



PATIENT

Athena Fabrizio

SPECIES

Canine

BREED

Pitbull Mix

SEX

Spayed female

AGE

9 years

WEIGHT

70 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Smatt

HOSPITAL NAME

The Pets I Love

REFERRING VET

Dr. Smatt

INVOICE

68868

DATE

11/20/25

PRESENTING CLINICAL SIGNS

History: Patient seen 10/18 for hematuria and stranguria. Urinalysis no bacteria seen but some TBC's.. Ultrasound of the bladder showed huge mass like structure that discussed with the owner concerned over TCC - less likely blood clot. Patient was dispensed with simplicef and piroxicam. Patient came 3 1/2 weeks later with large amount of ascites seen. Removed about 2L of fluid then performed this ultrasound. The left kidney appears severely diseased (pyelo vs cancer). There was no more mass in bladder - O did note patient urinated blood clot when got back home on 10/18. There is still small area on bladder concerned about.

Abnormal PE/Chem/CBC/UA Results: urinalysis - small amount RBCs - no bacteria. CBC -anemic (mild) 32 HCT Chem - unremarkable BRaf test pending Urine protein creatinine ratio - 6

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed variable wall thickening measuring up to 0.61 cm. 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 **right kidney** 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 8.5 cm.

The **left kidney** revealed a concentric mass measuring 5 x 10 cm. Cortical nodular changes were noted throughout the left kidney. Multiple cortical nodules and masses are noted in the left kidney with significant disruption of architecture. The left kidney measured 10 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.

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 was noted.



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Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes 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

Free fluid was noted throughout the abdomen of unknown cause.

ULTRASONOGRAPHIC FINDINGS

Left renal mass.

Minor bladder wall thickening.

Secondary free fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Even though the left renal mass appears largely encapsulated, the free fluid is concerning for potential capsular escape. The right kidney is structurally unremarkable. Exploratory surgery would be indicated with expectations towards left nephrectomy if possible. Liver inspection and biopsy, omental inspection and biopsy are indicated. Clean resectability may be difficult in this patient. Chest radiographs are warranted to assess for metastatic disease. Renal carcinoma, round cell neoplasia and hemangiosarcoma are all possible.



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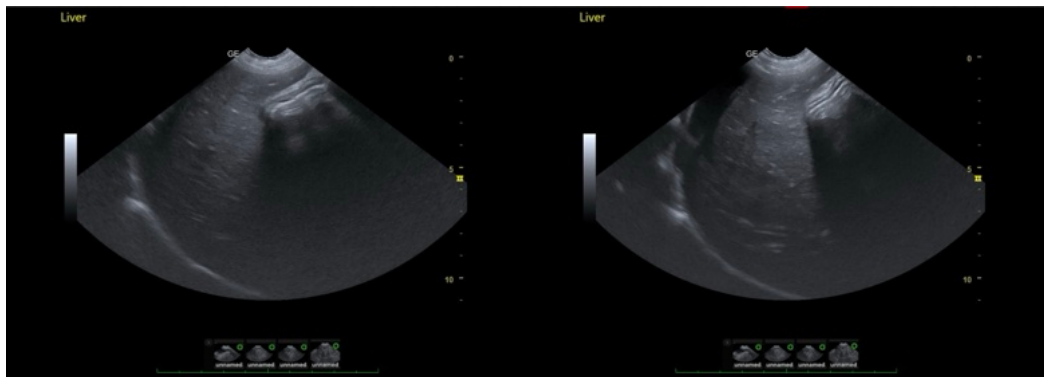
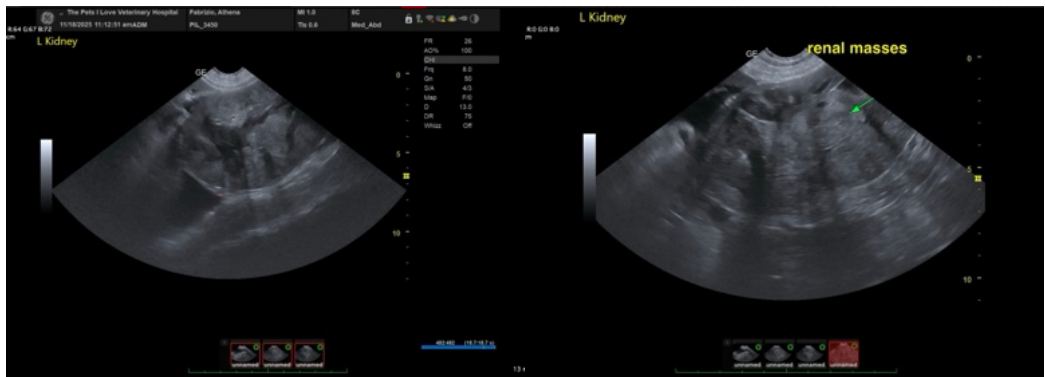
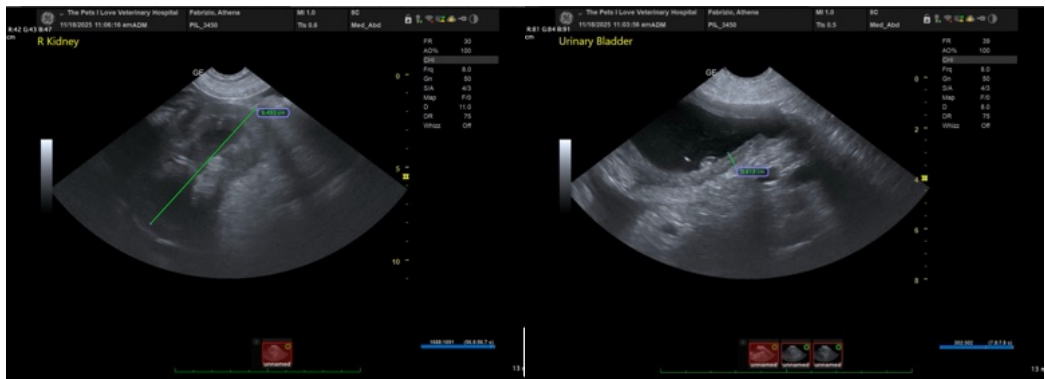
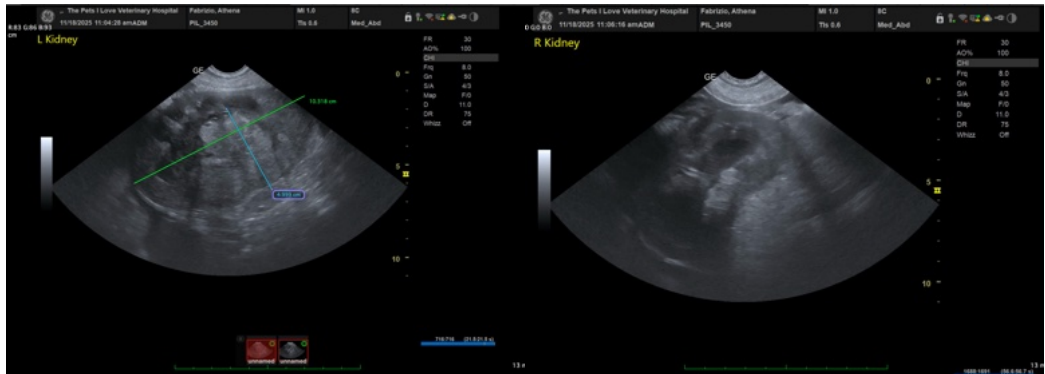
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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