



PATIENT

Sampson Humphreys

SPECIES

Canine

BREED

Pit Bull

SEX

Neutered male

AGE

11 years

WEIGHT

82.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Bartus

HOSPITAL NAME

Valley Veterinary
Service

REFERRING VET

Dr. Bartus

INVOICE

68374

DATE

11/5/25

PRESENTING CLINICAL SIGNS

History: Routine senior exam with bloodwork revealed a mild Anemia and mild Azotemia. History of Hip Dysplasia, hypothyroidism, overweight, grade 2/6 heart murmur heard for the first time. Fecal positive for occult blood. Patient takes Carprofen for joint pain. AUS to rule out neoplasia. Echo to get a baseline. EMPLOYEE'S DOG

Abnormal PE/Chem/CBC/UA Results: RBC 5.73 (5.84-8.95); Hct 40.2 (41-60%); Hg 13.3 (14.6-21.7); BUN 34 (9-31); SDMA 16 (0-14). U/A 1.032 pH 8.0

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a slight polyp measuring 1.0 cm. This was localized in the area of the left ureteral papilla, but does not appear to obstruct it. The right ureteral papilla was unaffected. The left ureteral papilla was adjacent to the polyp and appeared to be open and unaffected. No hydroureter was noted. The cystourethral junction and proximal urethra were unremarkable. remainder of the bladder was unremarkable.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. An anechoic cyst was noted in the cranial pole of the right kidney measuring 1.16 cm. The right kidney measured 6.4 cm. The left kidney measured 7.33 cm.

Adrenal Glands

The left **adrenal gland** was 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 0.6 cm. The region of the right adrenal gland was imaged with no evidence of pathology.

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.

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



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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

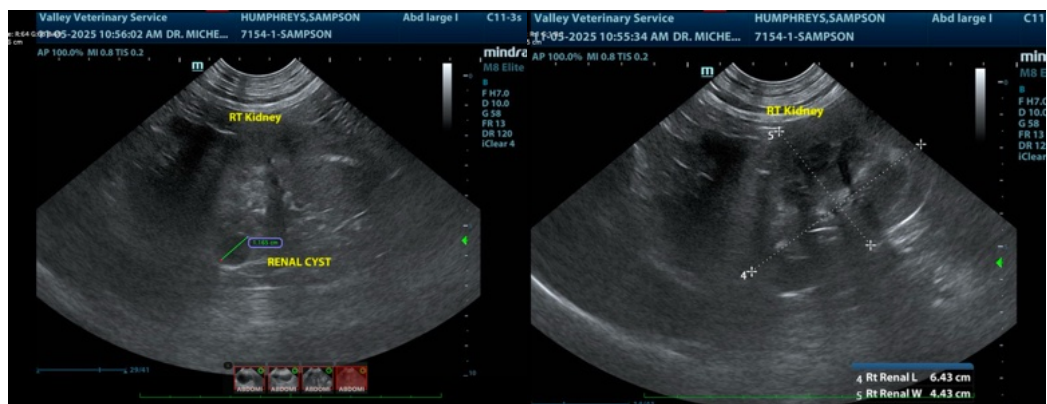
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Concerning polyp at the level of the left ureteral papilla.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Surgical removal or debulking may be appropriate. There is no overt cause of anemia in this patient. GI protectant protocol empirically can be considered and stopping NSAID treatment for 10 days followed by reassessment. BRAF testing is indicated as well as cytospin of free catch urine sample to assess for any exfoliating carcinomatous cells. Polypoid hyperplasia is possible and emerging carcinoma is a strong concern.





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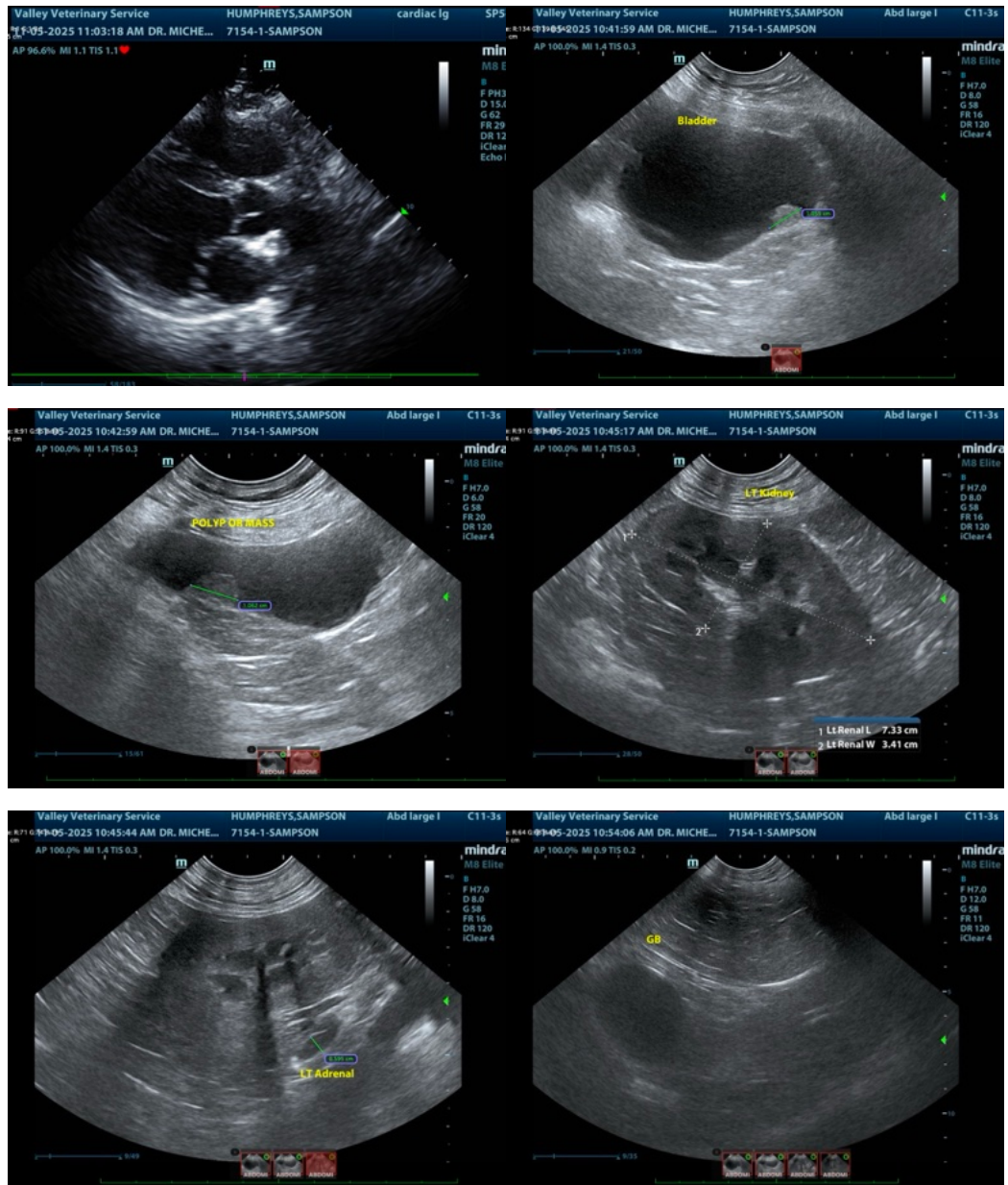
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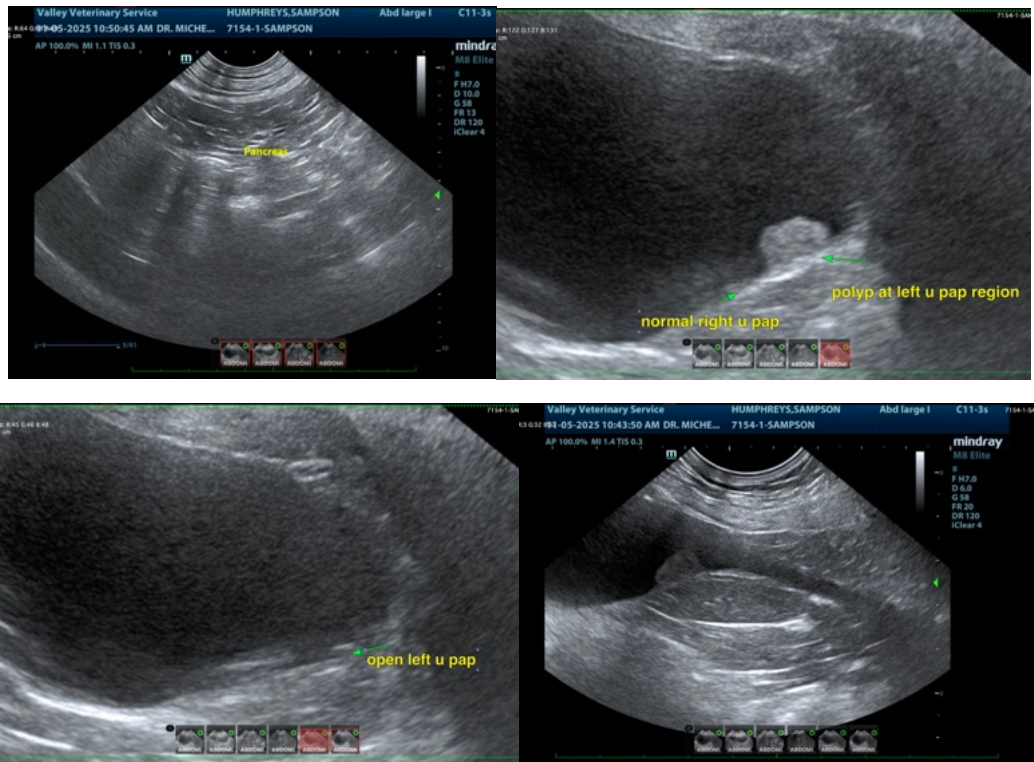
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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