



## PATIENT

Sandy Sacco

## SPECIES

Canine

## BREED

Mix

## SEX

Spayed female

## AGE

10 years

## WEIGHT

61 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Chloe Lowe, LVT

## HOSPITAL NAME

Mount Olive VH

## REFERRING VET

Dr. Logan

## INVOICE

77657

## DATE

5/18/26

## PRESENTING CLINICAL SIGNS

History: History of liver mass. Check progress. Having episodes of shaking, seemingly uncomfortable every few days. Ondansetron, cerenia, gabapentin.

Abnormal PE/Chem/CBC/UA Results: Pending

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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 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. The capsules were acceptably uniform without significant irregularities. Slight pyelectasia was noted in the left kidney. The left kidney measured 7.0 cm. The right kidney measured 7.5 cm.

The iliac trifurcation was unremarkable.

### *Adrenal Glands*

Both **adrenal glands** are slightly enlarged, yet fairly uniform. The left adrenal gland measured 2.9 x 0.9 cm at the caudal pole and 0.88 cm at the cranial pole. The right adrenal gland measured 2.5 x 2.04 cm at the cranial pole and 0.72 cm at the caudal pole.

### *Spleen*

The **spleen** revealed minor heterogenous, hypoechoic, micronodular changes and irregular swelling. There were no overt masses noted. The pattern is most consistent with hyperplasia. However, emerging round cell neoplasia or hemangiosarcoma is possible. Areas of hypoechoic nodular changes were also noted.

### *Liver*

The **liver** mass has essentially doubled in size and has become more disorganized and peripherally inflamed with areas of cavitation and necrosis impinging upon the gallbladder medially and the diaphragm cranially.



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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.

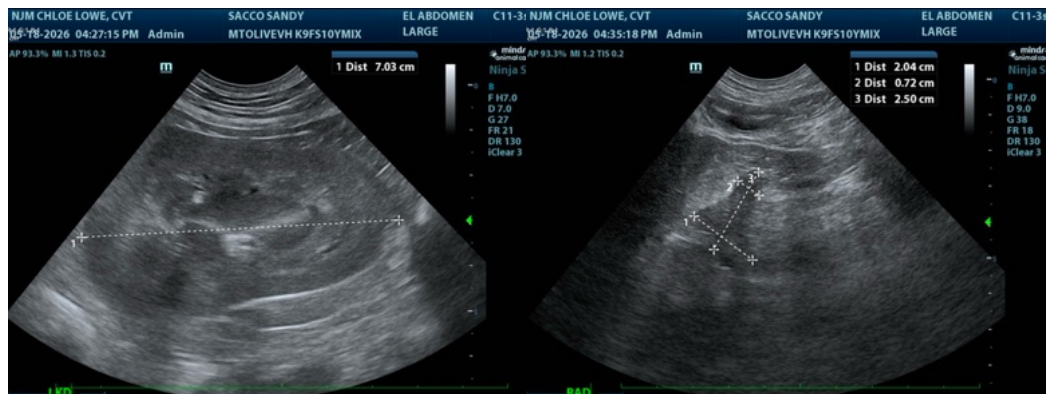
**ULTRASONOGRAPHIC FINDINGS**

Hepatic mass, doubled in size.

Hypoechoic nodular splenic changes.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I recommend repeat CT in this patient for surgical planning with aggressive and immediate surgical intervention. Proactive splenectomy may be in this patient's best interest. However, it is debatable on whether the mass is now resectable as it has extended medially and impinges upon the gallbladder in the portal hilus. The margins are ill-defined. The patient may be bleeding within the mass periodically. The prognosis is guarded.





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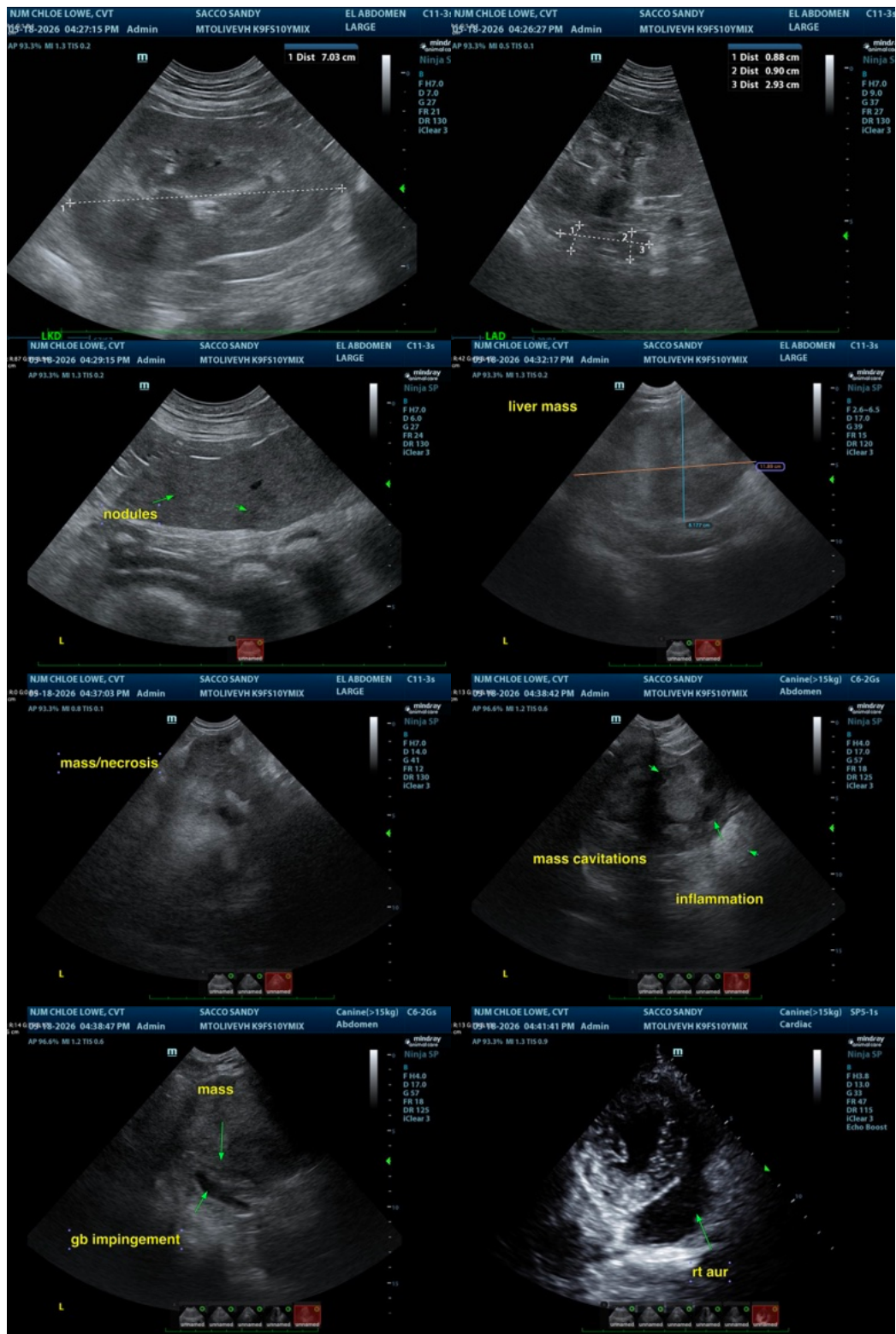
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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