



PATIENT

Bubbles Nesbitt

SPECIES

Canine

BREED

Staffordshire Cross

SEX

Intact male

AGE

10 years

WEIGHT

21.9 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Westcott

HOSPITAL NAME

Dr. Alastair Westcott

REFERRING VET

Dr. Westcott

INVOICE

68750

DATE

11/17/25

PRESENTING CLINICAL SIGNS

History: 3-week history of progressive lethargy and inappetence that has worsened significantly in the past 48 hours. The owner reported that he now refuses all food and is markedly weak. No vomiting or diarrhea noted. There has been progressive abdominal distension and decreased mobility.
Abnormal PE/Chem/CBC/UA Results: Marked weakness and anorexia Abdominal distension with palpable fluid wave Profound pallor and weak pulses with relative tachycardia Moderate regenerative anemia → consistent with chronic or ongoing blood loss**. Marked leukocytosis with left shift → chronic inflammatory or neoplastic process. Thrombocytopenia → likely secondary to consumptive coagulopathy or sequestration within the abdomen. Chemistry: Mild hyponatremia and hypochloremia; otherwise unremarkable. Thyroid: Normal total T4.

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. 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 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 5.9 cm. The left kidney measured 5.6 cm.

The **prostate** was uniformly enlarged with lobar swelling appeared to impinge upon the urethra and mildly deviate the descending colon. The prostatic tissue was hyperechoic containing focal areas of decreased echogenicity. These changes are suggestive of either chronic inflammatory episodes, benign cystic pathology or both. Underlying neoplasia cannot be completely ruled-out but is lower on the differential list. This presentation is most consistent with benign prostatic hyperplasia with possible active prostatitis. Neutering or off-label Finasteride (Propecia) (0.1-0.5 mg/kg Sid) treatment is indicated +/- FNA or prostatic wash cytology and culture. The prostate measured 4.85 cm.

Adrenal Glands

The left **adrenal gland** was uniform and measured 2.39 x 0.57 cm at the cranial pole and 0.69 cm at the caudal pole. An undifferentiated 6.5 cm mass was noted in the area of the right adrenal gland.

Spleen

The visible **spleen** was unremarkable with uniform parenchyma. There was no overt masses, yet this cannot be completely ruled out as part of the neoplastic process.



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Liver

The **liver** revealed mild enlargement with uniform parenchyma. The gallbladder and common bile duct were 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 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.

Free Abdomen

Multiple, omental nodular changes were noted. This is most consistent with an undifferentiated neoplastic event seeded throughout the midabdomen.

ULTRASONOGRAPHIC FINDINGS

Undifferentiated mass in the region of the right adrenal gland with omental involvement and ascites. Abdominal neoplasia, not resectable.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Humane euthanasia should be considered in this patient.



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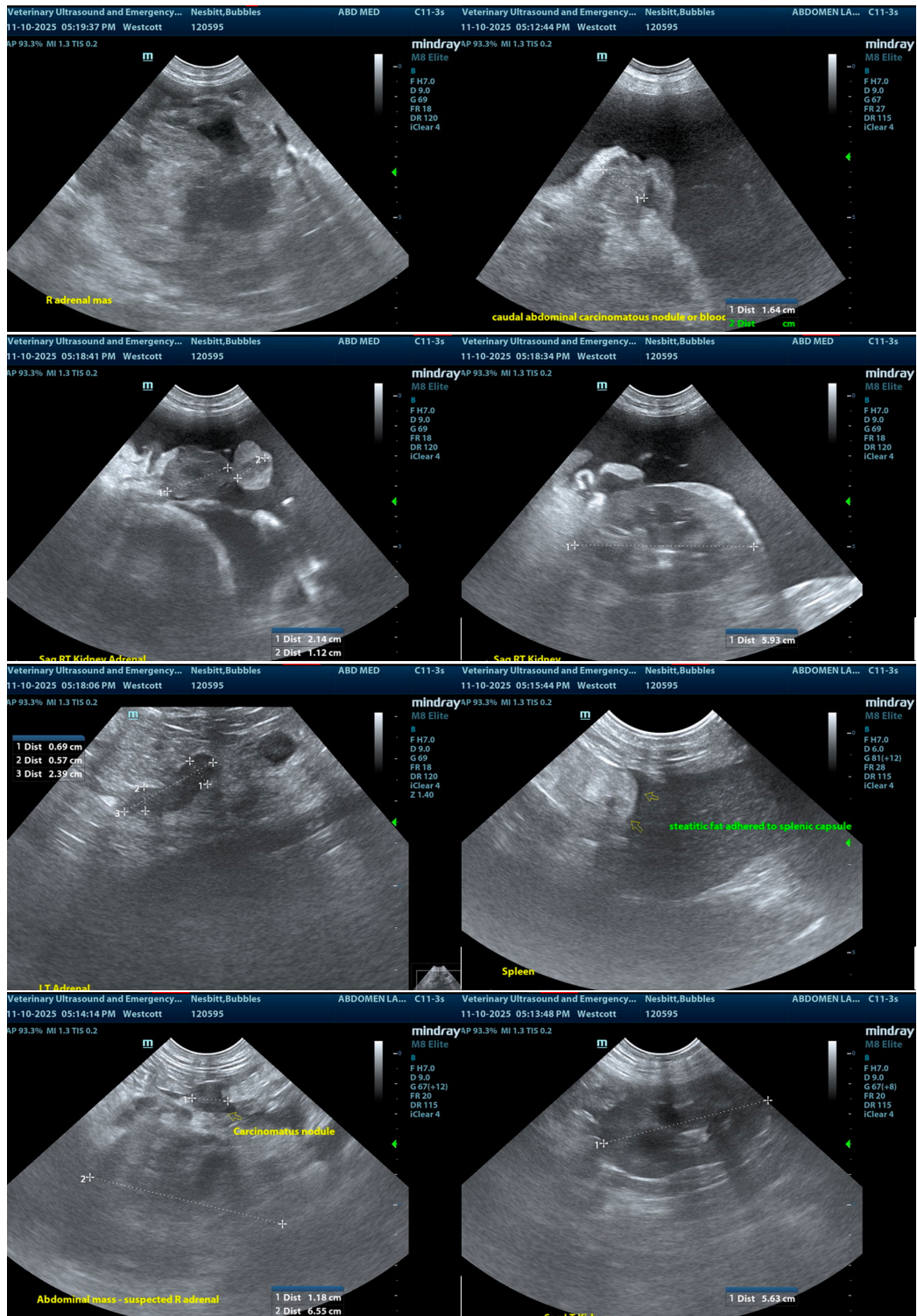
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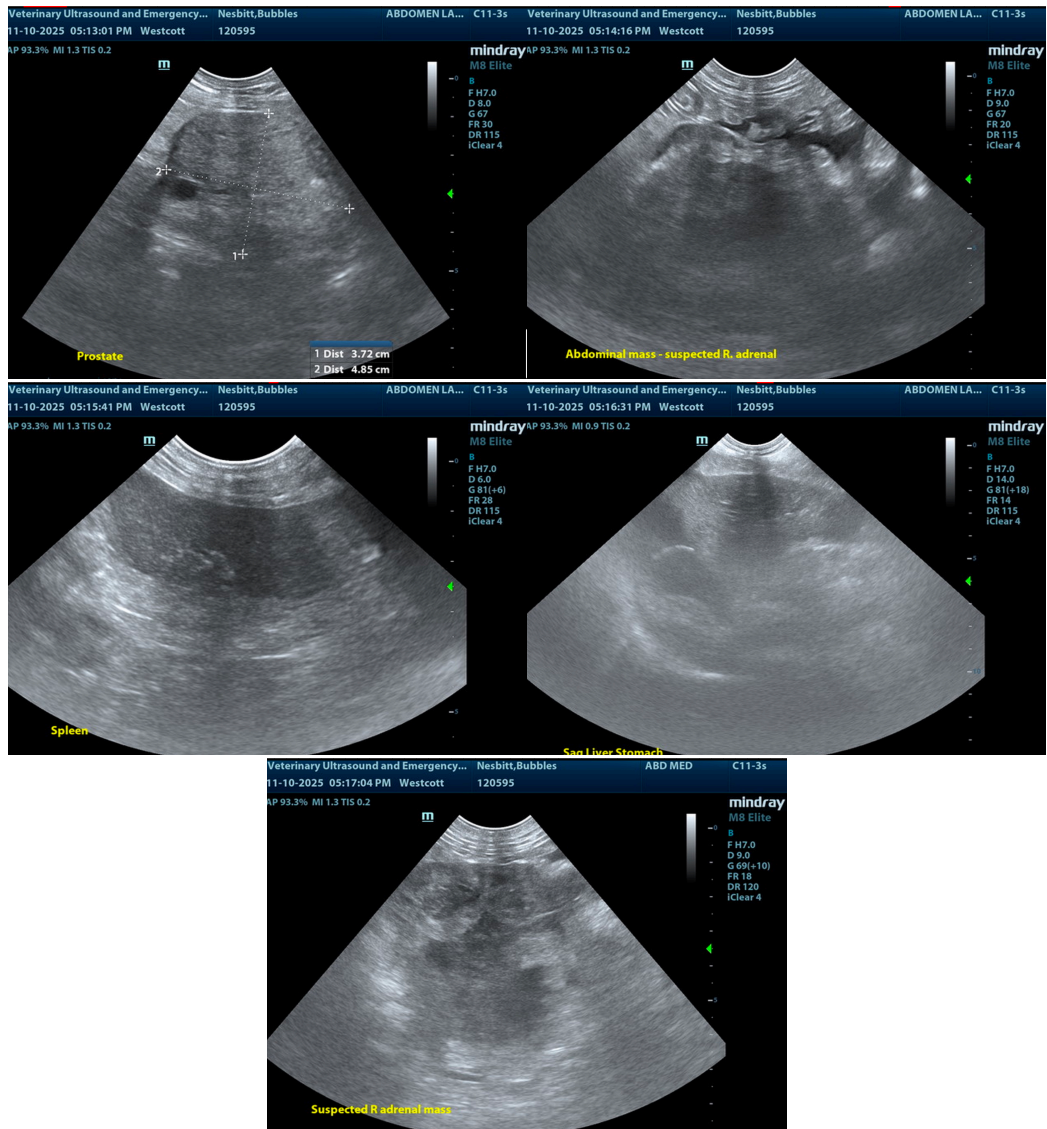
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

info@SonoPath.com