



**PATIENT**

Brody Bartlett

**SPECIES**

Canine

**BREED**

Beagle

**SEX**

Neutered male

**AGE**

14 years

**WEIGHT**

454 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Brady

**HOSPITAL NAME**

Shiloh VH

**REFERRING VET**

Dr. Craig

**INVOICE**

45026

**DATE**

6/28/23

**PRESENTING CLINICAL SIGNS**

History: Mass noted on ultrasound at veterinary ER in 2021 Chronically elevated liver values with initial improvement on Denamarin Liver values remain elevated and have increased on recent bloodwork for pre-op to remove cutaneous mass. Concern about safety for anesthesia, long term prognosis prior to considering surgery

Abnormal PE/Chem/CBC/UA Results: ALT 224 ALP 1061 BUN 38 Creat 1.2 SDMA

**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 moderate degenerative changes with cortical cysts and loss of corticomedullary definition. Renal cortical cysts were present. The right kidney revealed an anechoic cyst at the caudal pole and measured 0.8 cm.

**Adrenal Glands**

The left **adrenal gland** 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 0.5 cm. The right adrenal gland was not visualized.

**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 was noted.

**Liver**

The **liver** revealed an expansive, mixed, hypoechoic mass that appeared to be deriving from the caudal process and measured 6.5 cm with peripheral inflammation. This is suggestive for an aggressive process. FNA is indicated. The left cranial liver revealed a hepatoma type mass that impinged upon the diaphragm and measured 8.0 cm. The mass occupied the left liver. The gallbladder was over distended with suspended debris/sand.



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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.

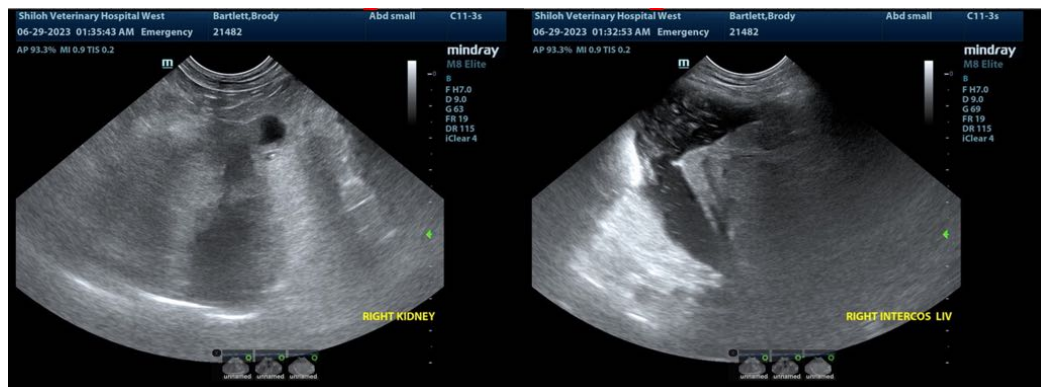
**ULTRASONOGRAPHIC FINDINGS**

Multiple liver masses. Caudate liver mass appears to be most aggressive.

Moderate degenerative renal changes.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ultrasound-guided FNA of the left and right liver lesions are recommended. CT evaluation and potential surgical planning are recommended. There was moderate degenerative renal changes. The prognosis is guarded. The caudate process is most concerning as I am concerned for emerging renal failure.





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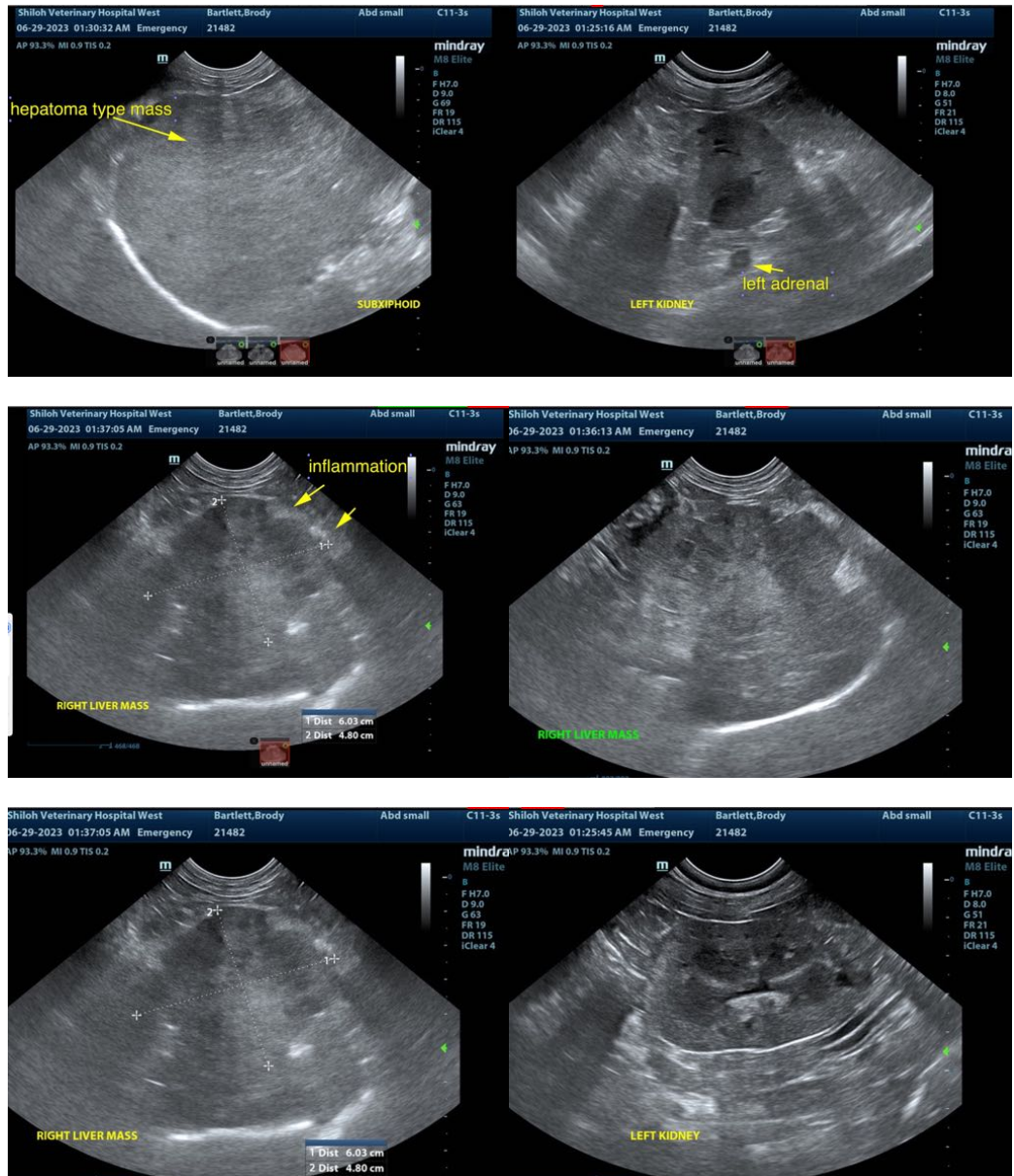
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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