



## PATIENT

Nutka Tarko Biedacha

## SPECIES

Canine

## BREED

Polish Lowland  
Sheepdog

## SEX

Spayed female

## AGE

13 years

## WEIGHT

14.2 kg

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Mariusz  
Chmielinski, DVM

## HOSPITAL NAME

Apex Veterinary  
Services Ltd

## REFERRING VET

Lake Bonavista Animal  
Clinic/Dr. Mariusz  
Chmielinski, DVM.

## INVOICE

69166

## DATE

11/28/25

## PRESENTING CLINICAL SIGNS

History: persistently elevated liver enzymes

Abnormal PE/Chem/CBC/UA Results: Vital Signs: Temp: 38.0°C, HR: 122 bpm (pulse synchronous 1:1), RR: 26/min, normal effort, MM: pink, moist, CRT: <2 sec, Mentation: BAR, Hydration: Adequate  
Liver Values (Significant ongoing elevation): ALT: 568 → 187 → 430 / ALP: >2000 → 1395 → 1654 /  
GGT: 55 → 25 → 33 Total bilirubin: 2 → 2 → 5 µmol/L Amylase: 1673 → 1294 → 1862 (elevated trend)  
Lipase: 2311 → 1495 → 1758 (elevated trend)

## 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 **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. Mineralization was noted in the kidneys. The right kidney measured 6.08 cm. The left kidney measured 6.35 cm.

### Adrenal Glands

The right **adrenal gland** was enlarged and irregular measuring 1.48 cm at the cranial pole and 1.32 cm at the caudal pole. The left adrenal gland was mildly enlarged, irregular and heterogenous measuring 1.08 cm at the cranial pole.

### Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The spleen revealed a focal, hypoechoic nodule in the mid caudal body measuring 0.58 cm. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes was noted.



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## Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. Multi-focal, hypoechoic nodular changes were noted throughout the liver. An overt parenchymal mass was noted and measured 3.8 cm. Minor gallbladder echogenicity was noted, yet not pathological.

## Gastrointestinal

The **gastric** wall was particularly thickened with loss of mural detail measuring up to 0.8 cm with an overt gastric fundic mass. The mass measured 2.0 cm and was hypoechoic. Mild color flow signals were noted. Epigastric lymph node enlargement was noted and measured 1.9 x 1.3 cm. Regional inflammation 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.

## ULTRASONOGRAPHIC FINDINGS

Undefined hepatic nodules and mass.

Splenic nodule.

Gastric fundic mass.

Chronic cystitis bladder pattern.

Heterogenous and enlarged left adrenal gland, potential PDH.

Enlarged right adrenal gland.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urinary work-up is warranted if not already performed. 25-gauge FNA of the splenic nodule, hepatic nodules and mass as well as the gastric and epigastric lymph node for staging purposes. The gastric mass may be resectable. This appears to be in the fundus; however, given the lymphadenopathy and hepatic nodules I am concerned for metastatic disease. Prognosis is guarded.



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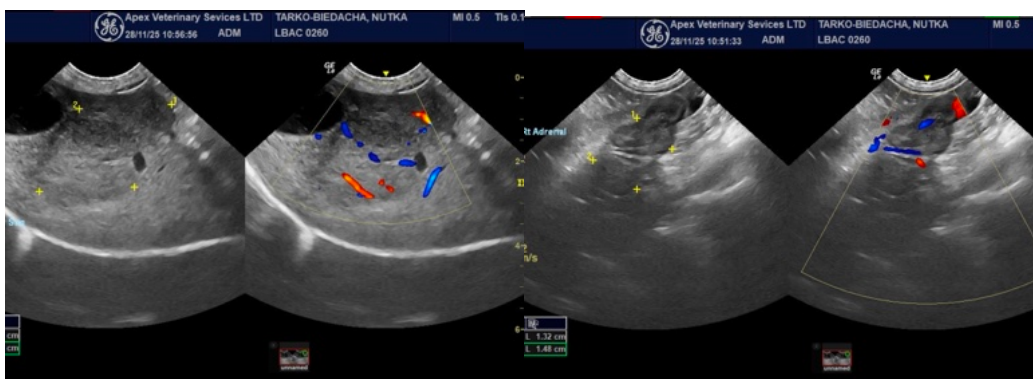
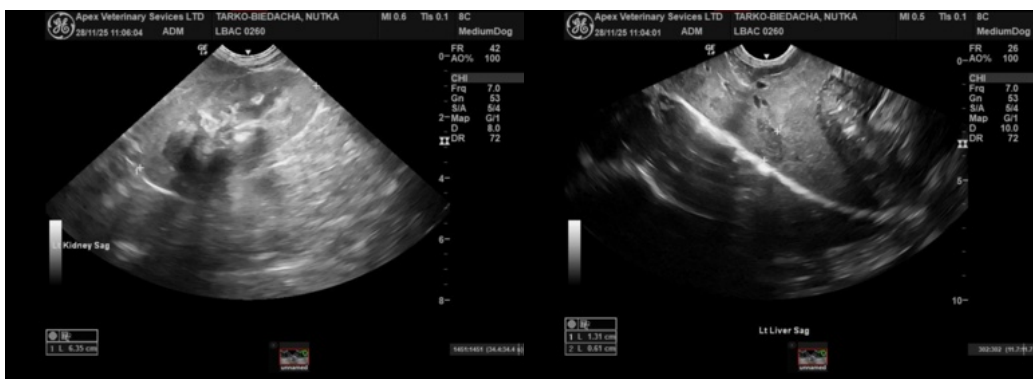
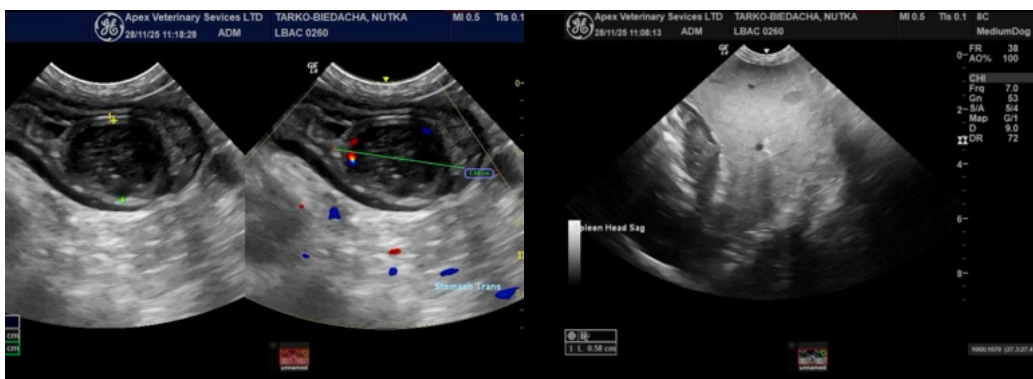
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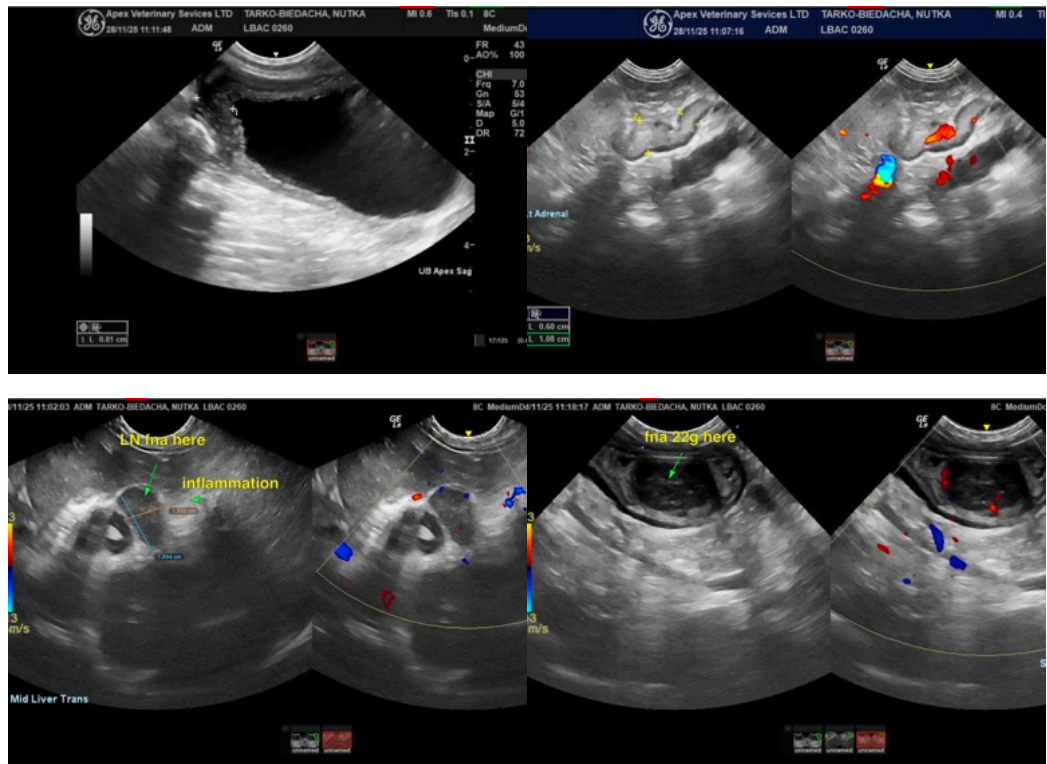
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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