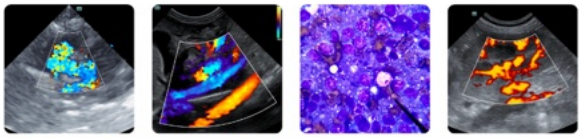

PATIENT

Chloe Nordmann

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Spayed female

AGE

15 years

WEIGHT

17.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ken Leal

HOSPITAL NAME

Animal Care Center of Flanders

REFERRING VET

Dr. Hallihan

INVOICE

69456

DATE

12/19/25

PRESENTING CLINICAL SIGNS

History: Palpable mid abdominal mass History of recent UTI's Enalapril 5 mg bid
Urinalysis: UPC increased. (chronic) WBC = 20-30 trace blood USG = 1.022

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

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 mineralization was noted. The right kidney measured 4.44 cm. The left kidney measured 4.35 cm.

Adrenal Glands

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins was noted. No overt suspicion of neoplasia was noted. This is 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 2.0 x 0.57 cm at the caudal pole and 0.7 cm at the cranial pole. The right adrenal gland measured 2.18 x 1.4 cm at the cranial pole and 0.84 cm at the caudal pole.

Spleen

The **spleen** was normal size and relatively normal contour with multifocal hyperechoic areas of mineralization. This is a benign change; however, can be related to Cushing's disease or other endocrinopathies.

Liver

A 9.0 cm, mixed echogenic left-sided **liver** mass was noted extending into the midabdomen. The mass is moderately complex. The cranial aspect of the liver appeared to be unremarkable. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.

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Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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

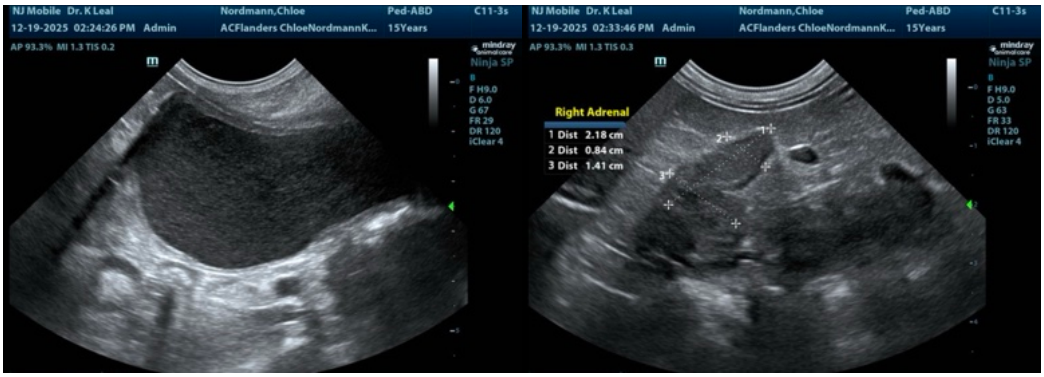
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain 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

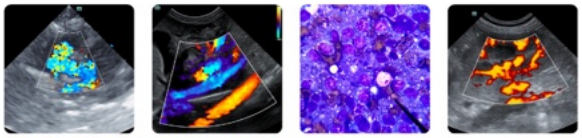
- Pedunculated liver mass. Differentials include granulomatous non-neoplastic mass that is at high risk for torsion and rupture, carcinoma is possible and less likely hemangiosarcoma.
- Bladder debris.
- Adrenal enlargement.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver mass appeared to derive from the left caudal liver in a bridge of approximately 2.5 cm. This is a highly precarious mass and it is at risk for torsion or rupture. No free fluid was noted at the time of the sonogram. I strongly recommend CT for surgical planning with liver lobectomy. The patient may be Cushingoid given the bilateral adrenal hypertrophy. However, this should be addressed post-surgery. The bladder presentation is consistent with UTI. Urine culture and sensitivity is recommended. Given the pyuria 4-6 week antibiotic therapy is likely necessary.



New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



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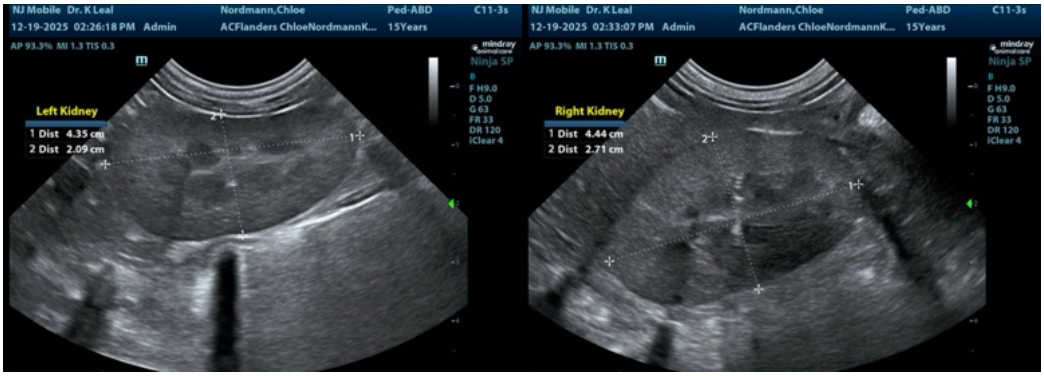

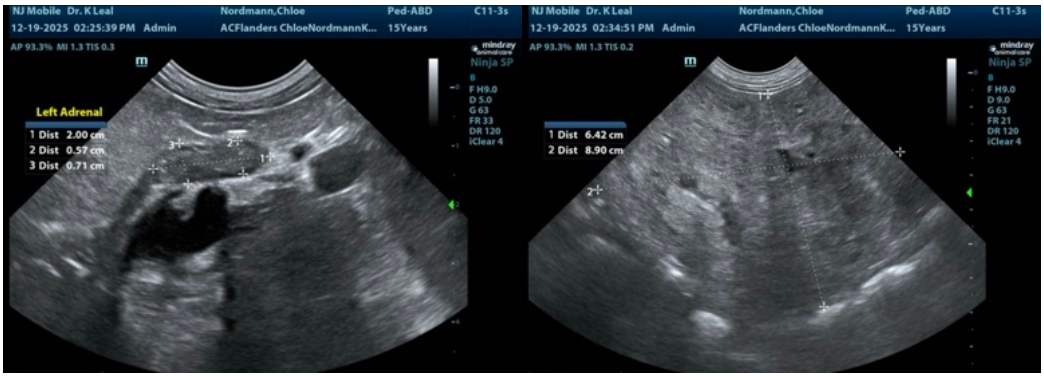

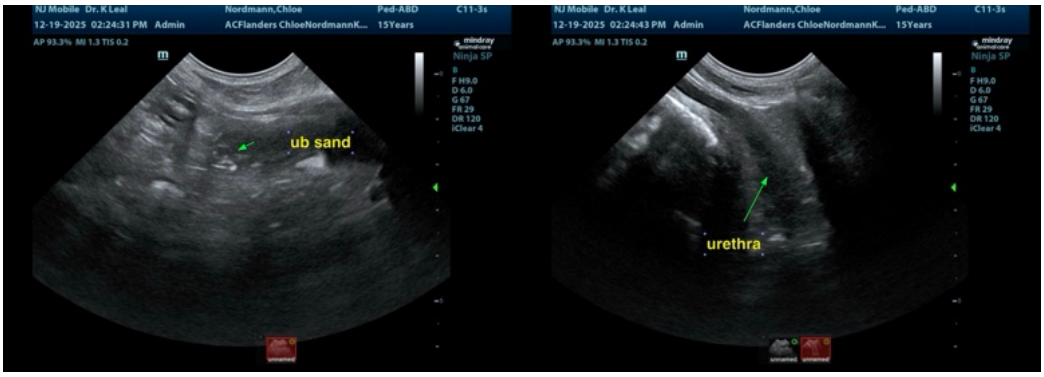

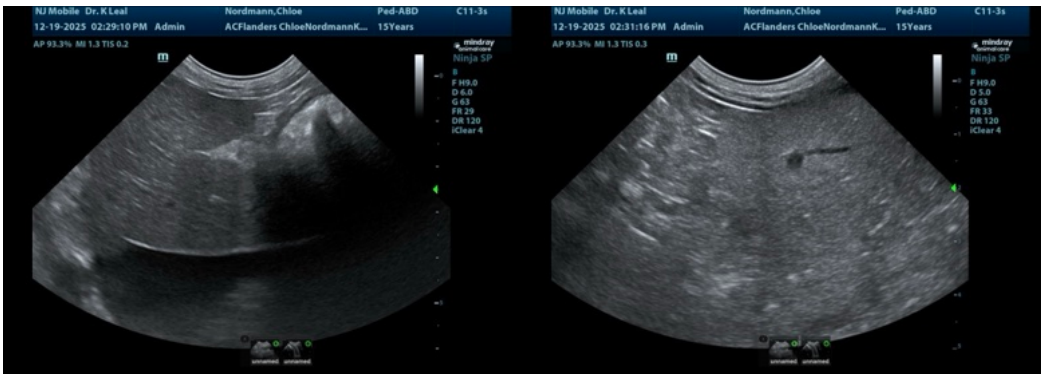

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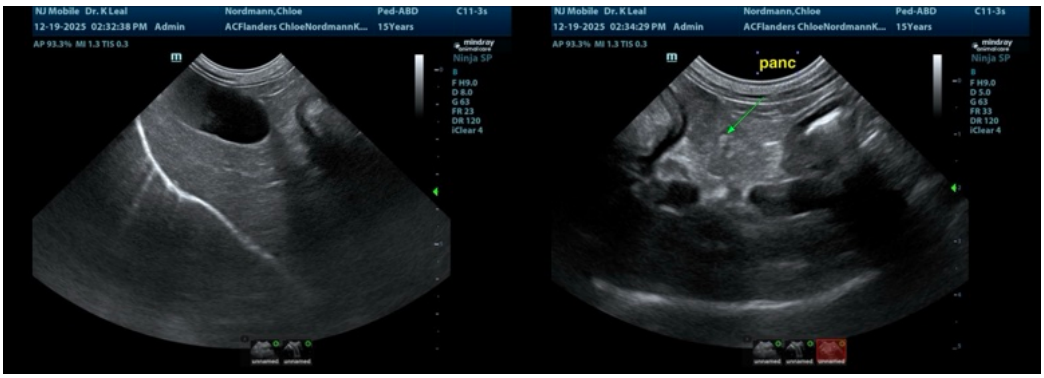

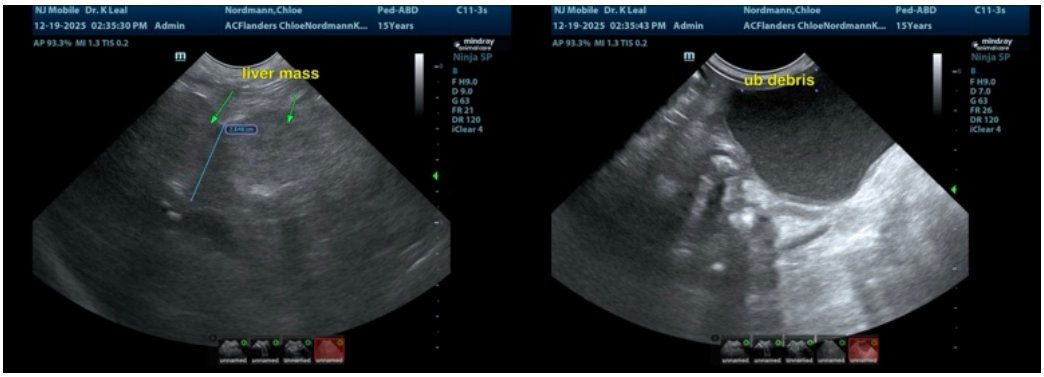

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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