



PATIENT

Winnie Taffuri

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed female

AGE

10 years

WEIGHT

75 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Franklin Lakes HA

REFERRING VET

Dr. Hudson

INVOICE

68549

DATE

11/11/25

PRESENTING CLINICAL SIGNS

Elevated liver enzymes. Lethargic, excessive panting and thirst, and not eating much.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** wall itself revealed mild apical thickening with polypoid changes consistent with cystitis. Multiple calculi were noted. The largest of which measured 1.3 cm, grouping of which measured 4.0 cm. The urethra and cystourethral junction were unremarkable.

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. The left kidney measured 7.2 cm. The right kidney measured 7.85 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 3.1 x 0.8 cm. The right adrenal gland measured 2.6 x 0.83 cm.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. A focal, hypoechoic nodule was noted and measured 0.95 cm. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction.

Liver

The **liver** in this patient revealed a medial dorsal, expansive, cavitated, peripherally inflamed mass that measured 10+ cm entering into the gastroesophageal inlet. The mass deviated the esophagus and appeared to enter into the caudal thorax through the esophageal inlet. Nodular changes were elsewhere in the liver. This is strongly suggestive for expansive and non-resectable process. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.



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Gastrointestinal

The upper **gastrointestinal tract** was unremarkable. The curvilinear patterns were maintained.

Pancreas

Minor, heterogenous **pancreatic** changes were noted.

Free Abdomen

Free fluid was noted adjacent to the spleen.

Pockets of free fluid were noted adjacent to the liver lobes and between the liver and stomach.

ULTRASONOGRAPHIC FINDINGS

- Aggressive, sarcomatous type liver mass with other hepatic nodules. The mass invaded the gastroesophageal inlet.
- Splenic nodule.
- Free fluid.

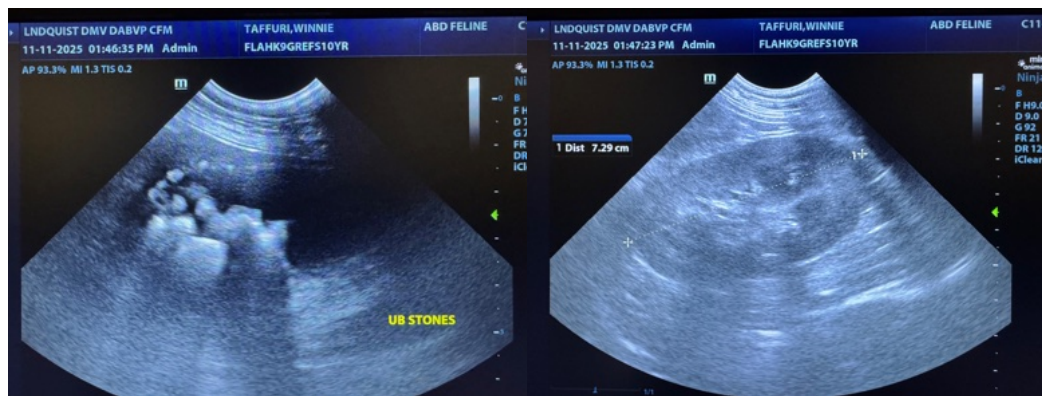
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass does not appear overtly resectable. CT is warranted for further definition. Hemangiosarcoma is likely, other forms of sarcoma are possible.

ABOUT SONOPATH CT SERVICES:

SonoPath CT Services are offered at the SonoPath Imaging and Veterinary Education Center, 141 Main St (rt 206), Andover, New Jersey, a 20-minute drive west on route 80/206 North from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at

<https://sonopath.com/services/vetimaging/>





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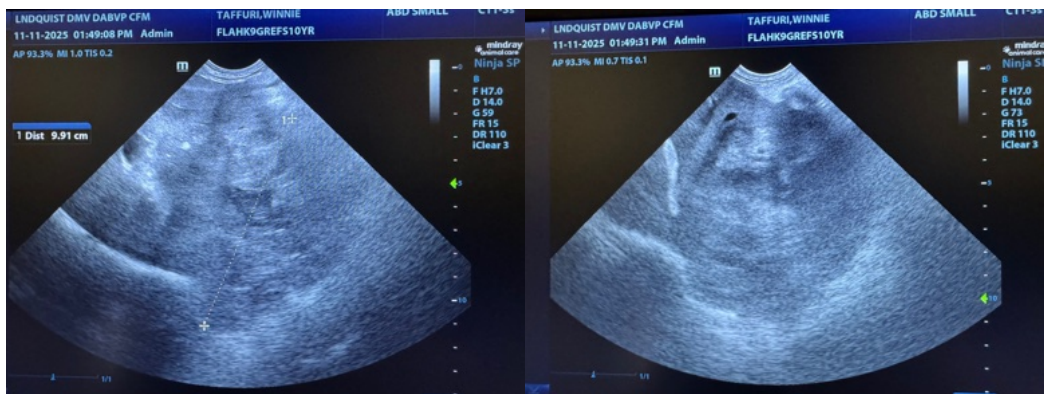
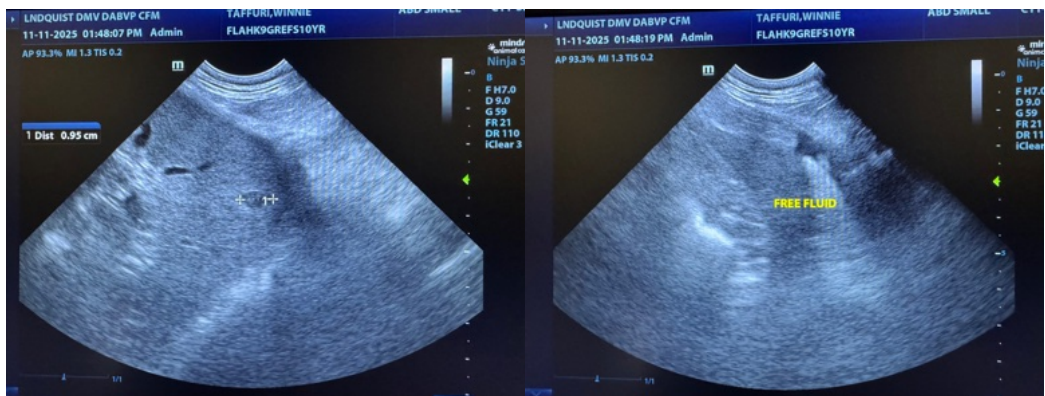
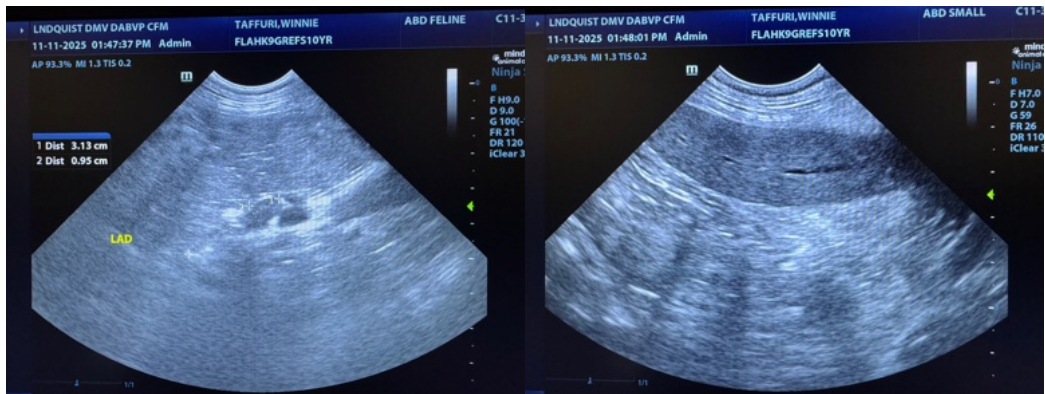
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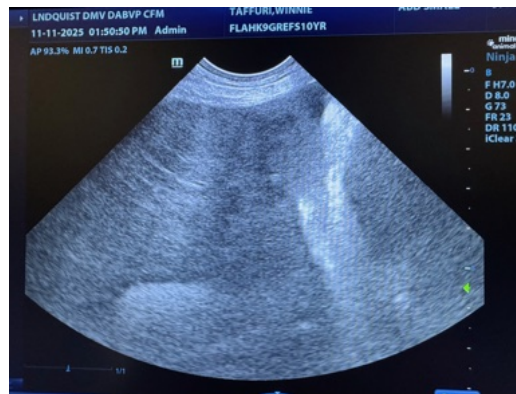
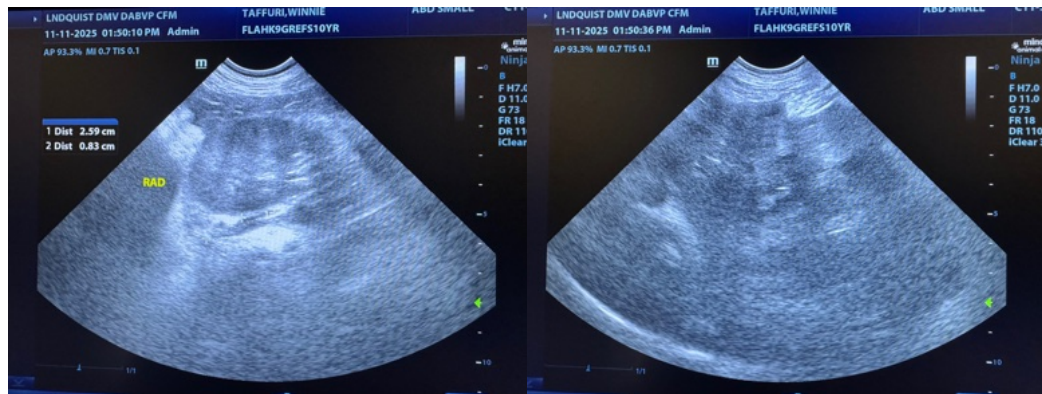
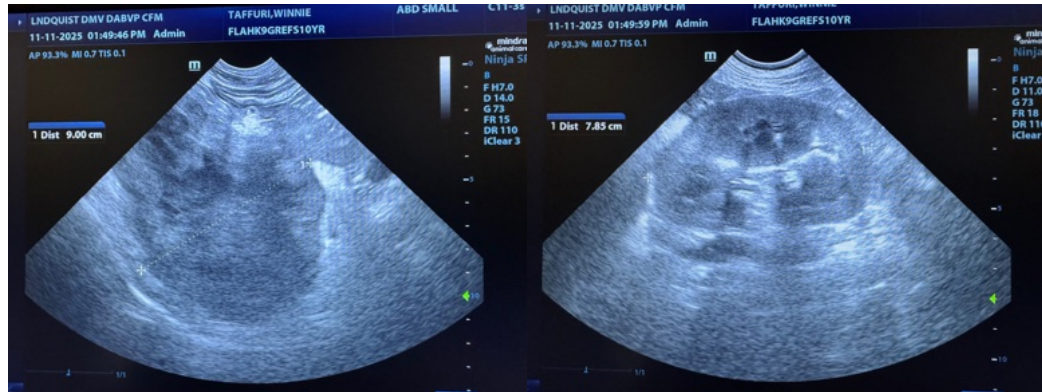
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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