



## PATIENT

JoJo Lashley

## SPECIES

Canine

## BREED

Rat Terrier Cross

## SEX

Spayed female

## AGE

7 years

## WEIGHT

34.8 lbs lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. LaCroix

## HOSPITAL NAME

Inspire AH Highlands  
Ranch

## REFERRING VET

Dr. Wolsky

## INVOICE

75211

## DATE

5/5/26

## PRESENTING CLINICAL SIGNS

History: Jojo presented for 3 syncopal episodes in 12 hours. Per O collapses in the front legs, afterwards shakes, appears disoriented. Additionally O notes incontinence, and circling over night. No dietary indiscretion noted, Inappetent, polydipsic, no c/s/v/d noted. Takes HG q monthly  
Abnormal PE/Chem/CBC/UA Results: Very large palpable mid abdominal mass Vetscreen- GLU 33. Spot check 55. ALB 3.2, ALP 362, GLOB 3.6 CBC nsf UA dilute urine, nsf

## 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. The capsules were acceptably uniform without significant irregularities. The left kidney measured 5.8 cm. The right kidney measured 6.5 cm with trace pyelectasia.

### 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 right adrenal gland measured 0.45 cm. The left adrenal gland measured 0.5 cm.

### Spleen

The **spleen** was mildly enlarged and the vascularity was normal with slight, micronodular changes. The spleen revealed hypoechoic nodular changes measuring up to 0.6 cm.

### Liver

The **liver** revealed a hypoechoic nodule noted in the left liver and measured 2.9 cm along with a mixed hypoechoic mass that was partially cavitated and measured 10.0 cm mass. The visible right cranial liver did not appear to have significant pathology. The gallbladder was impinged upon by the left liver mass. Peripheral inflammation was noted.



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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

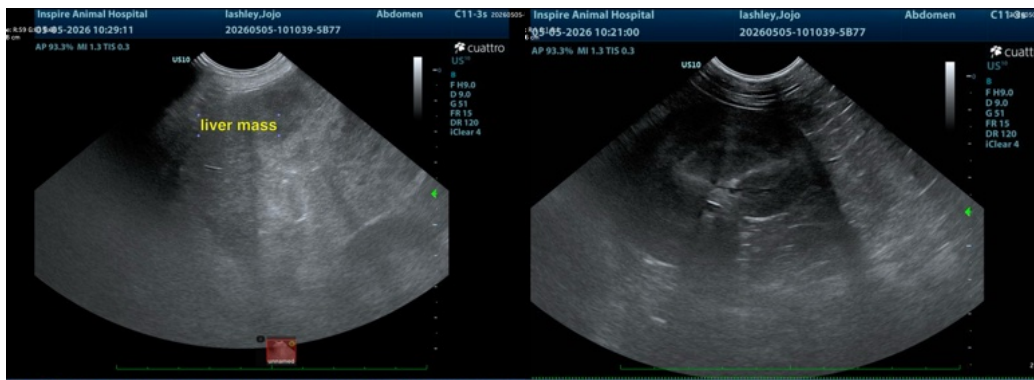
Left-sided liver mass.

Mild splenomegaly.

Right renal pyelectasia.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Carcinoma versus hemangiosarcoma are the primary concerns. Urinary work-up is recommended in this patient. 25-gauge FNA of the parenchymal of the hepatic mass and screening FNA of the spleen can be considered especially where the nodular change is. Otherwise, surgical exploratory with expectations with aggressive left liver removal +/- splenectomy. However, CT evaluation is advised for surgical planning given the impingement of the left liver mass upon the portal hilus and gallbladder.





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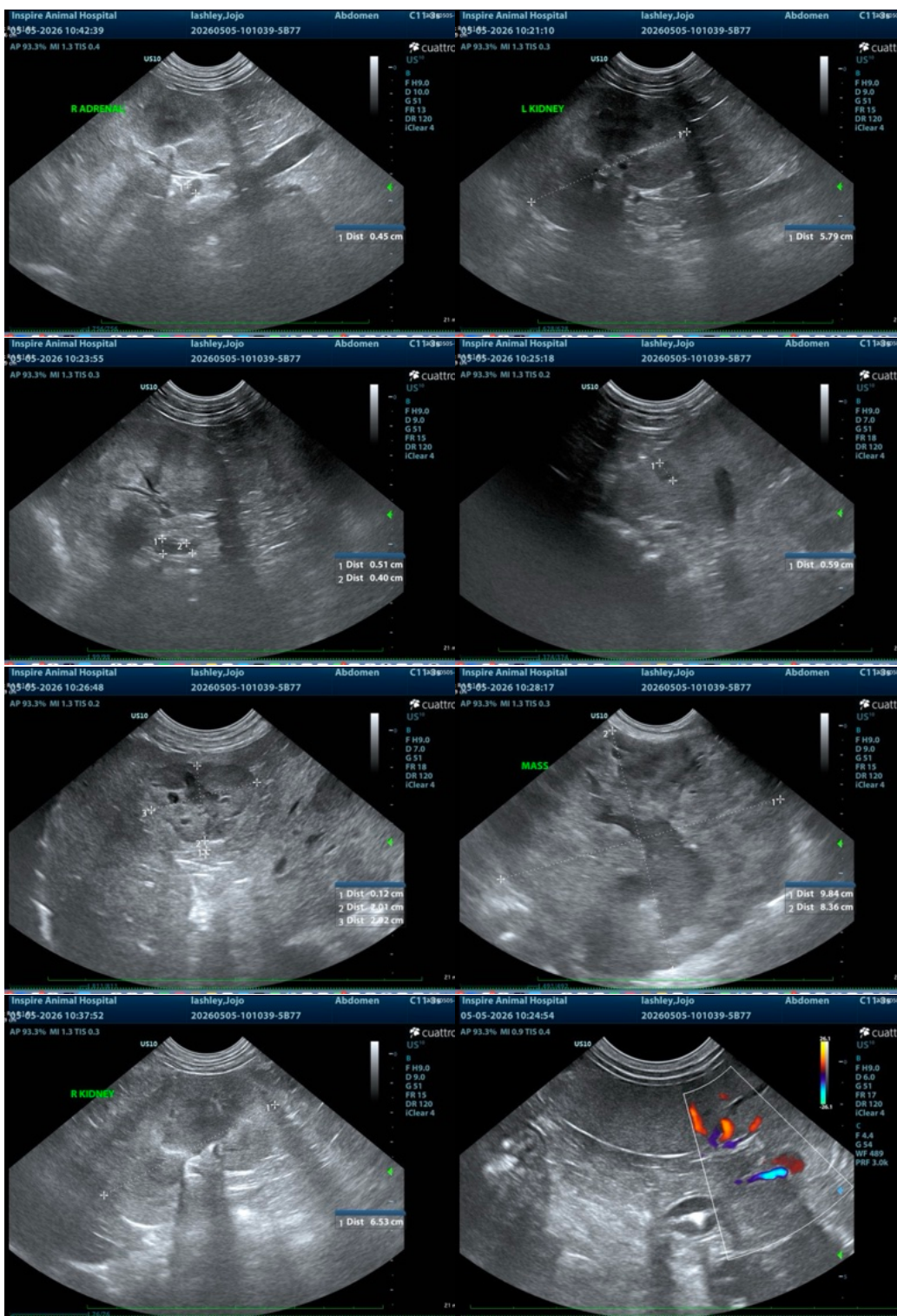
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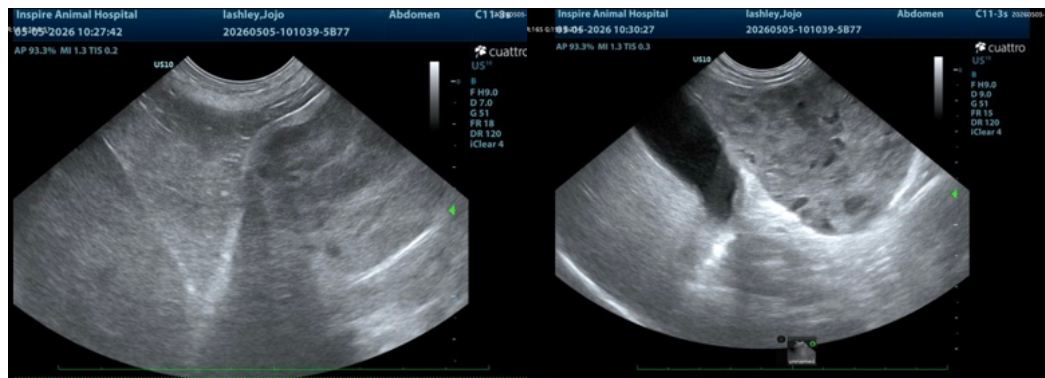
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

[info@SonoPath.com](mailto:info@SonoPath.com)