



**PATIENT**

Harley Laventure

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Neutered male

**AGE**

9 years

**WEIGHT**

32.5 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Biederbeck

**HOSPITAL NAME**

Lomsnes VH

**REFERRING VET**

Dr. Biederbeck

**INVOICE**

46680

**DATE**

8/17/23

**PRESENTING CLINICAL SIGNS**

History: Ultrasound for neighboring clinic. Poor appetite, energy. ALKP 1447, ALT 1659, AST 311. Mild anemia HCT 33%, RBC 4.7, PLT 39 - clumping. GGTP and BILI normal. Abnormal PE/Chem/CBC/UA Results: ALKP 1447, ALT 1659, AST 311. Mild anemia HCT 33%, RBC 4.7, PLT 39 - clumping. GGTP and BILI normal.

**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 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 and no evidence of pelvic dilatation was present. The capsules were acceptably uniform without significant irregularities. Slight cortical infarct was noted at the dorsal cortex of the right kidney. The right kidney measured 6.6 cm. The left kidney measured 6.5 cm.

**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 0.65 cm. The right adrenal measured 0.8 cm at the cranial pole and 0.5 cm at the caudal pole.

**Spleen**

The **spleen** revealed multi-focal, hypoechoic, target type nodules that measured up to 1.1 cm. This may be a separate pathology from the hepatic presentation.

**Liver**

The **liver** revealed an expansive, mixed, hypoechoic, undifferentiated peripherally inflamed mass. The mass appeared to be occupying the medial liver. However, it could not be completely ascertained. The gallbladder and cranial liver appeared unremarkable. The mass is peripherally inflamed.

**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



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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**

Hepatic mass.

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Target splenic nodules and undifferentiated mass, suspect caudal liver origin. However, this cannot be completely ascertained.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the splenic nodules and presumed liver mass is recommended. CT evaluation for surgical planning is recommended. Hepatocellular carcinoma versus hepatic sarcoma are the primary differentials. The splenic and hepatic lesions may be unrelated. Two separate neoplastic processes may be in play. Chest radiographs are warranted to assess for comorbidities.

**WEIGHT**

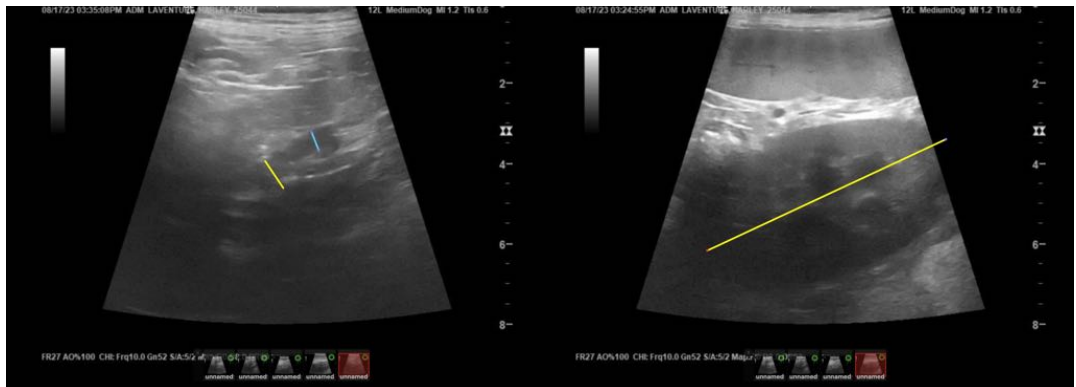
32.5 kg

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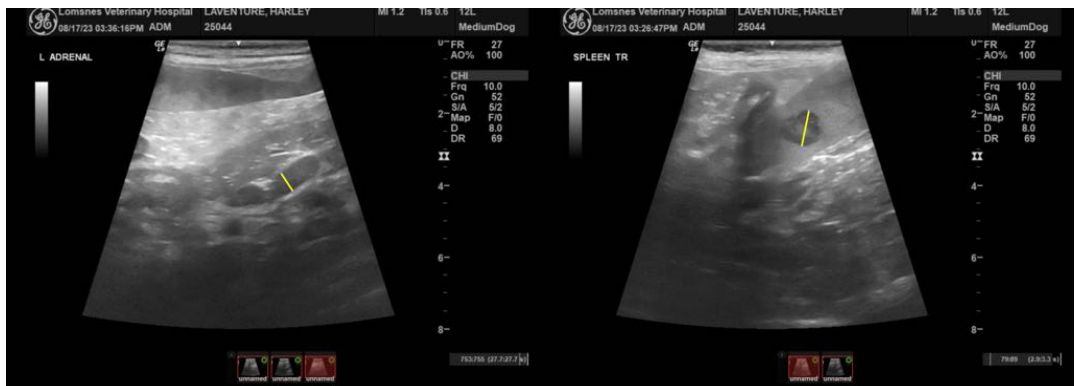


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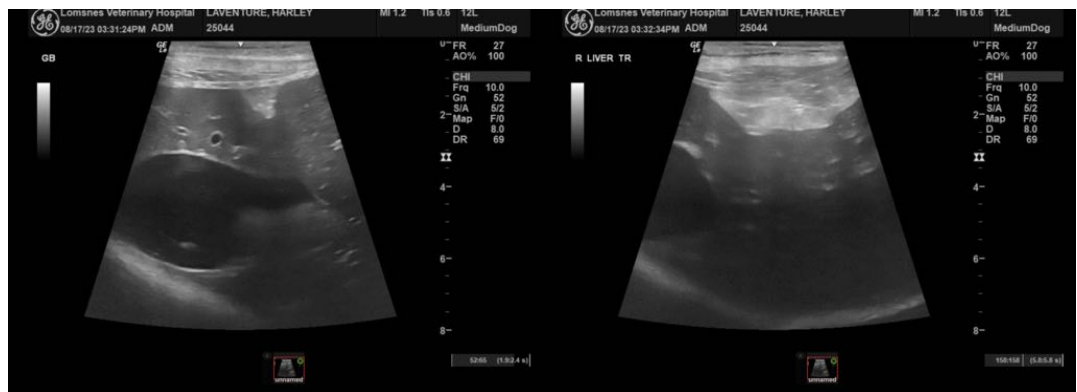
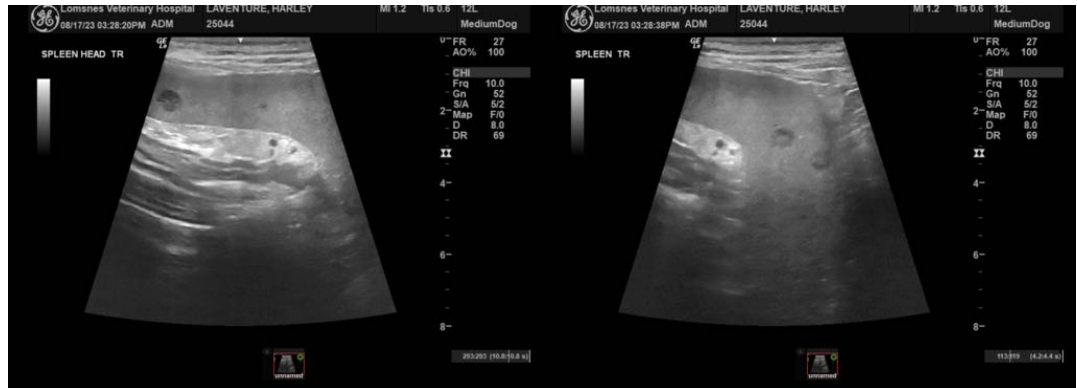
Dr. Biederbeck

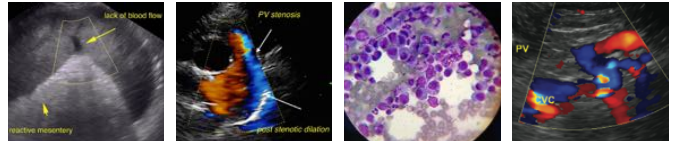
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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