



PATIENT

Gabby Natoli

SPECIES

Canine

BREED

Goldendoodle

SEX

Spayed female

AGE

12 years

WEIGHT

73.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Susan Lincoski

HOSPITAL NAME

University Drive VH

REFERRING VET

Dr. Lincoski

INVOICE

78133

DATE

5/29/26

PRESENTING CLINICAL SIGNS

History: T= 101.6 (taken first on entry). Stable weight.

Patient presents for similar symptoms to 3/9/26 visit (at CP vets and follow up here). Lethargic, laying around more and not as hyper. Did not want to eat breakfast this am (or any treats). Did eat 9pm dinner ok. Dog also slept outside last night - very unusual for her.

They also put out mealworms for the birds - unsure if dog ate any of them?

PE: QAR and not as energetic as she usually is. Prefers to lay down for exam.

Light pink mm, crt < 2 seconds. Mildly tack MM

Eyes sunken in - but may be due to chronic low dose prednisone for MMM.

Bilateral lenticular sclerosis

H/L auscult normally. Panting for exam.

Abdomen - soft/ non painful, but does feel more dense than normal.

Dog is full of gas and farting a lot during u/s.

PL: Previous visit showed a medial liver nodule (unsure if related to elevated liver values) but DDX is low grade carcinoma, granuloma, or nodular hyperplasia. Repeating in house bloodwork to go from there.

Abnormal PE/Chem/CBC/UA Results: CBC- mildly decreased anemia (stable) (34.4%) Chem - ALP (1954), GGT (148), lipase (2531). ALP is slightly better worse than 1555 in march. GGT is much higher than 46 in march.

ULTRASONOGRAPHIC EXAMINATION

Spleen

Rapid view of the spleen revealed a slight, hypoechoic nodule that measured 5.0 cm.

Liver

The **liver** in this patient revealed a 4.6 cm mixed echogenic to hyperechoic, ill-defined mass adjacent to a second 6.5 x 4.4 cm mass. The liver revealed mild coarse architecture. Mild vascular congestion was noted. The two masses together created an overt mass that measured 7.5 cm and appears to be potentially resectable. This mass is highly precarious given the vascular congestion associated with the mass and the pedunculated nature. The gallbladder and common bile duct were unremarkable.

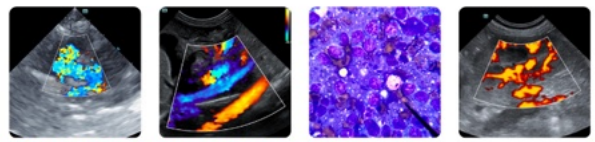
ULTRASONOGRAPHIC FINDINGS

Pedunculated, expansive, left-sided liver mass. Adenoma or low-grade carcinoma is suspected.

Splenic nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT evaluation for surgical planning is indicated for liver lobectomy. Mass impinges medially to the portal hilus, yet appears to be separate.



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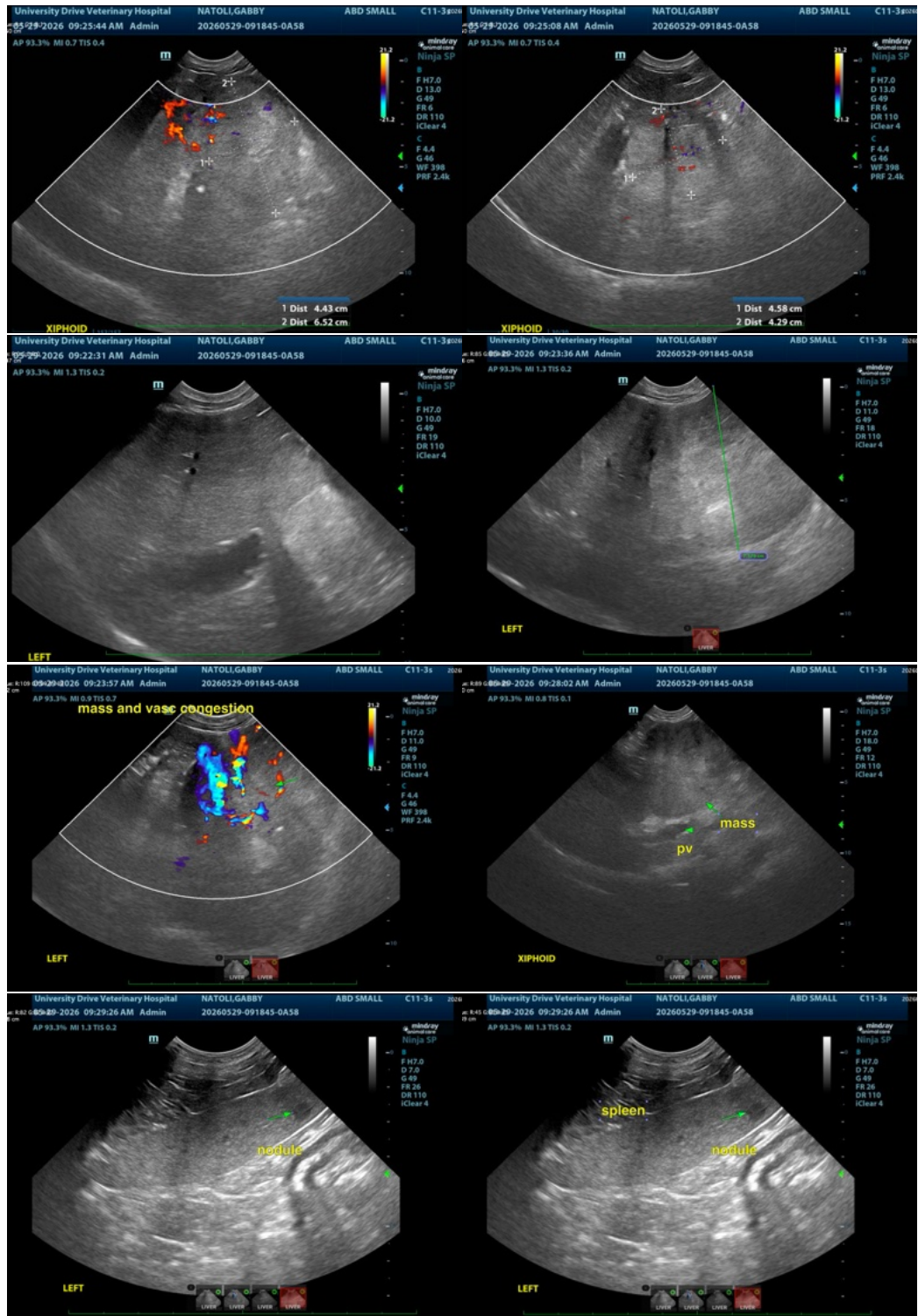
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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