



**PATIENT**

Hampton Puso

**SPECIES**

Canine

**BREED**

Beagle Mix

**SEX**

Neutered male

**AGE**

14 years

**WEIGHT**

17 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Morris Hills VC

**REFERRING VET**

Dr. Hirshenson

**INVOICE**

68947

**DATE**

11/24/25

**PRESENTING CLINICAL SIGNS**

History: BCS 3/9. Elevated LE's., loss of appetite, progressive weight loss. Lepto (-). Current Meds: Was on Pred 5mg (O DC); (administered Torb for scan)  
Abnormal PE/Chem/CBC/UA Results: ALT1400; ALP 851; TBil 0.6; Phos 7.2; BUN 60

**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 residual prostate measured 0.6 cm.

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. Slight areas of non-obstructive mineralization was noted. The left kidney measured 4.0 cm. The right kidney measured 4.92 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 adrenal glands were slightly obscured owing to the mass. The right adrenal gland measured 2.05 x 0.67 cm at the cranial pole and 0.66 cm at the caudal pole. The left adrenal gland measured 2.16 x 0.5 cm at the cranial pole and 0.51 cm at the caudal 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 was noted.

**Liver**

The **liver** revealed coarse architecture with increased portal markings. The caudate process of this patient revealed a cystic mass. The mass measured 3.5 cm in the midst of a hepatomatous type swelling measuring approximately 10+ cm. The gallbladder was slightly thickened.



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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. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

**ULTRASONOGRAPHIC FINDINGS**

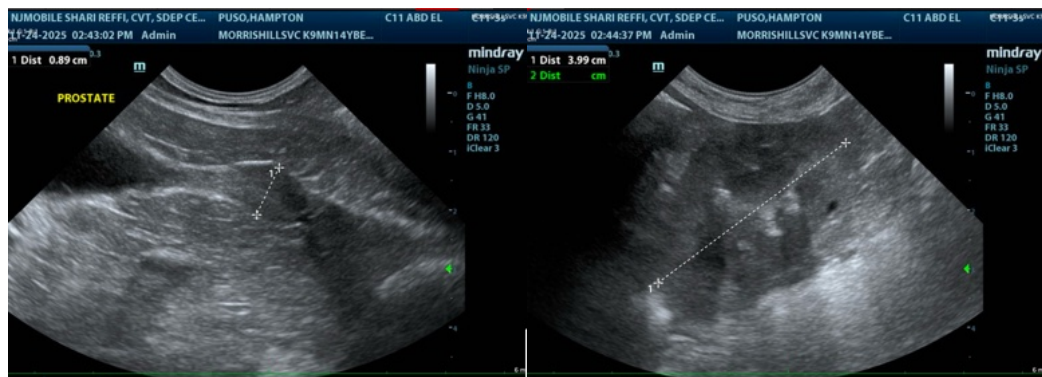
Hepatomatous type hepatic swelling with cystic component. Abscessation versus carcinoma are the primary concerns.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

CT evaluation is warranted for potential surgical planning. FNA of the various echotextures of the mass could be performed at the time of sedation for CT. The swelling in the caudate process and right liver appears to extend into and impinge upon the diaphragm and vena cava dorsally. Further imaging of the right adrenal gland in relation with the vena cava is indicated under sedation. Prognosis is guarded.

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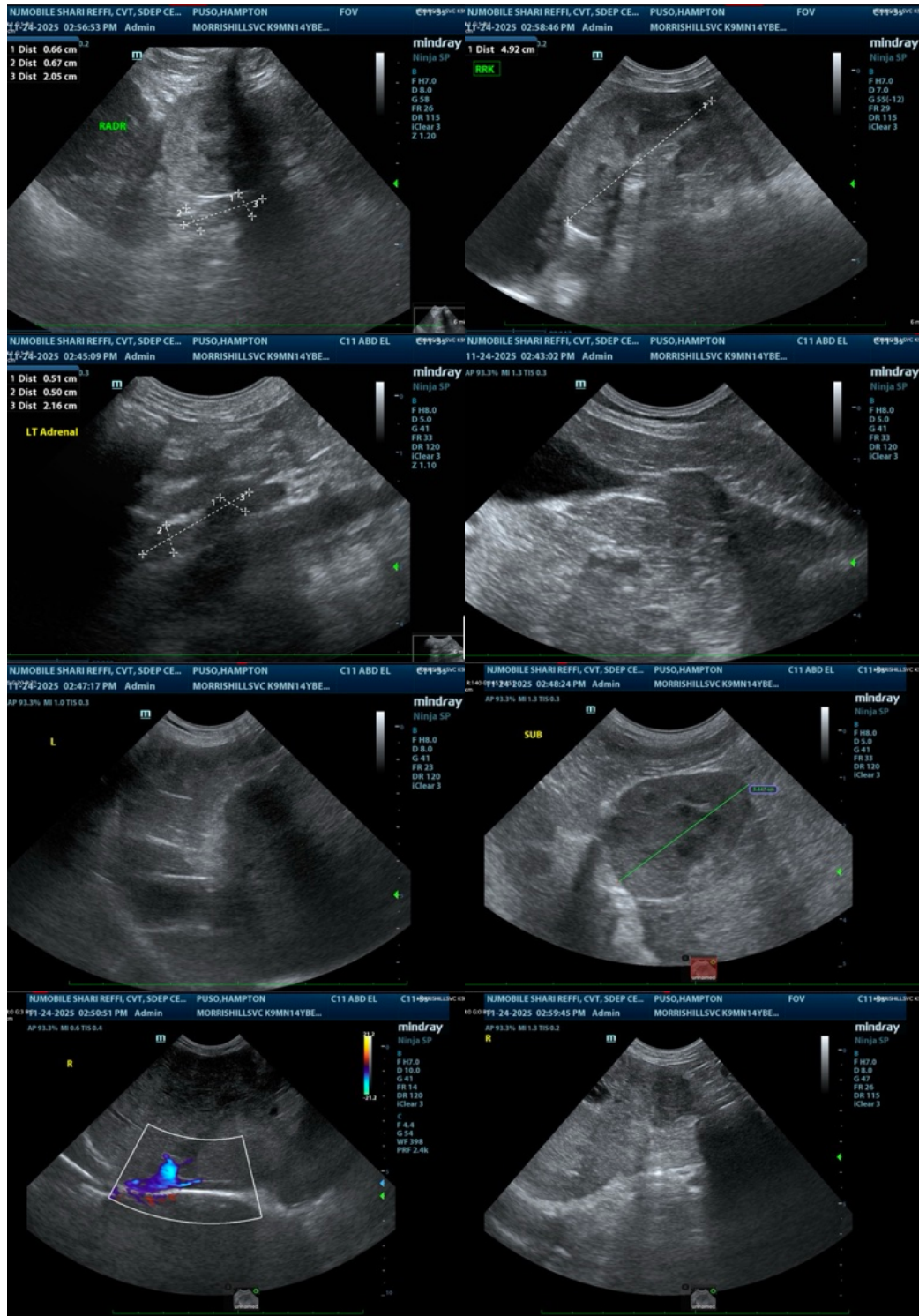
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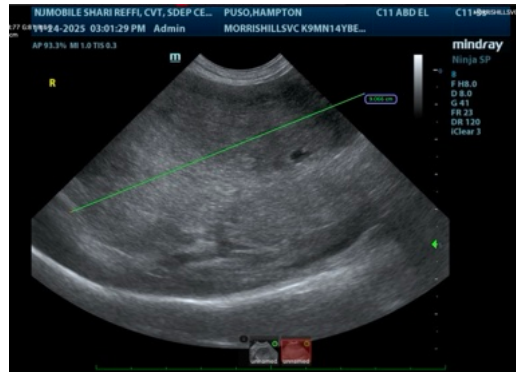
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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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