



**PATIENT PRESENTING CLINICAL SIGNS**

Leo Rojas History of seizures suspect mass on liver , thyroid? anorexia

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Canine 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 pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 6.4 cm. The right kidney measured 6.58 cm.

**BREED Golden Adrenal Glands**

The **right adrenal gland** was 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 3.04 cm x 2.0 cm at the cranial pole and 0.97 cm at the caudal pole.

The **left adrenal gland** was mildly enlarged at the caudal pole, measuring 1.42 cm at the caudal pole and 0.99 cm at the cranial pole x 3.52 cm in length.

**SEX Neutered Male Spleen**

The **spleen** was mildly heterogenous with nondisruptive nodular changes. No overt masses were noted.

**AGE 13 Liver**

The left **liver** was swollen, measuring 7.0 cm. This change is consistent with hepatoma. Mild potential for carcinoma. This appears resectable. Mild increased portal markings were noted. Gallbladder sand and debris were noted.

**WEIGHT 80 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.

**INTERPRETED BY Eric Lindquist, DMV DABVP, Cert. IVUSS 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.

**IMAGING PERFORMED BY Jenn**

**HOSPITAL NAME**  
Rockaway AH

**REFERRING VET**  
Dr. Maniar

**INVOICE**  
23080

**DATE**  
6/26/23



## PATIENT

Leo Rojas

## SPECIES

Canine

## BREED

Golden

## SEX

Neutered Male

## AGE

13

## WEIGHT

80

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

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## ULTRASONOGRAPHIC FINDINGS

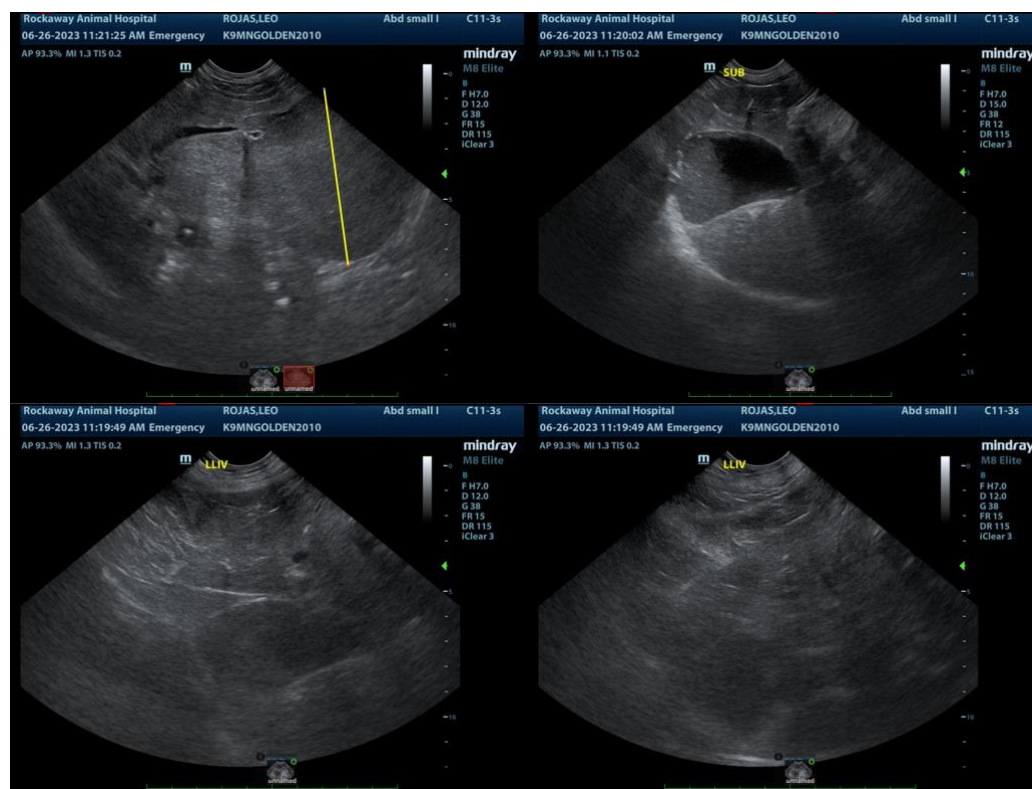
- Hepatoma type left liver mass, likely benign or slow growing. The mass was somewhat pedunculated and may be at risk for lobe torsion. This is not likely related to the seizure activity.
- Mildly heterogenous spleen with nondisruptive nodular changes
- Mildly enlarged left adrenal gland
- Age-related renal changes

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Brain CT is indicated +/- abdominal CT for surgical planning +/- chest CT for assessment for metastatic disease.

SonoPath CT Services are offered at the SonoPath Imaging and Veterinary Education Center, 141 Main St (rt 206), Andover, New Jersey, a 20-minute drive west on route 80/206 North from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at

<https://sonopath.com/services/sonopath-ct-services>



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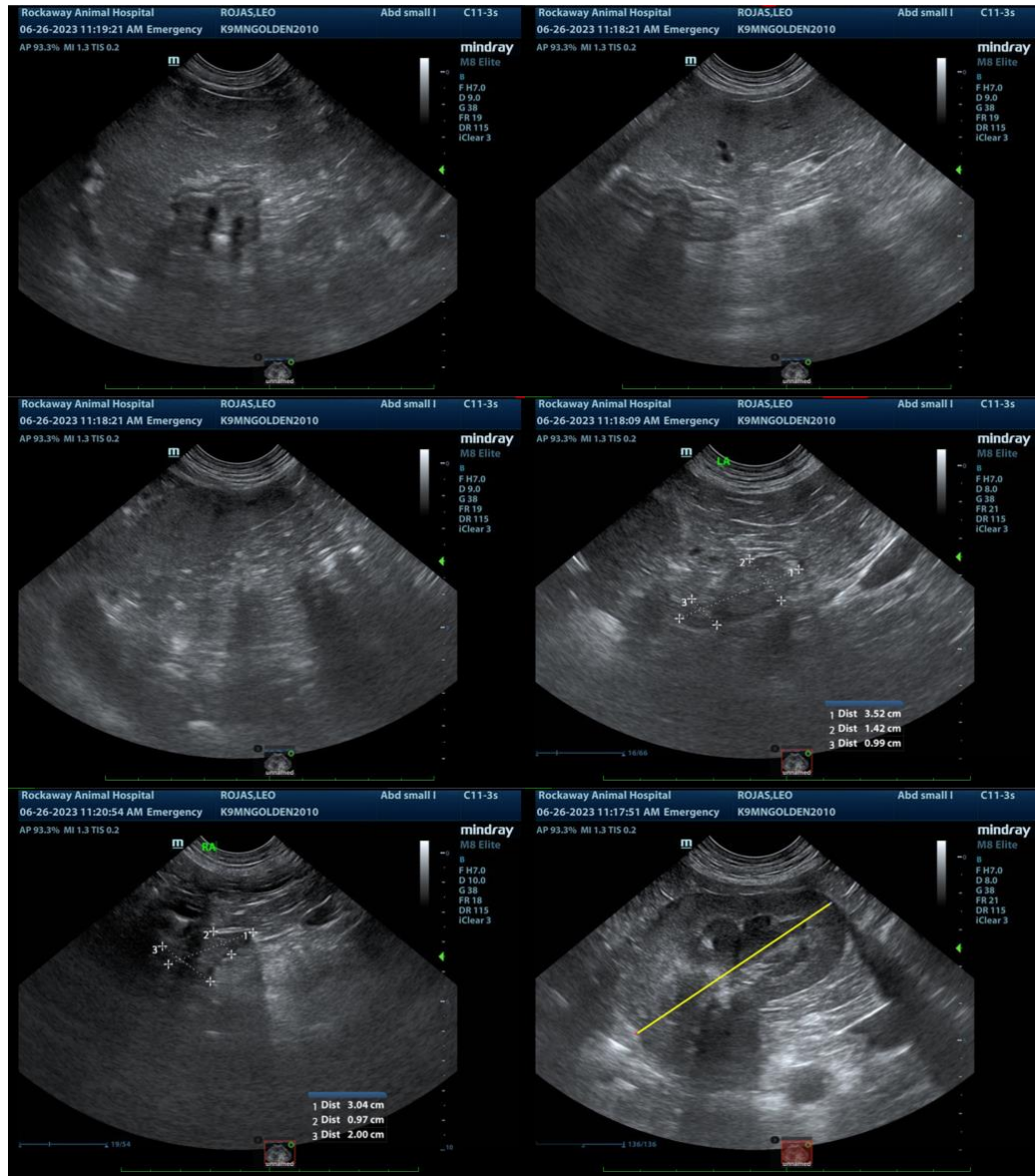
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com