



PATIENT PRESENTING CLINICAL SIGNS

Louie Ruocco Diarrhea, prev. u/s noted liver mass (report attached). Current meds: Galliprant and Gabapentin for pain, Metro 250mg q12h, Ursodiol 100mg q12h, Thyroxine 0.3mg q24h
Abnormal PE/Chem/CBC/UA Results: ALT 387, ALKP 320, GGT 155, Amylase 1626, Cpl=abnormal, Giardia +

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED Urinary System

Mix

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 was noted. Ureteral papillae were normal.

SEX

Neutered male

AGE

15 years

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 this age patient. Medullary structure differed distinctly from that of the cortex. Trace pyelectasia was noted. The right kidney measured 5.24 cm. The left kidney measured 5.11 cm.

WEIGHT

34 lbs

Adrenal Glands

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

The left **adrenal gland** was enlarged and irregular measuring 2.2 x 1.48 cm at the caudal pole and 1.27 cm at the cranial pole. Pericapsular inflammatory pattern was noted. The left adrenal gland was imaged from the right side with no evidence of caval invasion. The left adrenal gland appears significantly enlarged compared to the prior report and now measures at maximum width 1.5 cm. It is possible that the left adrenal gland is the primary tumor with metastatic pattern to the liver given the hepatic pattern. The right adrenal gland was unremarkable and measured approximately 0.8 cm in width.

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Tranquility VC

Spleen

The **spleen** revealed a hypoechoic, expansive target type nodule that measured 1.02 x 0.92 cm. Otherwise, irregular contour was noted to the spleen otherwise.

REFERRING VET

Dr. Christensen

Liver

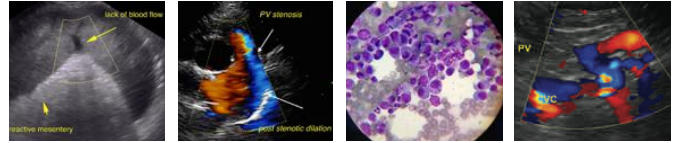
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The **liver** in this patient was riddled with multiple masses occupying the right and left liver. Gallbladder sand was noted with polypoid changes. The masses were ill-defined and coalescing. The masses are not exactly measurable. The masses impinged upon the diaphragm and deviated the diaphragm. Adherence to the diaphragm is likely. It is likely that the prior mass has spread throughout the biliary tree into the entire liver. The caudate portion of the liver impinged and enveloped the right kidney.

DATE

4/25/22



PATIENT

Louie Ruocco

Gastrointestinal

SPECIES

Canine

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.

BREED

Mix

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.

SEX

Neutered male

ULTRASONOGRAPHIC FINDINGS

AGE

15 years

Enlarged irregular left adrenal gland.

Normal right adrenal gland.

WEIGHT

34 lbs

Diffuse hepatic neoplasia, significant progression from the prior ultrasound report.

Splenic nodule.

Gallbladder sand.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver changes can be considered for further definition. However, the prognosis is poor.

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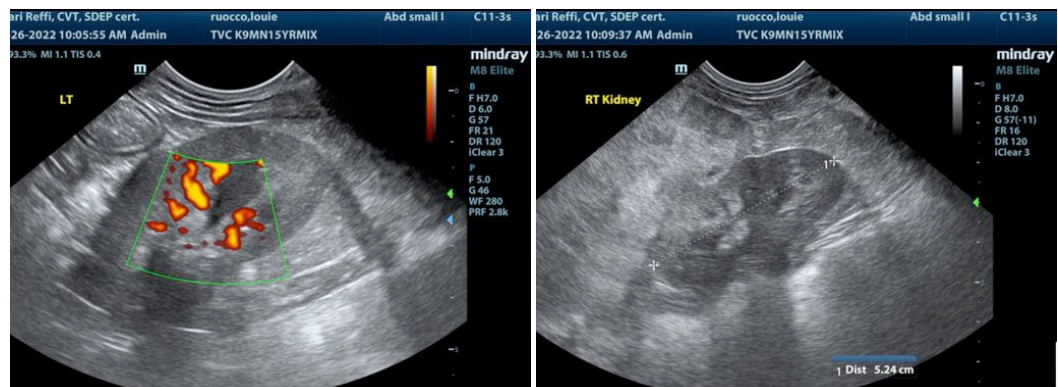
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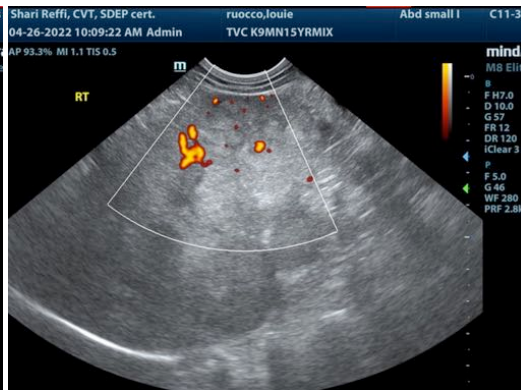
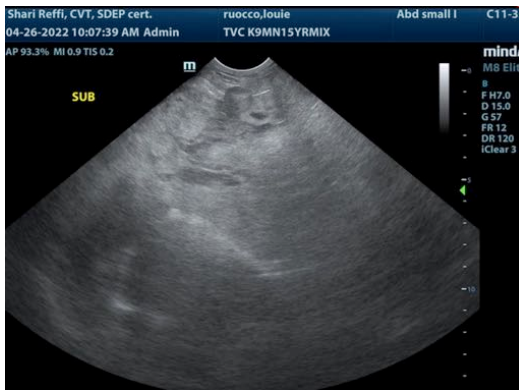
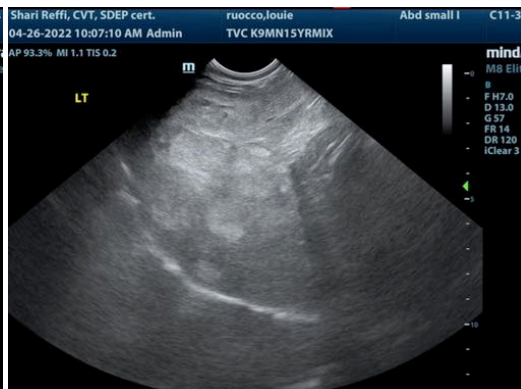
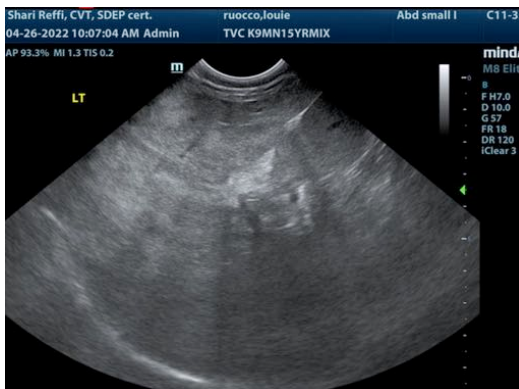
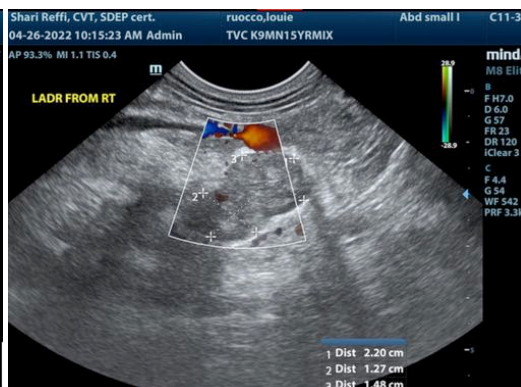
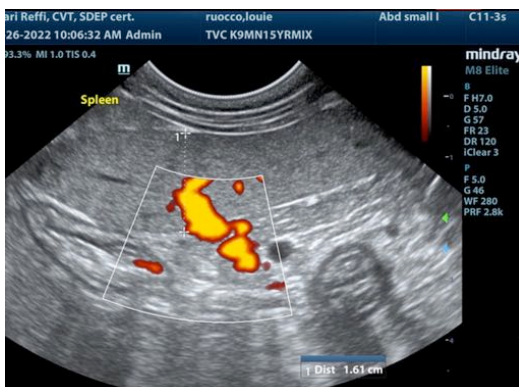
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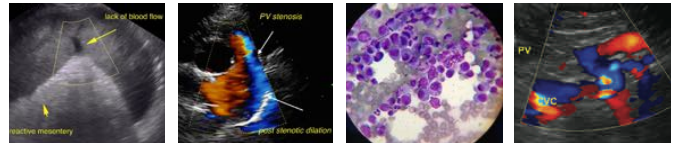
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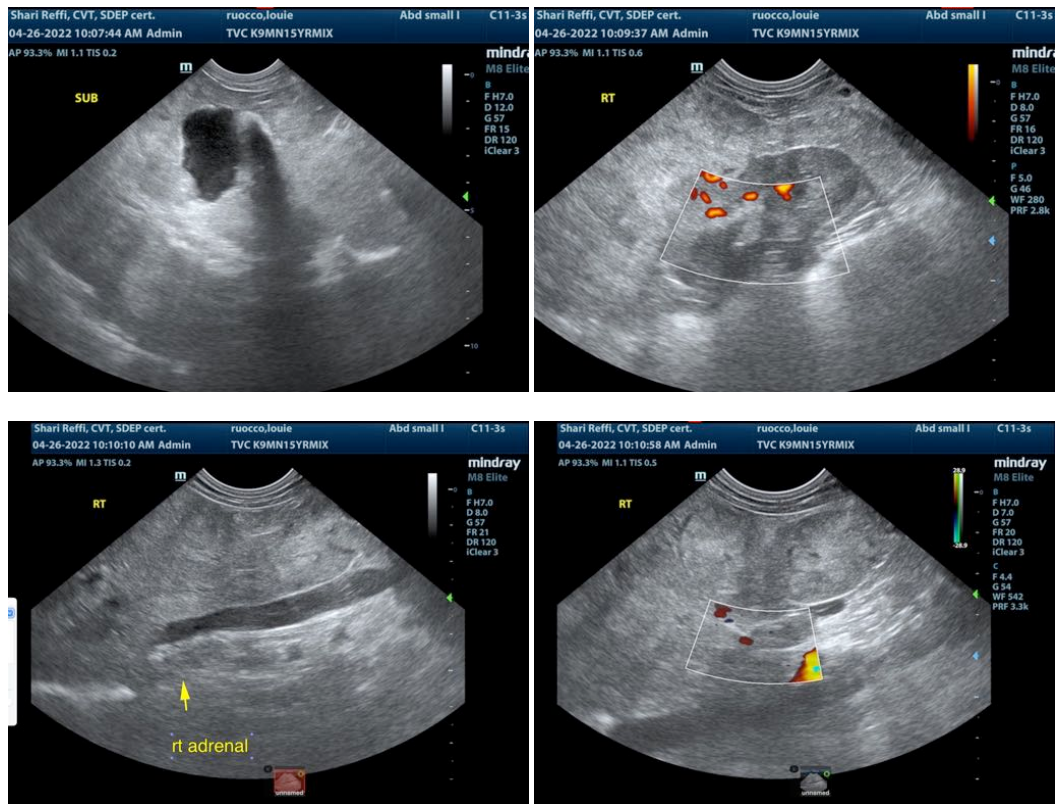
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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