



PATIENT

Bessie Alston

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Spayed female

AGE

12 years

WEIGHT

26.8 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

Englewood VC

REFERRING VET

Dr. Ezik

INVOICE

71422

DATE

2/10/26

PRESENTING CLINICAL SIGNS

Patient originally diagnosed with Cushing's. Liver enzymes normalized with Trilostane. Chronic skin and urine infections have resolved and PU/PD stopped. In Oct 25 follow up labs revealed adrenal over suppression. Veotryl was discontinued. Within 3-47 weeks PU/PD recurred and liver enzymes began to increase. Post ACTH stimulation cortisol values have been consistent with decreased adrenal reserve and recently reached about 2. Therefore, could not restart Trilostane. Ultrasound-guided liver FNA was performed 2 weeks ago and revealed moderate vacuolar hepatopathy. Normal energy and appetite, yet increased drinking and urination.

Cortisol 1.99 resting, 2.3 post ACTH (cosyntropin 5 mg/kg)

ALT 472, AST 62, ALP 630, GGT 21, cholesterol 700, lipase 1,100. Urine protein to creatinine ratio 5.2, Urinalysis 2+ protein, urine specific gravity 1.008, Urine cortisol to creatinine ratio 119. Leptospirosis PCR negative, urine culture negative. Bile acids pre 18 and post 62

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. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction and appeared 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 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 right kidney measured 6.01 cm.

Adrenal Glands

The left **adrenal gland** was isoechoic and somewhat flattened even though measurably normal and measured 1.92 x 0.47 cm. The right adrenal gland was also flattened and measured 2.44 x 0.84 cm at the cranial pole and 0.46 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.



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Liver

The left **liver** revealed a development of a mixed, hyperechoic and hypoechoic mass that measured 5.44 x 5.12 cm in the region of prior hepatoma. Other nodular changes were noted and were non-disruptive measuring up to 2.68 x 2.57 cm. Mild, heterogenous parenchymal changes were noted elsewhere. The liver mass appears to be at the base of the left liver and was moderately vascular. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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.

ULTRASONOGRAPHIC FINDINGS

- Newly developed liver mass, strong concern for carcinoma versus necrosis of the prior hepatoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Review of the prior image sets was performed and the prior images demonstrated a hepatomatous/nodular hyperplasia pattern. The prior liver presentation was void of an overt mass that was noted on today's ultrasound within the left liver. The remainder of the liver currently represents a similar echotexture and nodular hyperplasia pattern compared to the prior sonogram. I believe that the new developing mass is a fairly urgent issue and would be consistent with carcinoma, necrosis or complications from underlying hepatoma or nodular hyperplasia that is developing necrosis. Regardless, I recommend left liver lobectomy in this patient and inspection and biopsy of the remainder of the liver. However, the primary issue appears to be the left-sided mass at this time.

Ultrasound-guided 25-gauge FNA was performed without complication upon the mixed echogenic changes. CT for surgical planning would be ideal or direct liver lobectomy with inspection of the other nodular changes. The other nodules were not overtly accessible via FNA.



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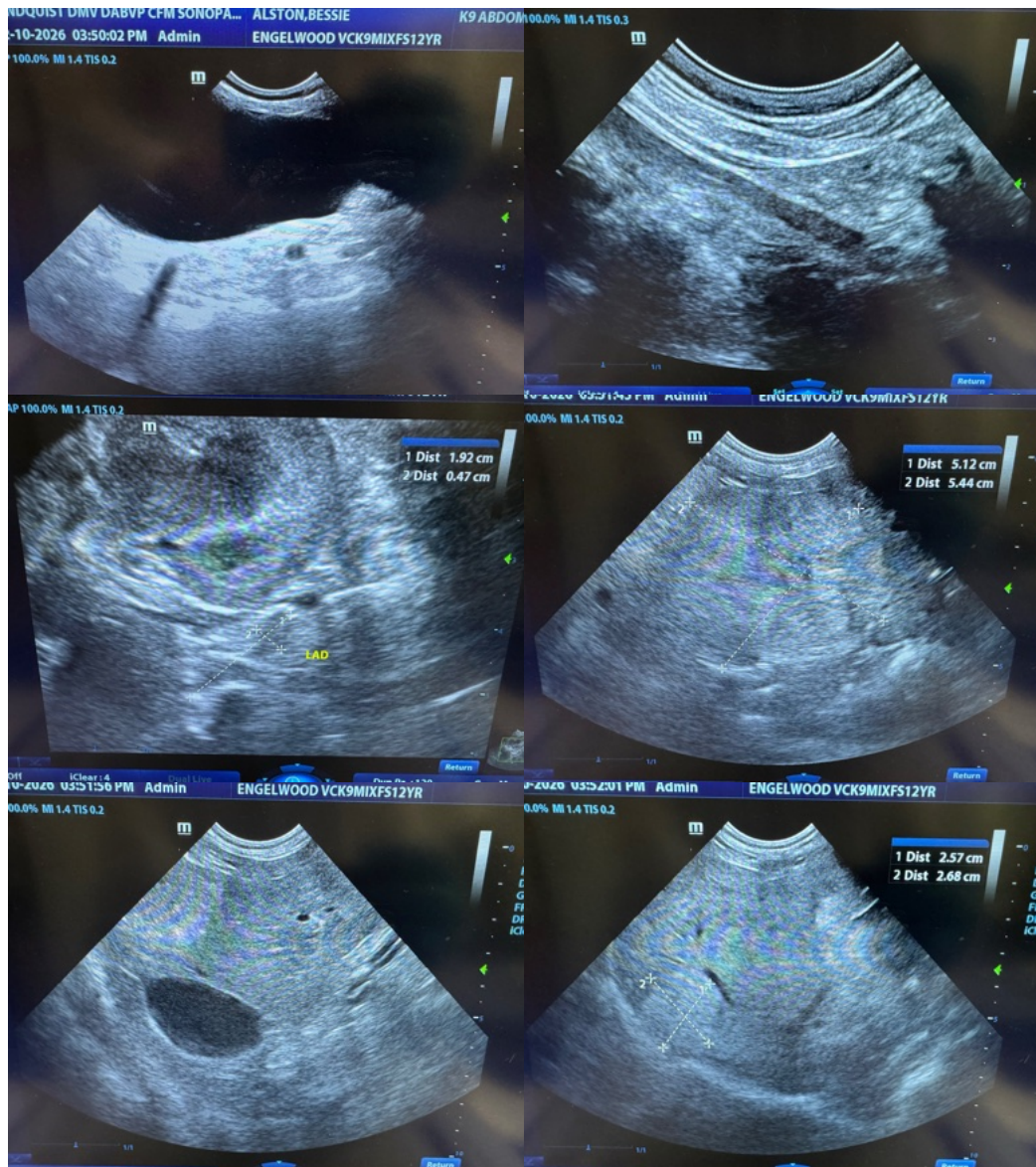
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ABOUT SONOPATH CT SERVICES:

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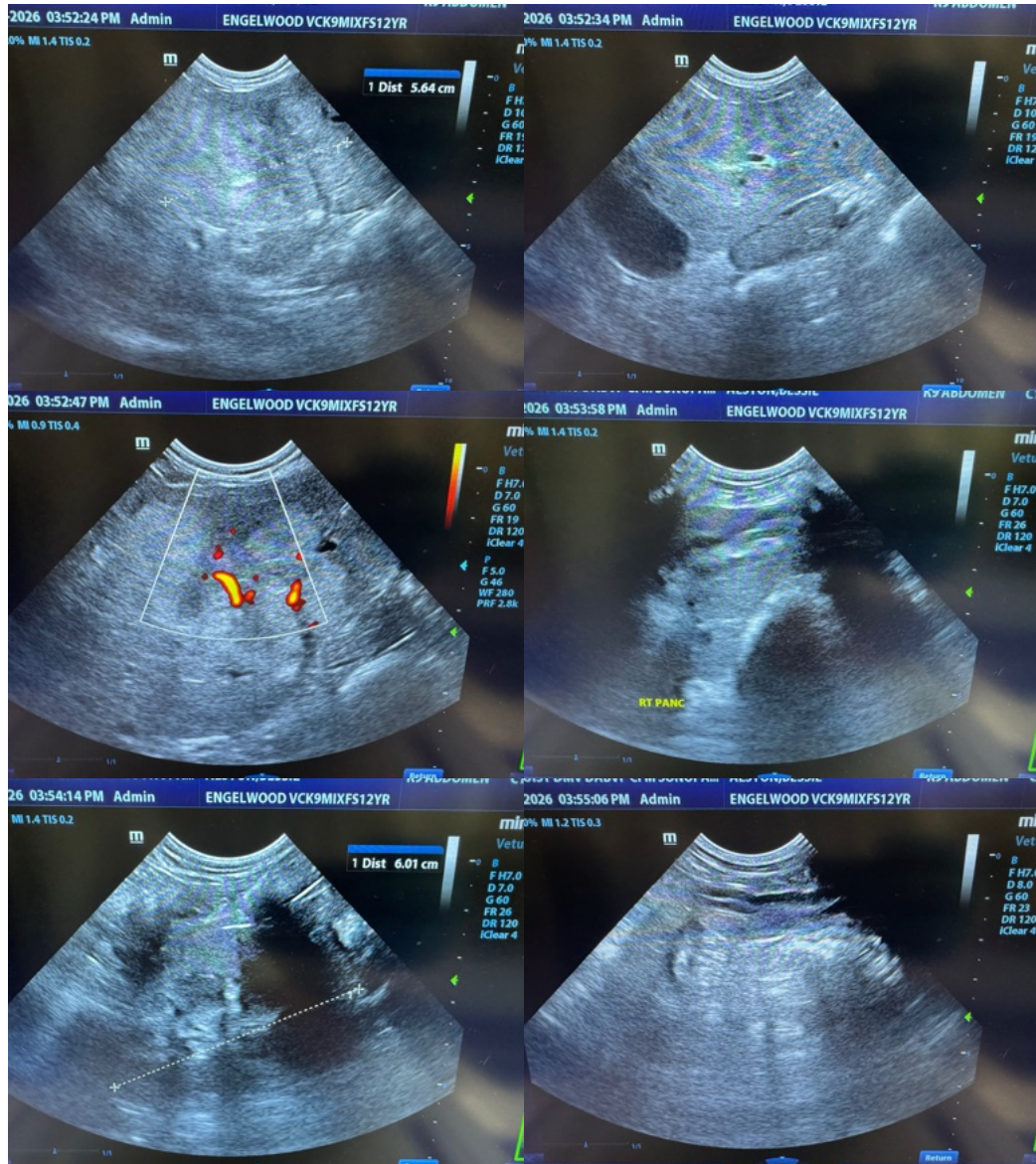
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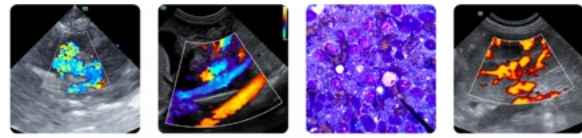
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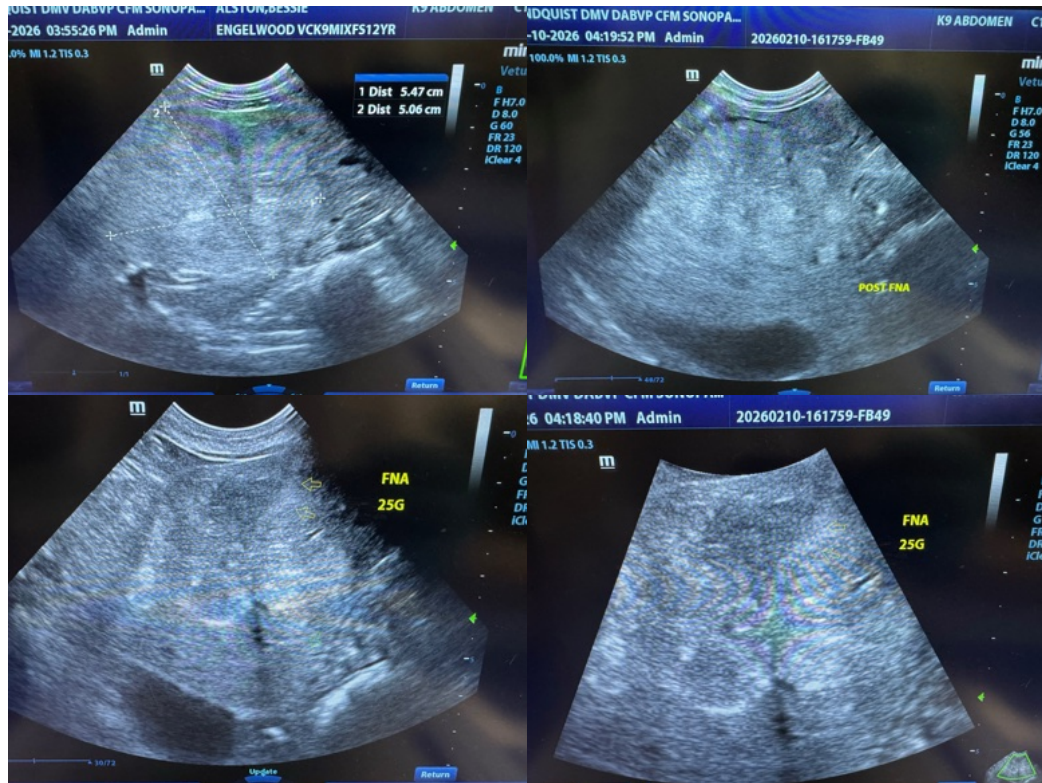
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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