



PATIENT

Kobi Skeen

SPECIES

Canine

BREED

Sheltie Mix

SEX

Neutered Male

AGE

12 Years

WEIGHT

35 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Brita Kiffney

HOSPITAL NAME

Northshore Veterinary
Hospital

REFERRING VET

Dr. Brita Kiffney

INVOICE

11509

DATE

11/26/25

PRESENTING CLINICAL SIGNS

Moved from Bend, OR. -4/28/2025 had a Gastrointestinal stromal tumor (intermediate grade spindle cell sarcoma removed (Kit +) from ileoceocolic junction, clean margins. Was seen here in Bellingham by an oncologist - started on Palladia and Deramax, which he did not tolerate, and this was discontinued end of June 2025. An ultrasound in June at the specialist found an ovoid mass in the caudate liver lobe, this was not sampled PAST HISTORY: Splenectomy (benign) 4/29/25 perianal gland adenoma removed 2/2023 MDR1 normal/normal mitral and tricuspid insufficiency B1 OD iris cyst surgically removed Had symptoms and lab work supportive of a diagnosis of pancreatitis 11/14 (pancreatic lipase >2000) Resolved with pain control, ER placed him on Clavamox, now has diarrhea

Abnormal PE/Chem/CBC/UA Results: regenerative anemia, pancreatic lipase is now normal

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 were 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 minor 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. The left kidney presented with pyelectasia and echogenic debris and inflammatory component. The right kidney presented with pyelectasia. The left kidney measured 5.6 cm in length. The right kidney measured 5.9 cm in length.

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 left adrenal gland measured 0.45 cm width. The right adrenal gland measured 0.52 cm width.

Spleen

The region of the **splenic** fossa was unremarkable with no return of prior pathology.

Liver

The **liver** presented swollen with a hepatomatous type formation noted in the mid caudate liver (dependent upon histopathology on the spleen).

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. The pylorus was patent.



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Pancreas

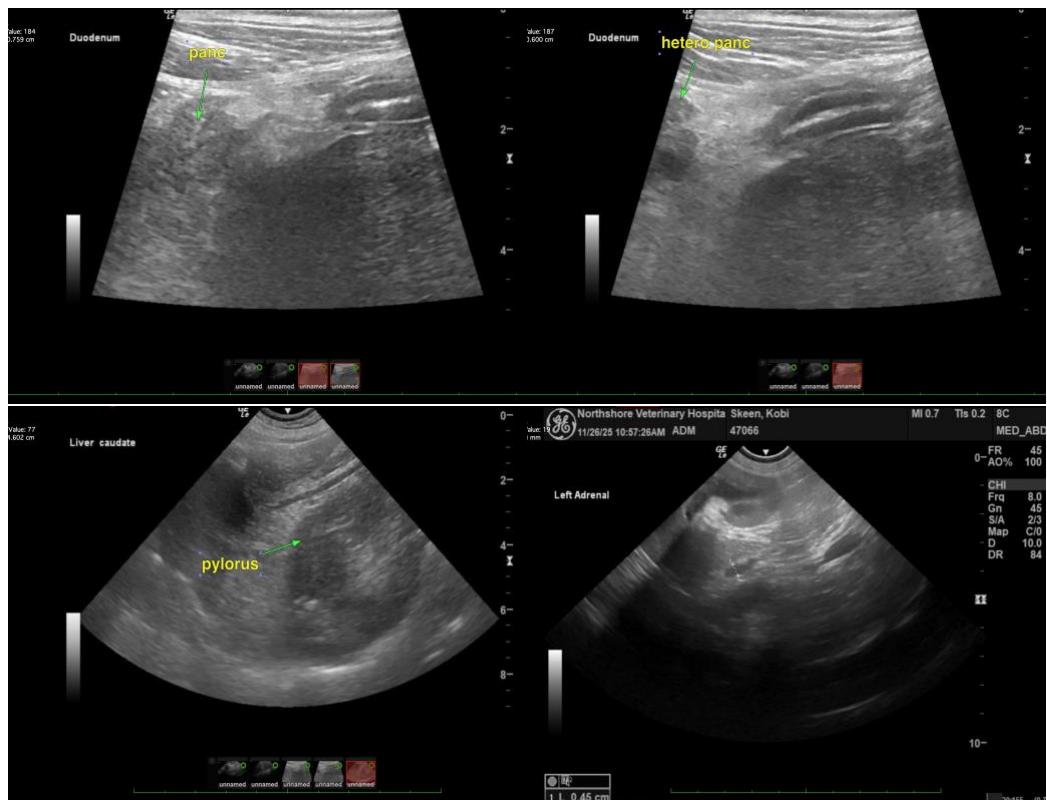
The right base of the **pancreas** revealed mixed hypoechoic parenchyma with enhanced surrounding mesentery enveloping the upper duodenum.

ULTRASONOGRAPHIC FINDINGS

- Hepatomatous type presentation of the caudate process of the liver.
- Chronic active pancreatitis presentation of the right pancreatic base.
- Age-related renal changes with bilateral pyelectasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver and the caudate process is recommended to ensure micro metastasis is not an issue. Management for pancreatitis is warranted. No overt return of prior neoplasia.





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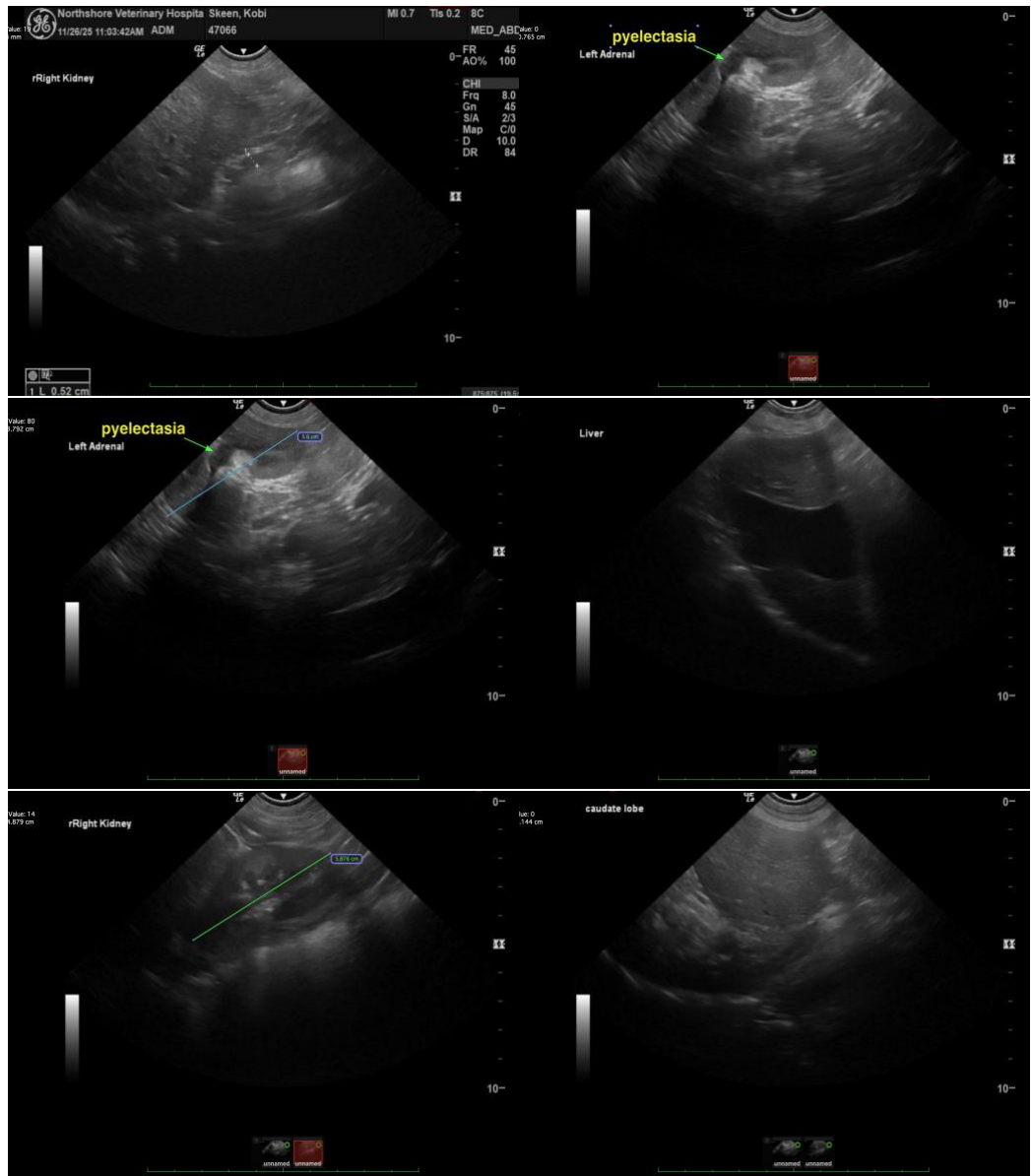
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com

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