



PATIENT

Koda Becker

SPECIES

Canine

BREED

Pit Bull x

SEX

Male

AGE

14 Years

WEIGHT

56 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Danielle Shemanski,
DVM, MA

HOSPITAL NAME

Western New York
Veterinary Services

REFERRING VET

Kaye Morgan, DVM

INVOICE

72438

DATE

1/23/26

PRESENTING CLINICAL SIGNS

RDVM REASON FOR REFERRAL: Recurring UTIs that clear up with medication but then return. High protein in urine. Abdominal x-ray did not show much. Cushingoid appearance but negative LDDST. On and off blood in his urine but has not had any blood in a few weeks.

MEDICATIONS: Zenrelia 1.5 pill (don't know mg off the top of my head) 1x day for itching. Dasuquin 1x day for hip/joint. Has been on RX on and off for urinary issues but not currently on antibiotics right now. Ciprofloxacin 250mg; 1 table orally twice a day. #20. Deramaxx Sample 75mg; 1/2 tablet orally once a day.

Abnormal PE/Chem/CBC/UA Results: Elevated ALP Urine culture - no growth Potassium - 6mmol/L NA/K ratio - 25 Total protein - 7.6g/dL Globulin - 4.2 g/dL ALP - 575 U/L

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection.

Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present.

The region of the trigone and visible pelvic urethra were normal.

The residual prostate measured 1.0 cm.

The **left kidney** revealed a cystic and parenchymal mass with severe renomegaly, measuring up to 13.0 cm. Regional inflammation and slight free fluid noted around the left kidney.

The **right kidney** presented normal size and contour, measuring 7.68 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 right adrenal gland measured 1.87 cm x 0.64 cm. The left adrenal gland measured 2.8 cm x 0.50 cm at the cranial pole and 0.59 cm at the caudal pole.

Spleen

The **spleen** revealed a hypoechoic nodule that expanded into a mass measuring approximately 2.5 cm. Other nodular changes noted elsewhere. The mass was fairly vascular.

Liver

The **liver** revealed multifocal nodular changes that coalesced into a mass measuring approximately 8.0 cm. The gallbladder was unremarkable.

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.

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.

Other

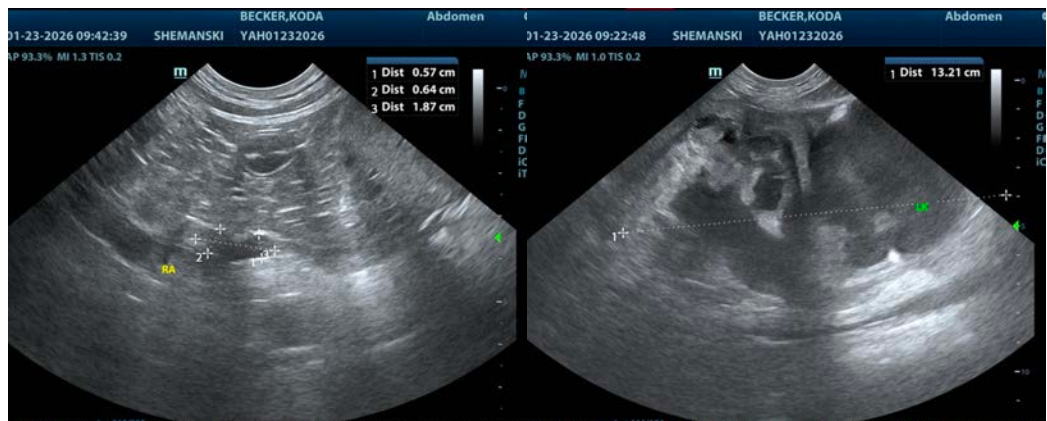
Rapid view of the heart revealed no evident pathology.

ULTRASONOGRAPHIC FINDINGS

- Left renal mass with hydronephrotic presentation.
- Splenic mass.
- Liver mass/nodules.
- Age related bladder changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Concern for multicentric hemangiosarcoma in this patient. 25-gauge FNA of the parenchymal portion of the left renal mass, splenic lesion, and liver masses recommended for screening purposes. CT evaluation would be ideal to assess if the hepatic pathology is resectable, along with left nephrectomy and splenectomy. However, given that the left renal mass appears to have ruptured or leaked into the retroperitoneal space, neoplastic spread is a strong potential. Chest radiographs warranted as well.





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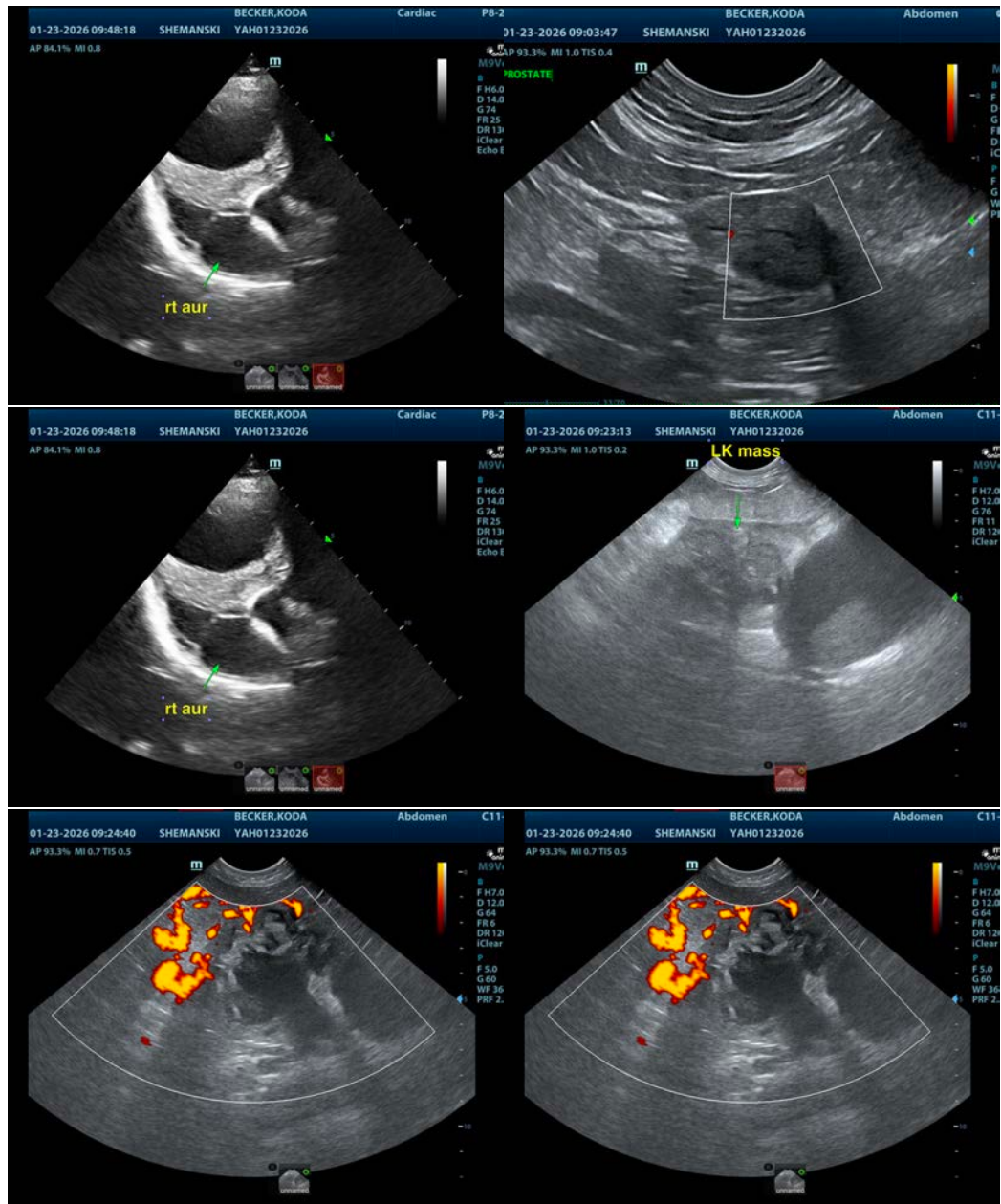
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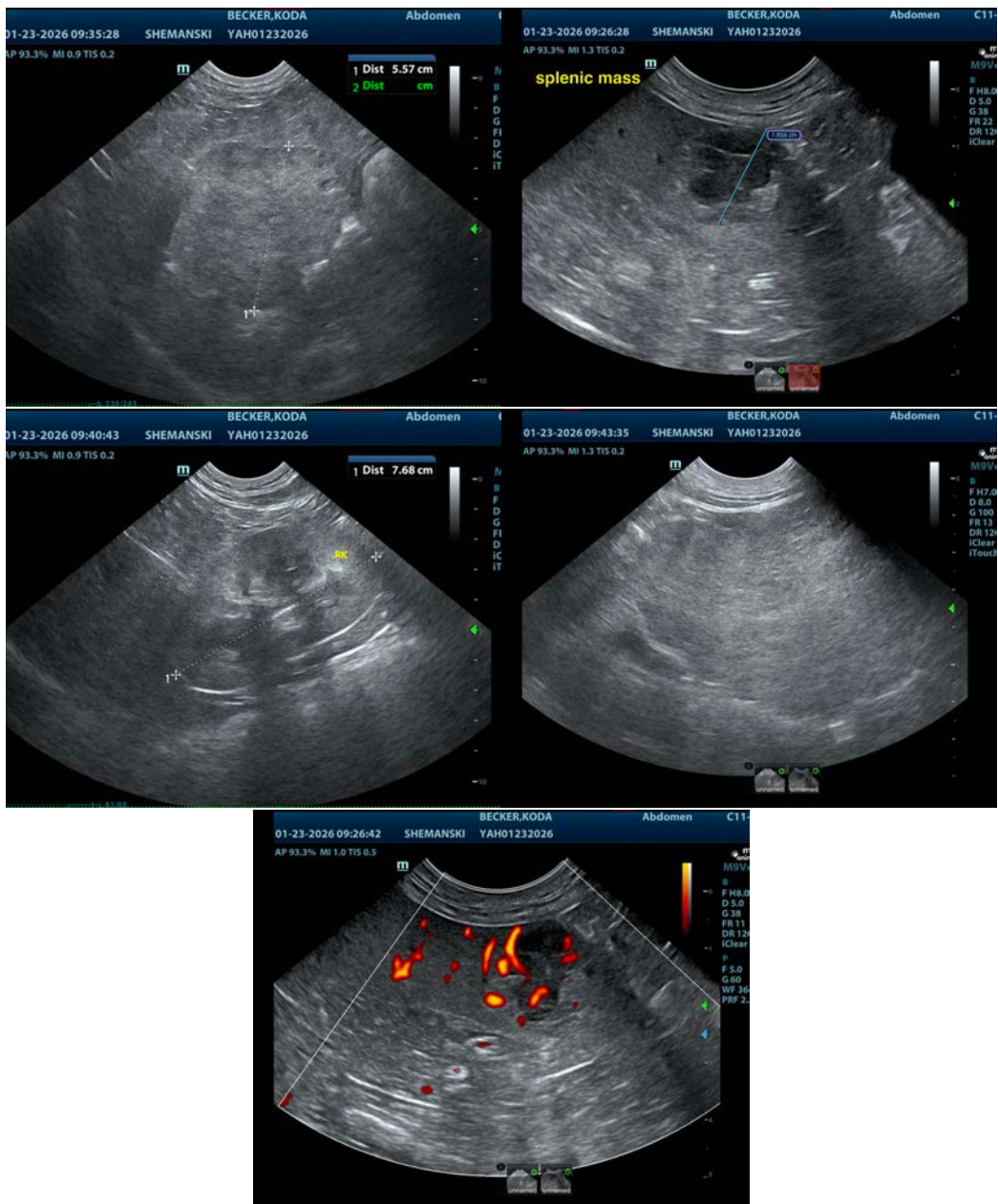
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(CFM), Cert. IVUSS,
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