



PATIENT

Raven Hughes

PRESENTING CLINICAL SIGNS

PU/PD. Dry cough.

History of elevated liver enzymes. ALT 201, ALP 1056

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Mix

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.

SEX

Spayed female

AGE

13 years

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 7.37 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

The left **adrenal gland** was enlarged with an irregular nodule that measured 3.5 x 1.7 cm at the cranial pole and 1.03 cm at the caudal pole. The right adrenal gland was enlarged and mildly irregular measuring 4.2 x 1.66 cm at the cranial pole and 1.1 cm at the caudal pole.

IMAGING PERFORMED BY

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Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The spleen was displaced caudally owing to the left-sided liver mass. 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.

HOSPITAL NAME

Franklin Lakes AH

REFERRING VET

Dr. Streng

Liver

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The **liver** revealed a large, puffy cloud type, 12+ cm mass that occupied the majority of the left liver. Minor heterogenous hepatic changes were noted in the right liver and a 3.0 cm nodule that was non-disruptive in the right cranial liver. This is likely unrelated to the liver mass. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

DATE

1/17/23

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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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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.

BREED

Mix

ULTRASONOGRAPHIC FINDINGS

SEX

Spayed female

Left-sided liver mass, potentially resectable.

Chronic glomerulonephrosis renal pattern.

AGE

13 years

Bilateral irregular adrenal hypertrophy. Potential for underlying Cushing's, minor potential for adrenal dependent Cushing's.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

The liver mass and potential adrenal disease may be driving the proteinuria in this patient. Likely hepatocellular carcinoma of the left liver. FNA of the left liver with CT and contrast is indicated for surgical planning. Chest radiographs are indicated.

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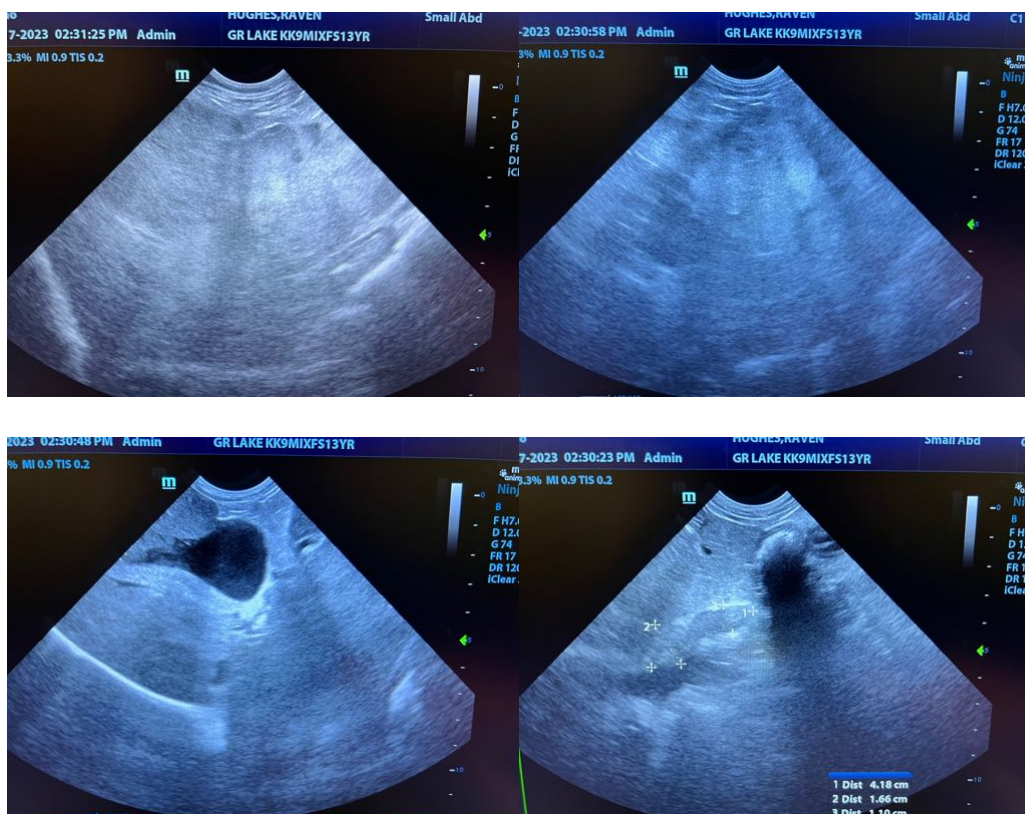
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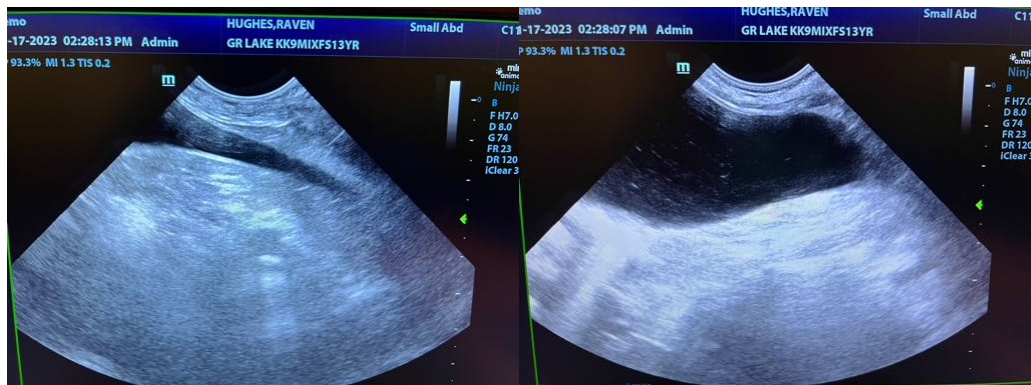
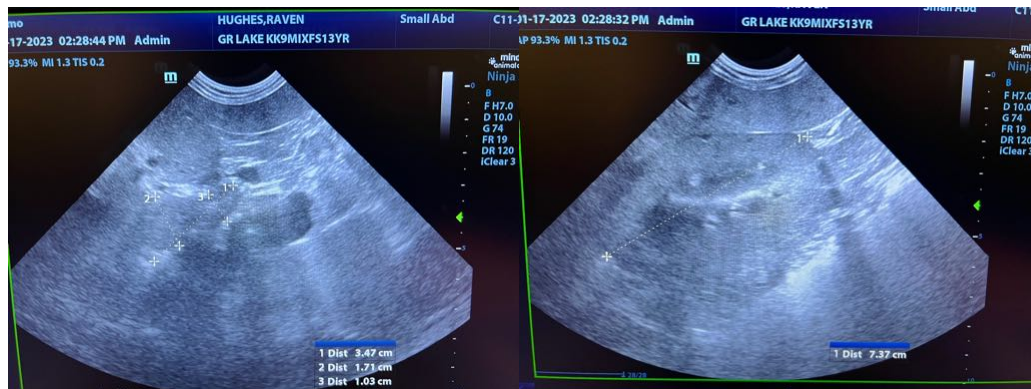
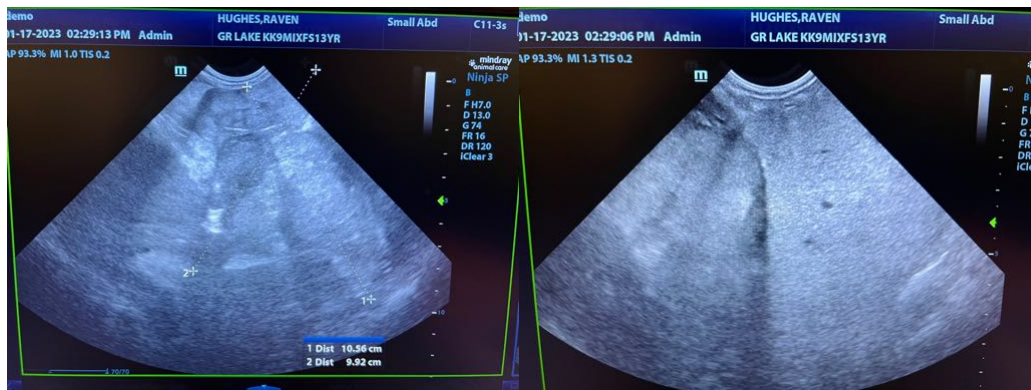
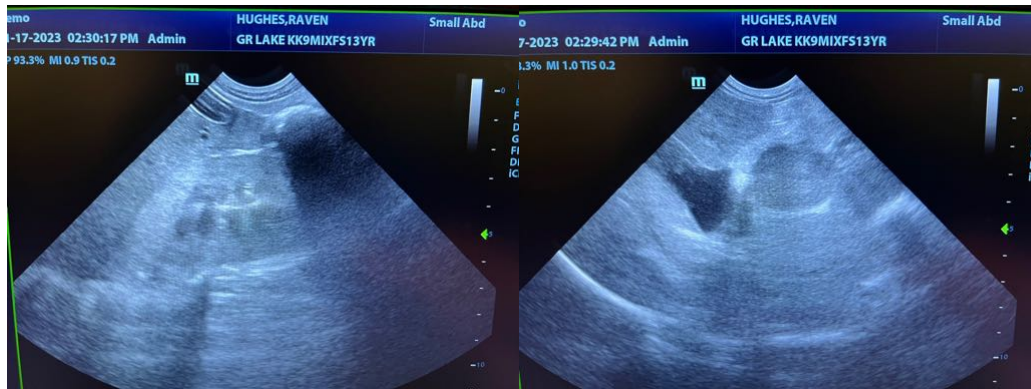
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Canine

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.

BREED

Mix

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