



PATIENT

Annie Baxter

SPECIES

Canine

BREED

Pitbull Mix

SEX

Spayed Female

AGE

11 Years

WEIGHT

41

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Anthony Smatt

HOSPITAL NAME

The Pets I Love

REFERRING VET

Dr. Debra Szpicek

INVOICE

13508

DATE

01/30/26

PRESENTING CLINICAL SIGNS

- patient was treated on December 15, 2025, for urinary tract infection with Clavamox x 14 days. Her symptoms seemed to resolve
- P vomited 3 times. P is fussy with food; O has been cooking.
- - p is back to pollakiuria q 2 hrs.
- - P has decreased appetite. no BM x 2 days duration. When she postures to go to the bathroom, she falls down in her back legs and they give out on her back legs collapsed, unable to jump on the couch
- - PU/PD, very lethargic, seems bloated.

Abnormal PE/Chem/CBC/UA Results: CBC HCT - 64.5 elevated WBCs - 16.5 elev Neuts - 14 elev CHEM ALT - 187 elev ALP - 1297 elev GGT - 26 elev

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a relatively uniform thickening of the cranioventral and craniodorsal mucosae with micropolypoid mucosal changes without involvement of the submucosae. The urine presented some echogenicity consistent with suspended debris. No evidence of urethral pathology was present. This presentation is most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out without histopathological review but is not overtly suspected based on this pattern. Cystocentesis and urine culture +/- pathological review of urine cytology would be warranted. No overt calculi were present at this time. The apical bladder wall measured 1.1 cm.

The **right kidney** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild age-related loss of curvilinear patterns regarding the capsule and C/M junction, while the **left kidney** was subnormal in size. 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 4.6 cm in length. The right kidney measured 5.8 cm in length.

Adrenal Glands

Both **adrenal glands** were not visualized.

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 were noted.

Liver

The **liver** presented with multifocal heterogenous coalescing nodular changes throughout the liver. The gallbladder was deviated ventrally. The coalescing nodules created a mass effect in the right cranial liver measuring approximately 3.2 cm x 6.0 cm.



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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

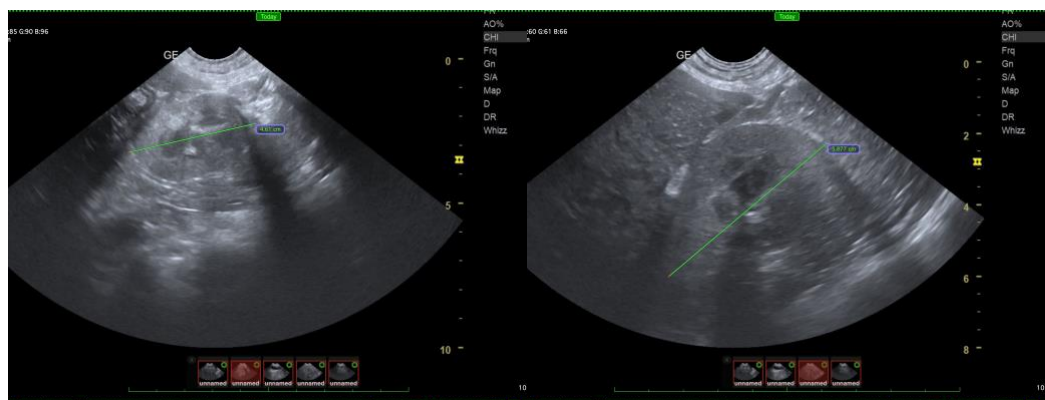
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with moderate deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes.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

- Moderate degenerative changes and cortical collapse.
- Cranial medial liver mass with nodular changes elsewhere.
- Chronic cystitis pattern.
- Deviated gallbladder.
- Pancreatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the liver mass is indicated to assess for carcinoma versus granulomatous disease. A bile acid profile could be justified. If adrenal disease is suspected, further imaging of the adrenal glands is indicated. Urine culture and sensitivity is indicated if not already performed. Prognosis is guarded. I am primarily concerned about the liver presentation and the long-term viability of the kidneys.





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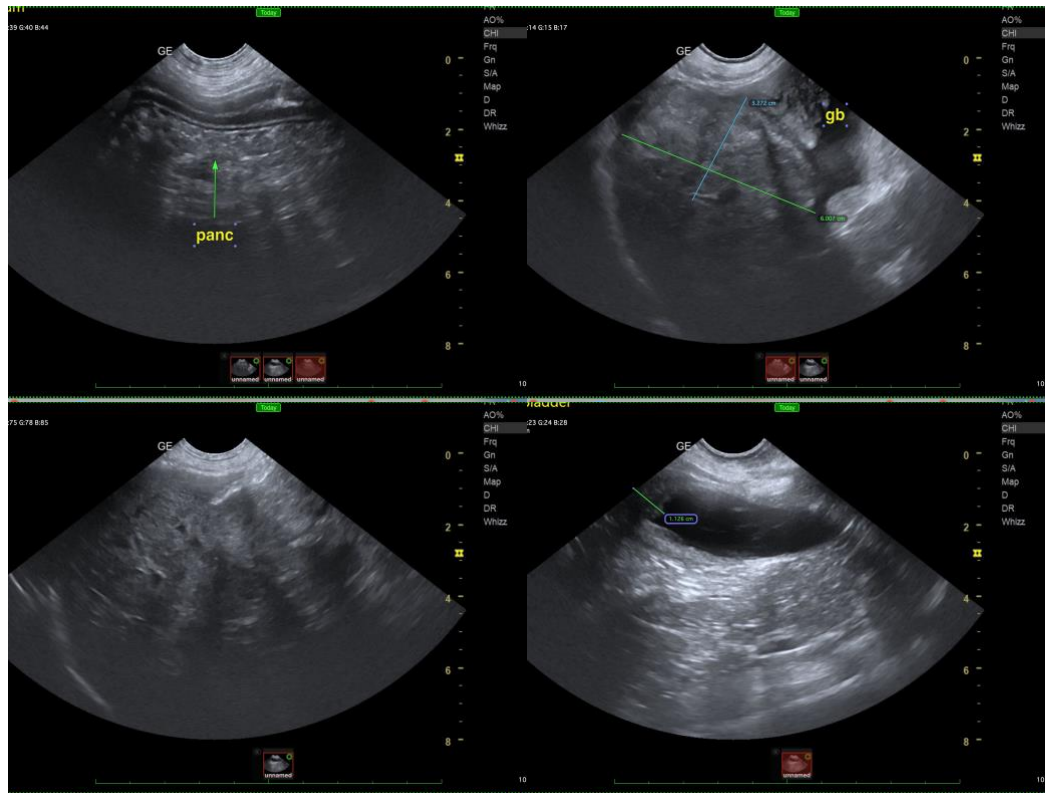
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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