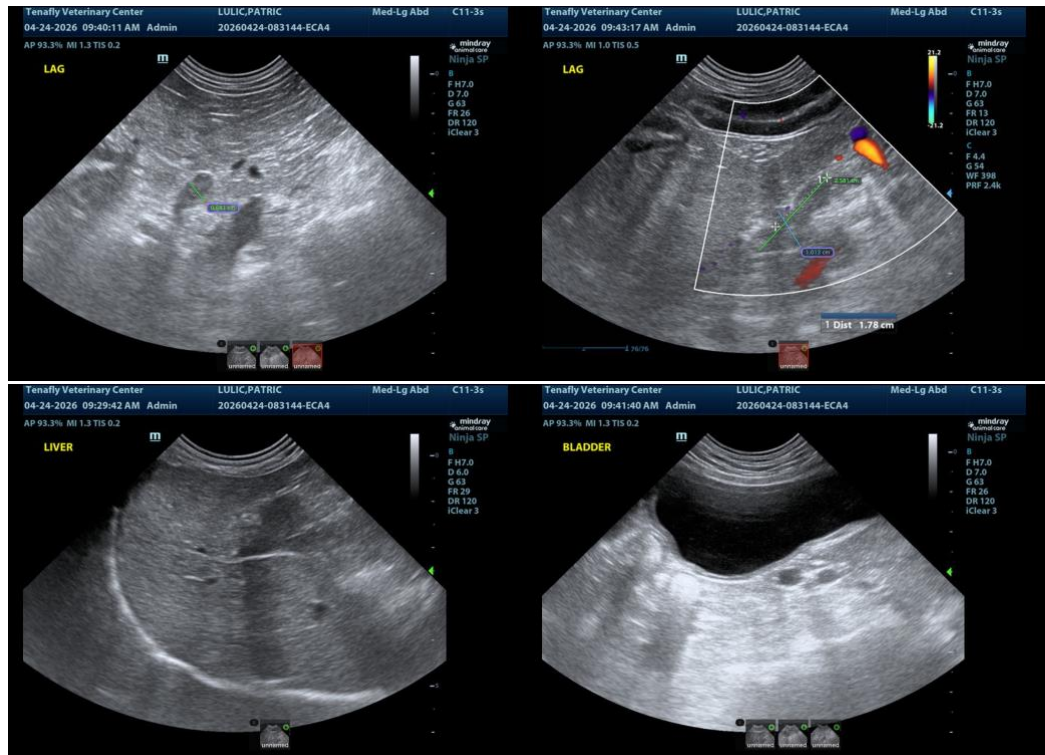
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

- Hepatic remodeling with macronodular changes in the right dorsal liver, most consistent with adenoma, mild potential for carcinoma.
- Mildly enlarged spleen
- Slightly nodular and mildly irregular left adrenal gland
- Mildly nodular and measurably normal right adrenal gland
- Geriatric abdomen otherwise

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No other evidence of significant disease. FNA of the liver from a SDEP 12 or 13 position could be considered for further definition. CT evaluation for potential surgical planning could be considered, depending upon FNA results. Recheck sonogram in one month to assess for any growth of the mass type lesion.





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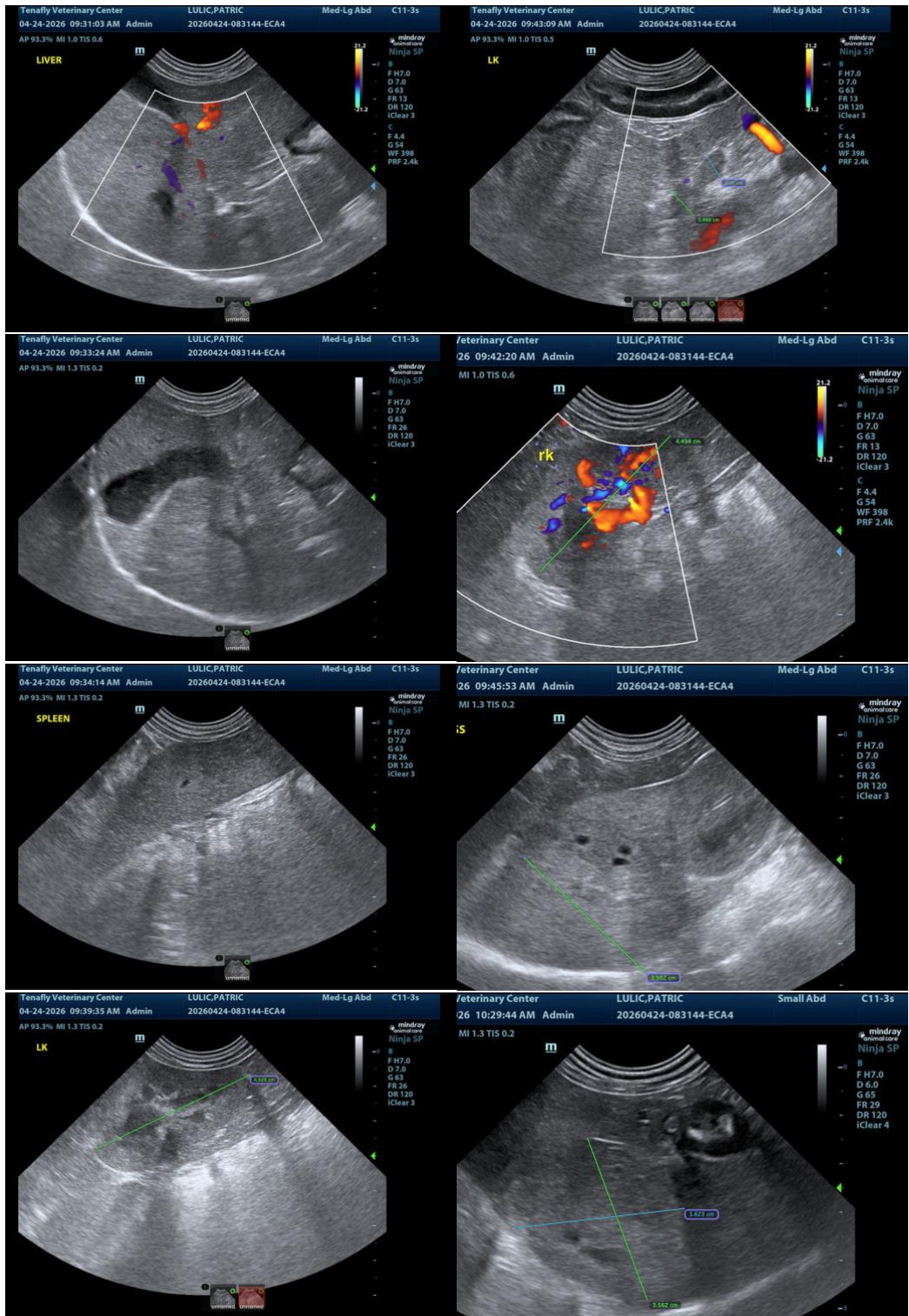
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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