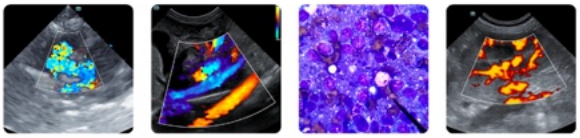

PATIENT

Thunder Alexander

SPECIES

Canine

BREED

Pittie

SEX

Neutered male

AGE

11 years

WEIGHT

90.5 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Scotts Creek AH

REFERRING VET

Dr. Rendazzo

INVOICE

69461

DATE

12/19/25

PRESENTING CLINICAL SIGNS

History: Previous US 6/10/24, hepatic nodules, right medial liver mass, hypoechoic nodules spleen, GB polyps, upper limits of normal LA size, age related renal changes FNA- hepatocellular vacuolization consisted with lipid Thyroid US 7/29/24- Encapsulated bilateral thyroid masses- Bilateral Thyroidectomy Thyroid carcinoma Presented to RDVM 12/8/25 for PU/PD, possible incontinence Abnormal PE/Chem/CBC/UA Results: BUN 32, K 5.5, CL 107, ALT 207, AST 57, ALKP 1407, GGT 17, Lip 391, CK 312, A CTH stim Pre 1.86, Post 12.55

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 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 dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 7.1 cm. The right kidney measured 6.3 cm.

Adrenal Glands

The left **adrenal gland** was at the upper limits of normal and measured 3.2 x 0.93 cm at the caudal pole and 0.92 cm at the cranial pole. The right adrenal gland measured 2.64 x 1.08 cm at the caudal pole and 1.25 cm at the cranial 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.

Liver

The **liver** revealed a persistent 8.3 x 3.7 cm expansive right sided liver mass. Multi-focal, hypoechoic nodular changes were noted in the left liver and measured up to 0.8 cm. Multiple nodular changes were noted throughout the liver. The gallbladder was mildly echogenic and slightly thickened. A minor amount of suspended debris and coalesced bile.

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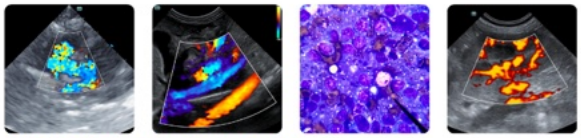

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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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.

Free Abdomen

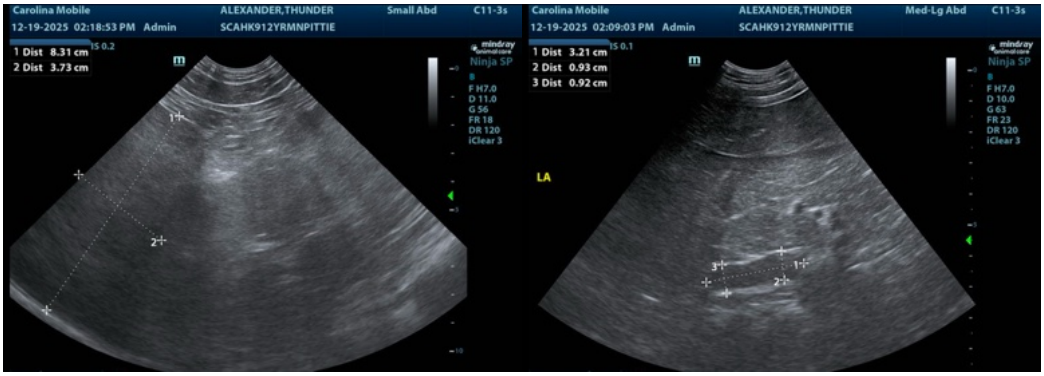
A large amount of abdominal fat was noted in this patient.

ULTRASONOGRAPHIC FINDINGS

- Pronounced nodular hyperplasia liver pattern with hepatoma type mass at the caudate process.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the nodular changes and mass are indicated. Likely hepatoma in the right liver. There is a mild potential for malignant neoplasia. Surgical planning with CT would be ideal in this patient. Bile acid profile would also be ideal if not already performed.



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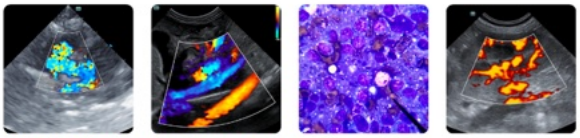

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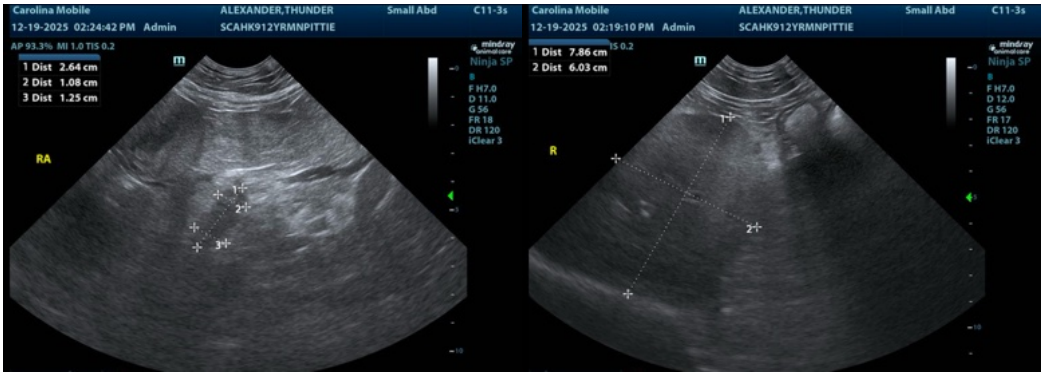

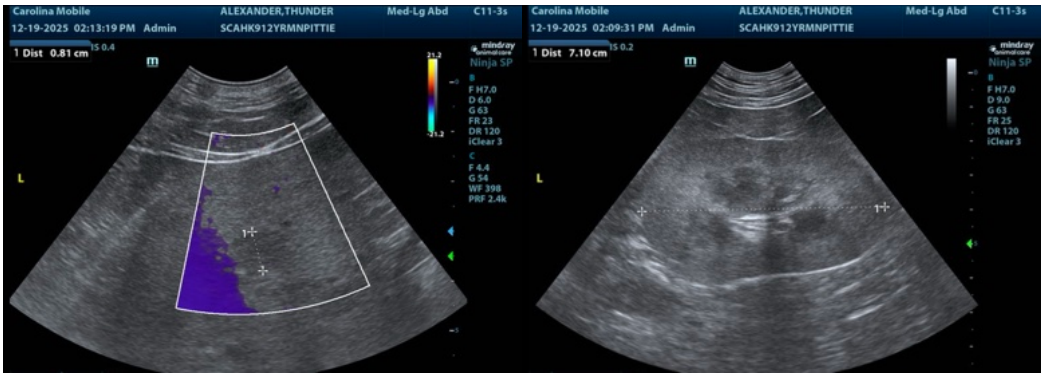

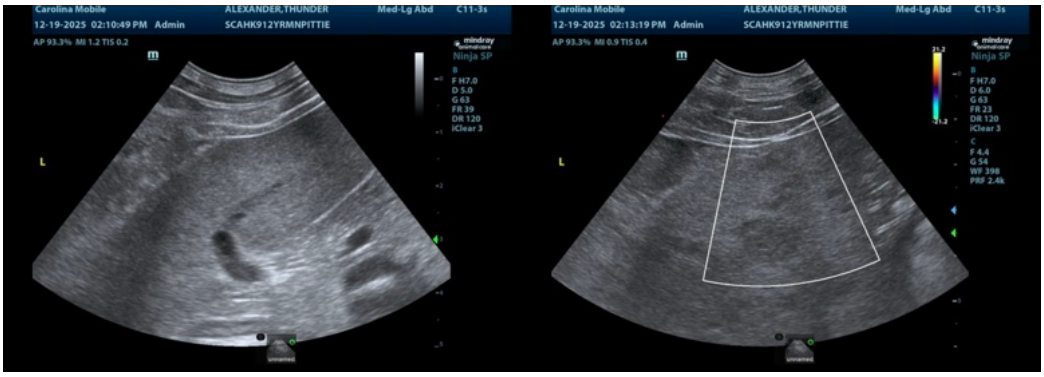

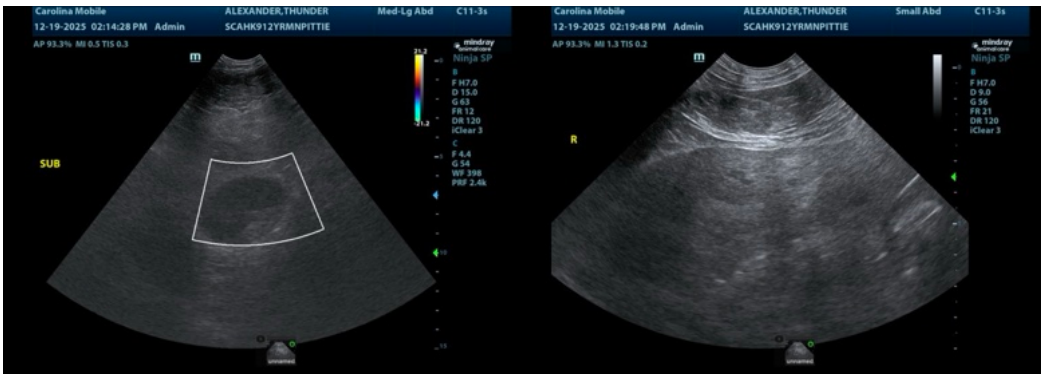

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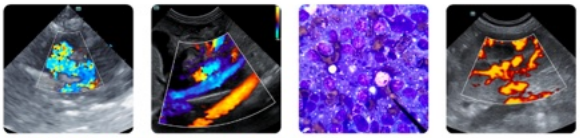

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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