



PATIENT

Molly Chianca

SPECIES

Canine

BREED

Mix

SEX

Spayed female

AGE

16 years

WEIGHT

24 lbs

INTERPRETED BY

Eric Lindquist, DMV,
 DABVP (CFM), Cert.
 IVUSS, CEO of
 SonoPath.com

IMAGING PERFORMED BY

Vincent Ravancho,
 CVT

HOSPITAL NAME

Animal Hospital of
 Roxbury

REFERRING VET

Dr. Hickenbottom

INVOICE

70331

DATE

1/20/26

PRESENTING CLINICAL SIGNS

- Pre-existing liver/splenic tumors - scan to see if any progression since last AUS
- Clinical findings: Intermittent V+/D+, lethargy
- BUN slightly elevated, Mild Anemia, elevated liver enzymes (historical)

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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Occasional cortical cyst was noted in the kidneys. The left kidney measured 5.23 cm. The right kidney measured 5.77 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 2.13 x 0.74 cm at the caudal pole and 0.61 cm at the cranial pole. The right adrenal gland measured 1.44 x 0.72 cm at the cranial pole and 0.4 cm at the caudal pole.

Spleen

The **spleen** revealed persistent, mildly hypoechoic 1.5 cm nodule that has increased in size compared to the prior sonogram. The splenic nodule has increased in size by 50%.

Liver

The **liver** masses are persistent and extensive. The masses were coalescing and occupied the majority of the left liver deviating the stomach caudally. The left caudal mass measured 9.0+ cm and revealed a puffy cloud type appearance that is consistent with carcinoma. The cranial mass measured 10+ cm. The architecture appears more disruptive than the prior sonogram. The gallbladder was enveloped in the mass pathology. The masses do not appear resectable. Subjectively the liver masses have increased in size by approximately 10-20%.



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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

Enhanced mesentery was noted in this patient.

Heart

Rapid view of the heart revealed no evidence of pathology in the right auricle or pericardium.

ULTRASONOGRAPHIC FINDINGS

Extensive, hepatic neoplasia, subjectively progressive from the prior sonogram. Most consistent with hepatocellular carcinoma.

Splenic nodule. Hyperplasia, emerging round cell neoplasia and hemangiosarcoma are all potentially possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Palliative management is recommended. The GI signs are likely related to the hepatic pathology and deviation of the gastric axis.



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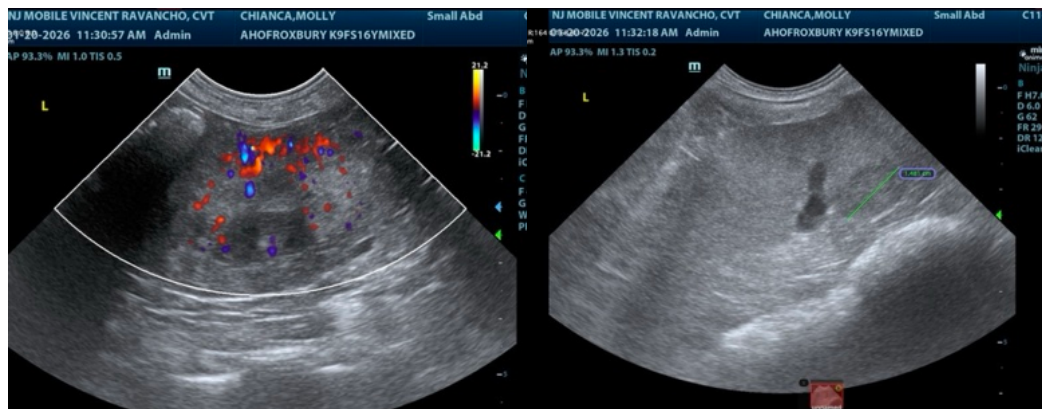
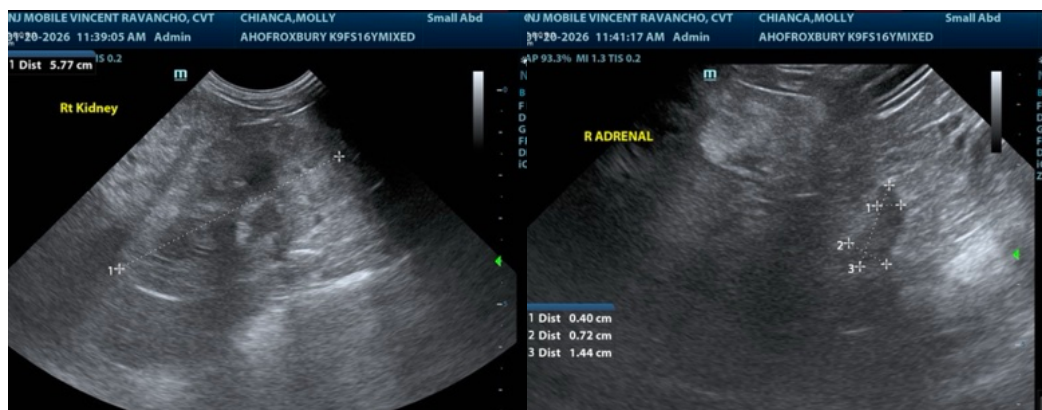
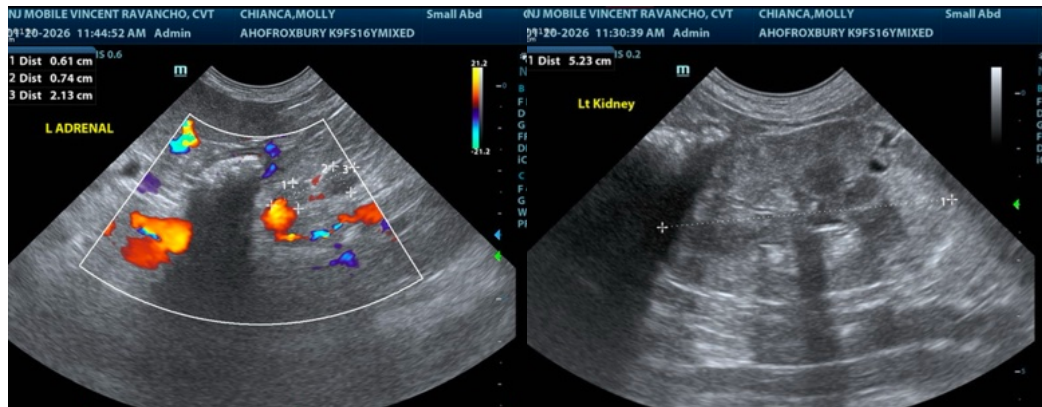
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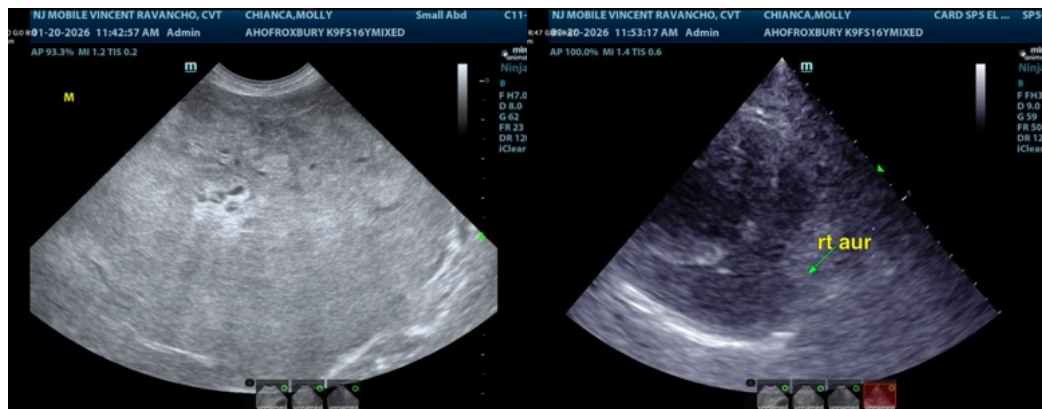
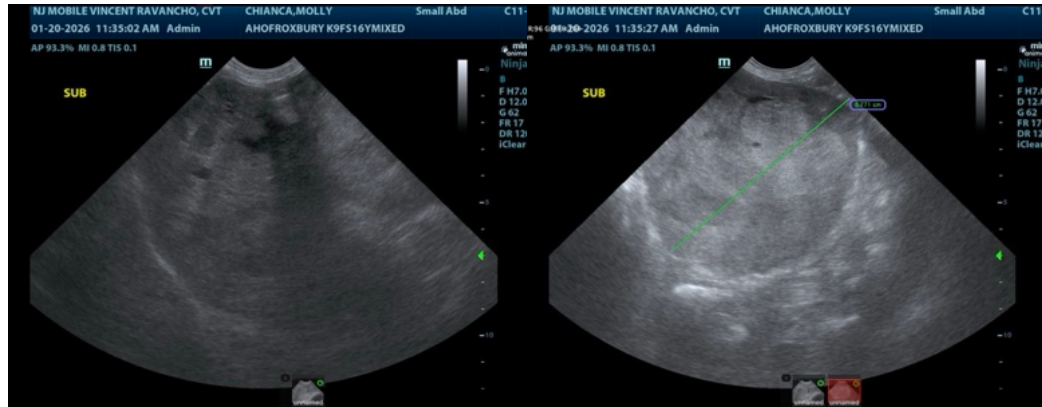
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (CFM), Cert. IVUSS, CEO of SonoPath.com

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