



## PATIENT

Baxter Berg

## SPECIES

Canine

## BREED

Boxer Mix

## SEX

Neutered male

## AGE

11 years

## WEIGHT

33.1 kg

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Leah Richter

## HOSPITAL NAME

Allied Veterinary  
Emergency & Referral

## REFERRING VET

Dr. Richter

## INVOICE

75554

## DATE

5/14/26

## PRESENTING CLINICAL SIGNS

History: Baxter presents for vomiting, inappetence. Two-day history. Vomiting a couple times (not profusely) with intermittent appetite decrease.

Baxter has a hx of liver enzyme elevations, but values had been steady or even decreasing. He is not on any medication currently.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 7.0 cm. The right kidney measured 8.0 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 0.5 cm.

### Spleen

The **spleen** was mildly enlarged and folded upon itself. This is a positional variant.

### Liver

The patient revealed an expansive, complex left-sided **liver** mass that measured 8.0 cm. This appeared to occupy the majority of the visible liver. This does not appear resectable. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.

### 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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

**Pancreas**

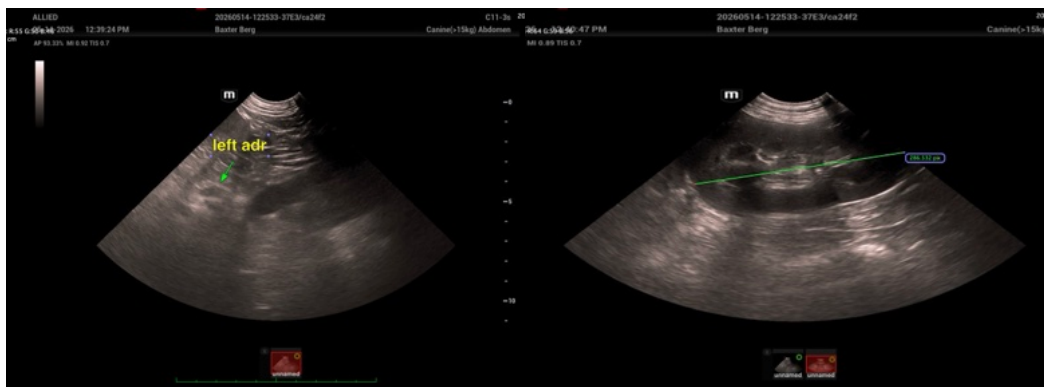
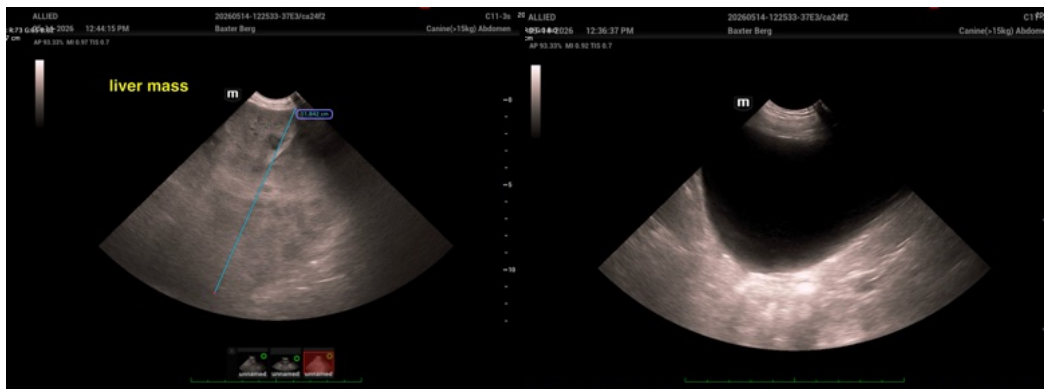
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

Large liver mass.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The large liver mass occupied the majority of the liver. This is likely carcinoma, hemangiosarcoma. FNA could be considered for further definition. However, CT evaluation or potential surgical assessment is warranted. However, this does not appear grossly resectable.





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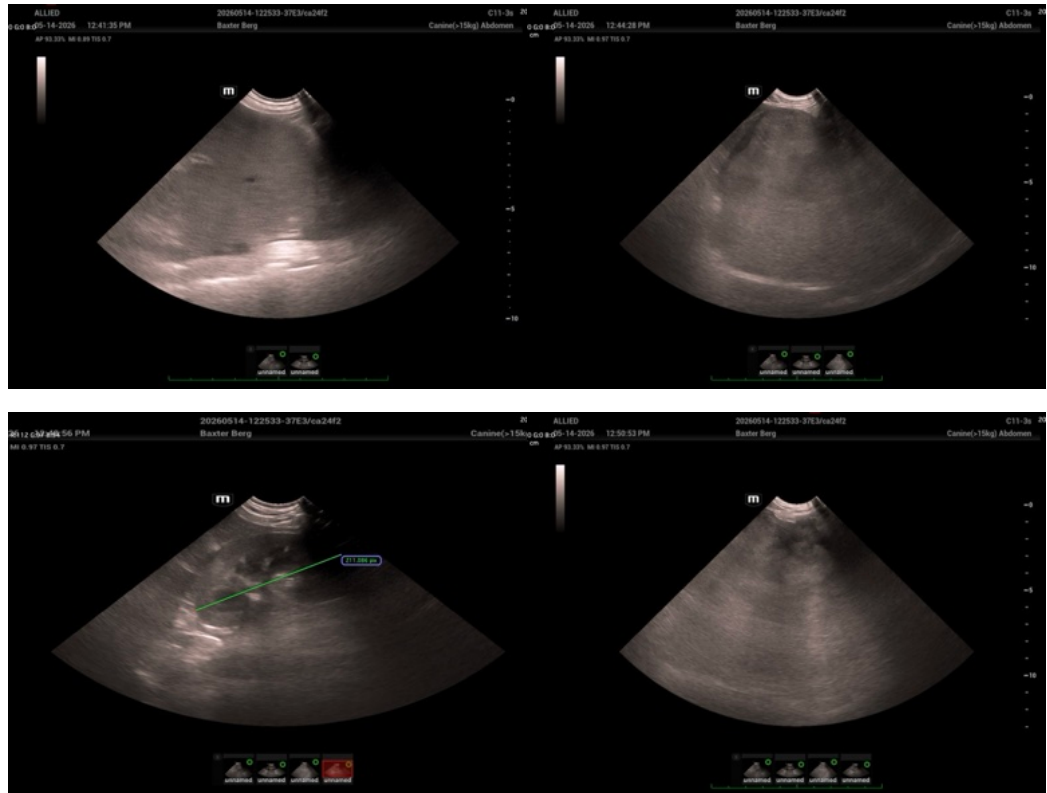
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 of SonoPath.com

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