



## PATIENT

Amber Syversen

## SPECIES

Canine

## BREED

Australian Cattle Dog

## SEX

Spayed female

## AGE

13 years

## WEIGHT

37.6 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Bray

## HOSPITAL NAME

Taylorville VC

## REFERRING VET

Dr. Bray

## INVOICE

77845

## DATE

5/21/26

## PRESENTING CLINICAL SIGNS

**History:** Patient presented for routine senior blood work, findings showed elevated liver values, doctor recommended abdominal ultrasound as diagnostic to identify physical findings within liver or gallbladder to help direct further treatment. Upon physical examination doctor found abdomen to be nonpainful on palpation, no masses or organomegaly detected, bowel loops smooth and soft.

Patient has current diagnoses of Protein Losing Nephropathy which is managed with Telmisartan 20mg given q12 hrs; and hypothyroidism which is managed with Thyro-Tabs 0.4mg given q12 hrs. Other recent findings include urinary incontinence and ulcerated perianal masses, which have since healed.

**Abnormal PE/Chem/CBC/UA Results:** Most recent lab work attached Findings: Her thyroid value is normal; Her urine protein level has improved, although it is not completely normal; Amber does have some mild increases in her kidney values, which likely indicates some mild change in kidney function. This may go along with her underlying kidney/protein-loss disease; Amber's liver values are severely elevated. Her ALP, ALT, and GGT are all significantly increased

## 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 was noted. Ureteral papillae were normal.

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. Slight pyelectasia was noted along with minor mineralization. The right kidney measured 5.3 cm. The left kidney measured 5.6 cm.

### Adrenal Glands

The left adrenal gland was slightly enlarged, yet uniform and measured 0.6 cm. The right adrenal gland was flattened and normal to subnormal in size and measured 0.57 cm.

### Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

### Liver

The **liver** revealed an expansive, mixed, hypoechoic 8.0+ cm left-sided mass that deviated the diaphragm. The mass extends medially to the portal hilus and dorsally deviating the diaphragm. The right liver and gallbladder were largely unremarkable.



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## 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

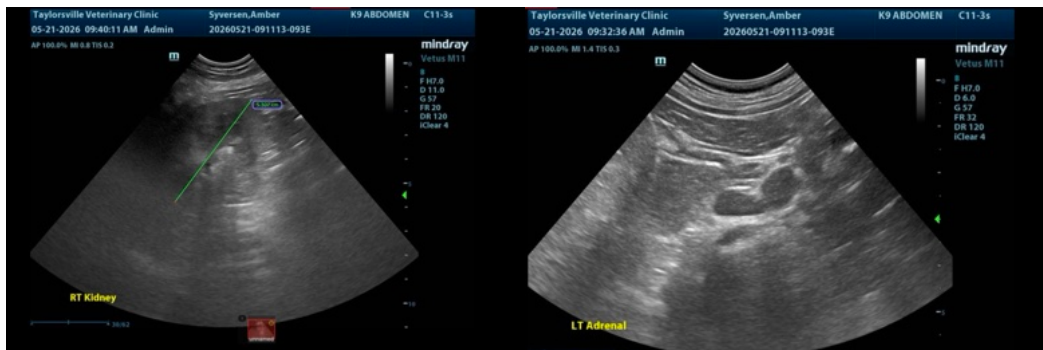
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

Left liver mass, expansive, potentially resectable, likely carcinoma.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT evaluation for surgical planning and ultrasound-guided FNA is indicated to confirm suspicion of carcinoma. Granulomatous or complex adenoma or hepatoma is possible, yet less likely.





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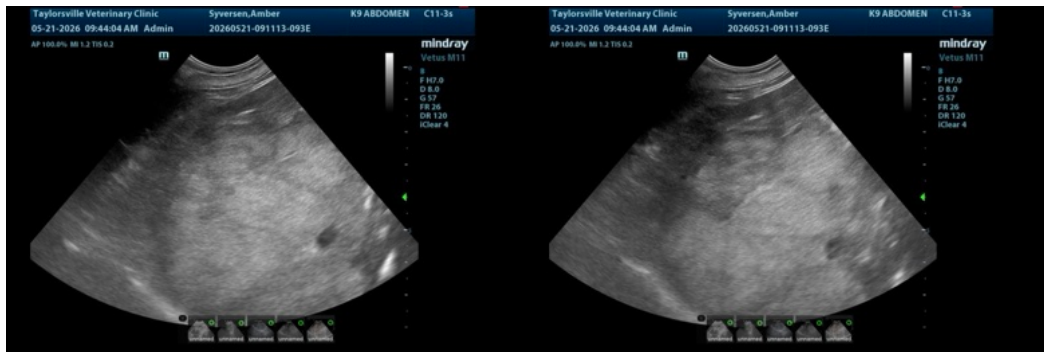
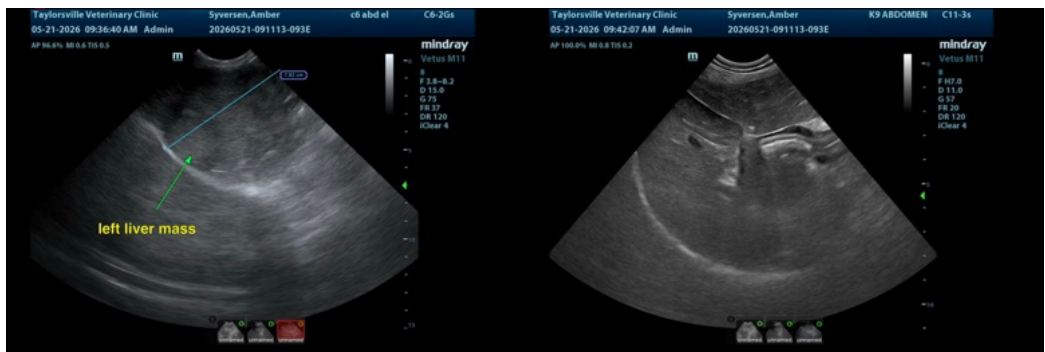
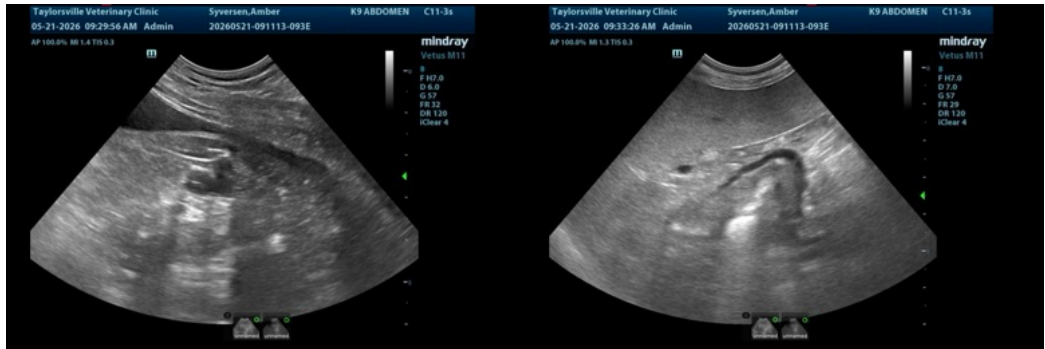
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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