



**PATIENT**

Bessie Alston

**SPECIES**

Canine

**BREED**

Cocker Spaniel

**SEX**

Spayed Female

**AGE**

12 Years 4 Months

**WEIGHT**

25 lbs

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP(CFM), Cert.  
IVUSS

**IMAGING PERFORMED BY**

Vincent Ravancho CVT

**HOSPITAL NAME**

Englewood Veterinary  
Center

**REFERRING VET**

Dr. Ezik

**INVOICE**

15964

**DATE**

05/08/26

**PRESENTING CLINICAL SIGNS**

Status post hepatic lobectomy for hepatocellular carcinoma. Histopathology confirmed malignant hepatocellular carcinoma with infiltrative growth pattern and narrow surgical margins (<1 mm). Additional findings included grade 2 fibrosis, abnormal hepatic architecture, vacuolar hepatopathy changes, nodular hyperplasia, and mild periportal copper accumulation. Requesting abdominal ultrasound evaluation for residual/recurrent hepatic disease, remaining liver parenchyma assessment, regional lymph nodes, evidence of metastatic spread, and monitoring of additional previously noted hepatic nodules. Patient also has history of hyperadrenocorticism previously treated with Vetoryl, later becoming over suppressed with cortisol <2. Vetoryl discontinued approximately 6 months ago, with gradual cortisol recovery now to 4.6. Persistent severe PU/PD with urinary accidents at home despite negative urine culture and no response to empirical antibiotic therapy. Recent development of proteinuria with increased UPC and systemic hypertension (initial BP approximately 200 mmg, improved to approximately 150 mmg after starting enalapril; pending recheck). Liver enzymes continue to progressively elevate

Abnormal PE/Chem/CBC/UA Results: ALT 758, AST 107, ALP 835, GGT 46 Urine cortisol/creat ratio 109, 2+ proteinuria, Urine Protein: CreatRatio 2.3 Urine Specific Gravity: 1.010

**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 were 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 mild 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 6.0 cm in length. The right kidney measured 6.03 cm in length.

*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 2.08 cm x 0.55 cm width at the cranial pole and 0.60 cm width at the caudal pole. The right adrenal gland measured 1.93 cm x 1.5 cm width at the cranial pole and 0.51 cm width at the caudal pole.

*Spleen*

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.



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**Liver**

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The **liver** revealed variable nodular changes in the left liver measuring up to 2.0 cm, however, the margins were ill-defined. The mid liver revealed hyperechoic macronodular changes that appear coalescing measuring 4.2 cm and 2.5 cm. Mild disruption of architecture with strong concern for return of carcinoma. The right liver was largely unremarkable other than minor heterogenous changes.

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Minor micropolypoid changes were noted in the gallbladder. The common bile duct was unremarkable.

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**Gastrointestinal**

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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.

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**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.

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**ULTRASONOGRAPHIC FINDINGS**

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- Macronodular hepatic lesions primarily in the left and cranial liver- potentially resectable, return of prior carcinoma versus pronounced nodular hyperplasia possible.
- Gallbladder polypoid changes.
- Age-related renal changes.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

CT evaluation and FNA for surgical assessment is recommended for further definition. A liver lobectomy may be necessary. The liver changes may be unrelated to the prior history, however, deviation of the diaphragm was also noted.

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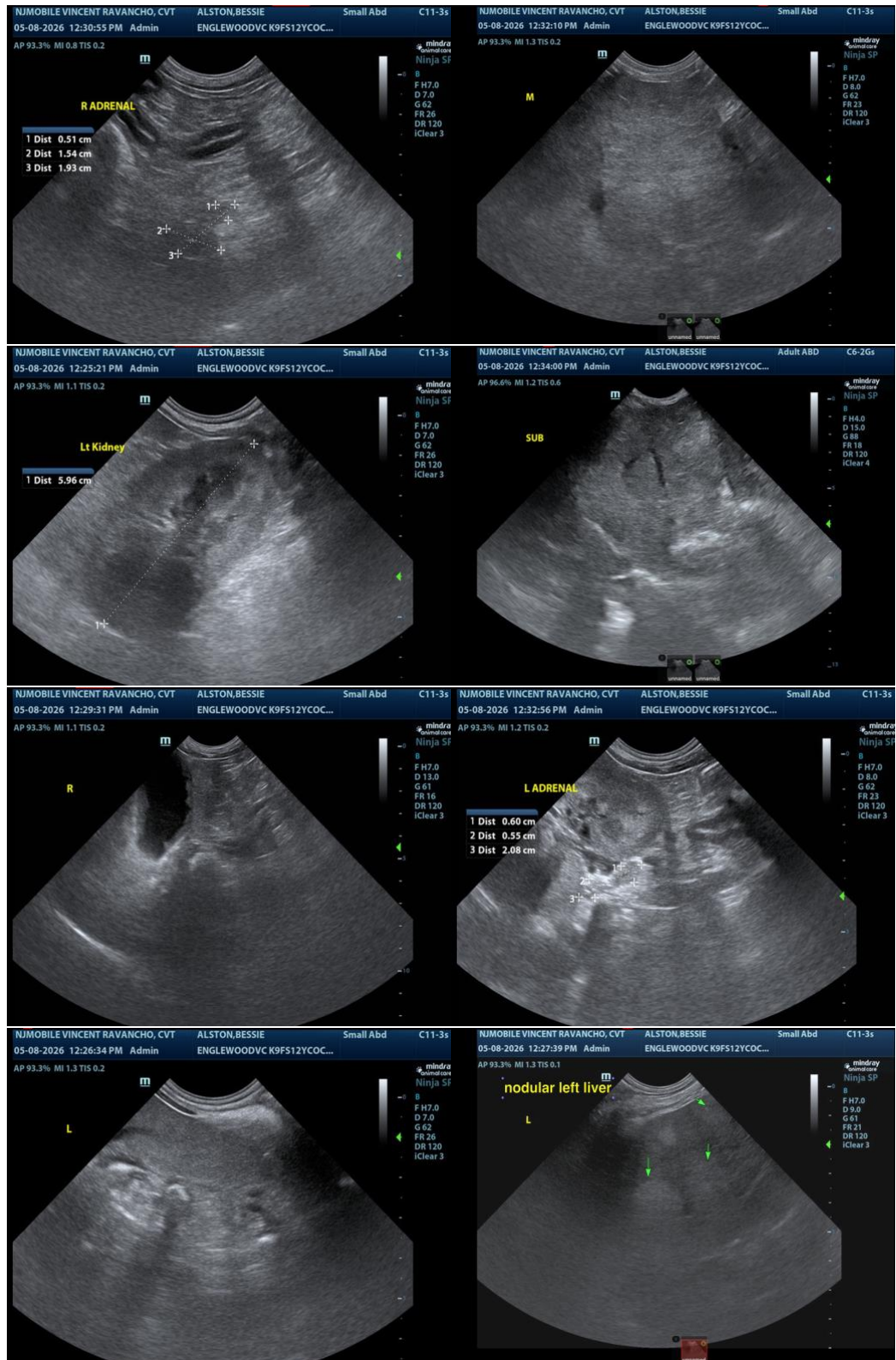
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,**

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