



**PATIENT**

Ozzie Vasalle

**SPECIES**

Canine

**BREED**

Mixed Breed

**SEX**

Neutered Male

**AGE**

14 Years

**WEIGHT**

49 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**HOSPITAL NAME**

Franklin Lakes AH

**REFERRING VET**

Dr. Kozak

**INVOICE**

17474

**DATE**

9/27/22

**PRESENTING CLINICAL SIGNS**

Elevated liver enzymes

Current Meds: Hycodan occas for cough

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** revealed approximately 1.0 cm of sand accumulation with minor uniform bladder wall thickening at the apex consistent with a history of cystitis.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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. Mineralization was noted in the kidneys. Both kidneys measured 5.0 cm.

**Adrenal Glands**

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins were noted. No overt suspicion of neoplasia was noted. This is a mild change and considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The left adrenal gland measured 2.96 cm x 0.92 cm at the caudal pole and 0.88 cm at the cranial pole. The right adrenal gland measured the upper limits of normal, measuring 2.5 cm x 1.18 cm at the cranial pole and 0.86 cm at the caudal pole.

**Spleen**

The region of the **splenic fossa** was occupied by left lateral liver mass.

**Liver**

The **liver** revealed a left lateral liver mass, measuring approximately 10.0 cm. A complex nodular and cystic mass was noted, connected to the left lateral liver lob, measuring approximately 2.0 cm with a large, congested vessel- this liver mass is at risk for torsion, as it is pedunculated. The bridge was 3.0 cm from the fairly unremarkable liver to the pedunculated mass. The remainder of the liver presented nondisruptive nodular hyperplasia pattern with uniform swelling. The gallbladder and common bile duct were unremarkable.

**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**



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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.

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS**

- Urinary bladder sand and wall thickening
- Age-related renal changes with mineralization
- Bilateral adrenal hypertrophy
- Two left lateral liver masses with nodular hyperplasia pattern and uniform swelling in the remainder of the liver

**BREED**

Mixed Breed

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

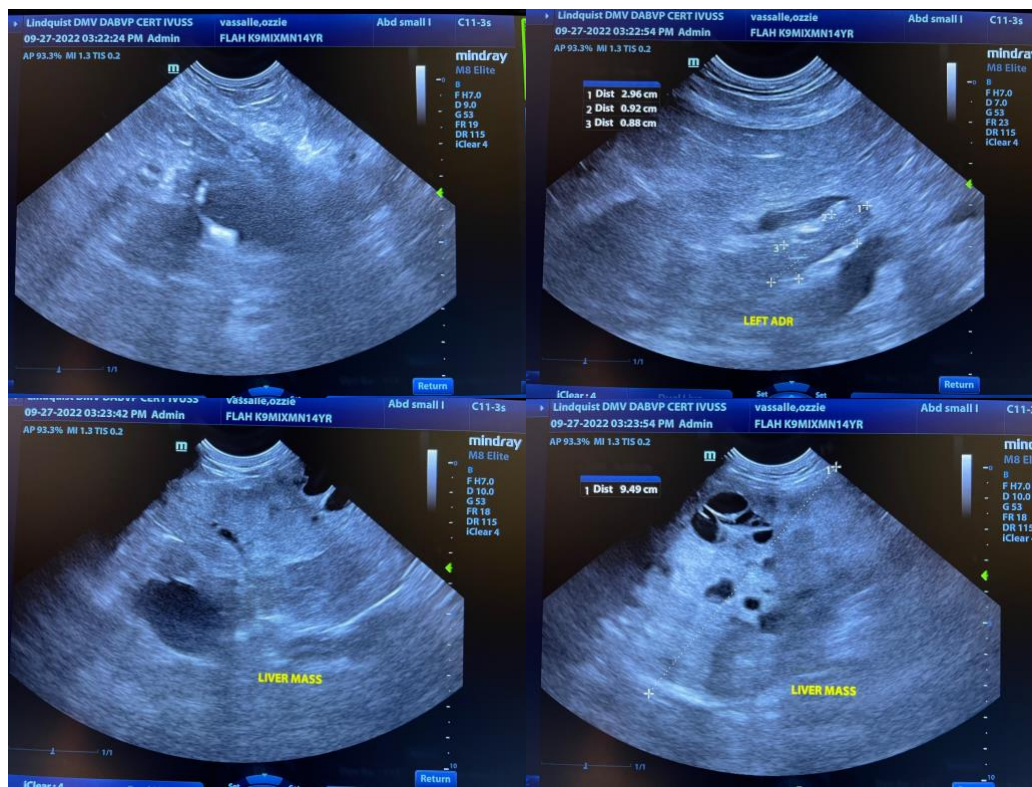
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Left liver lobectomy and cystostomy and bladder lavage are indicated with sand analysis. Likely granulomatous type hepatoma with cystic components or potential low grade hepatocellular carcinoma. Chest radiographs are warranted prior to surgery.

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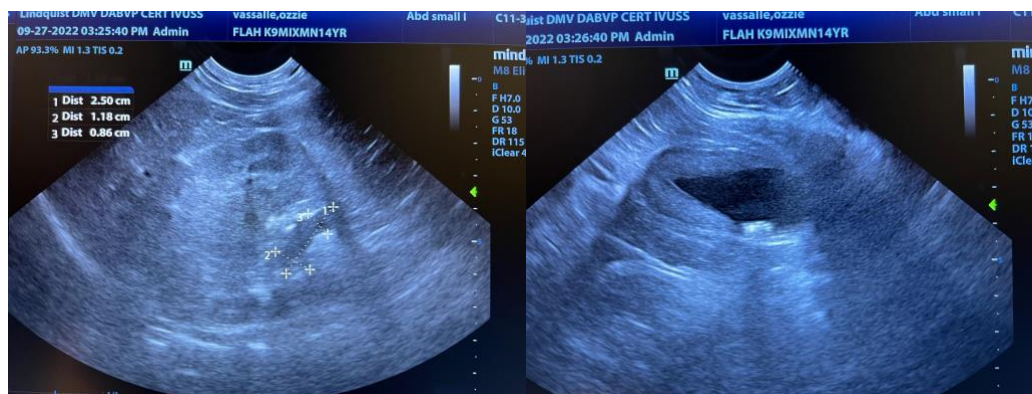
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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