



PATIENT

Chaos Bish

SPECIES

Canine

BREED

Pitbull

SEX

Spayed Female

AGE

13 Years

WEIGHT

23.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Shally Gastelu

INVOICE

12741

DATE

12/18/25

PRESENTING CLINICAL SIGNS

Presents as a transfer from GP. Presented yesterday outpatient for hyporexia, and lethargy with BW and pocus performed then treated with Cerenia and SQF Generalized cachexia Pale mm, bounding pulses, tachycardia, hypothermia Doughy abdomen Dull mentation.

Abnormal PE/Chem/CBC/UA Results: rDVM 12/17/25 Chem15: Alb 2.5 L, ALT 181 H, ALP 198 CBC: Plt 93 L, Hct 46 T4: 1.3 4dx: negative

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 and no evidence of pelvic dilation was present. The left kidney measured 6.2 cm in length. The right kidney measured 5.8 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 0.37 cm width. The right adrenal gland measured 1.1 cm width.

Spleen

The **spleen** revealed a mixed echogenic parenchymal mass measuring approximately 6.0+ cm. The remainder of the spleen in this patient was uniform, yet volume contracted. Hydration status should be assessed. Other masses were noted on the spleen.

Liver

The **liver** revealed multiple metastatic cavitated nodules and masses. The largest of which measured 4.1 cm. 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



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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.

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Free Abdomen

A moderate amount of free fluid was noted in the abdomen. The omentum revealed nodular changes as well.

BREED

Pitbull

Rapid view of the heart revealed no evident pathology.

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

- Splenohepatic metastatic neoplastic pattern with omental nodules- likely omental seeding. Hemangiosarcoma or similar, aggressive neoplasia is likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

13 Years

Prognosis is poor. Humaine euthanasia or hospice management is indicated.

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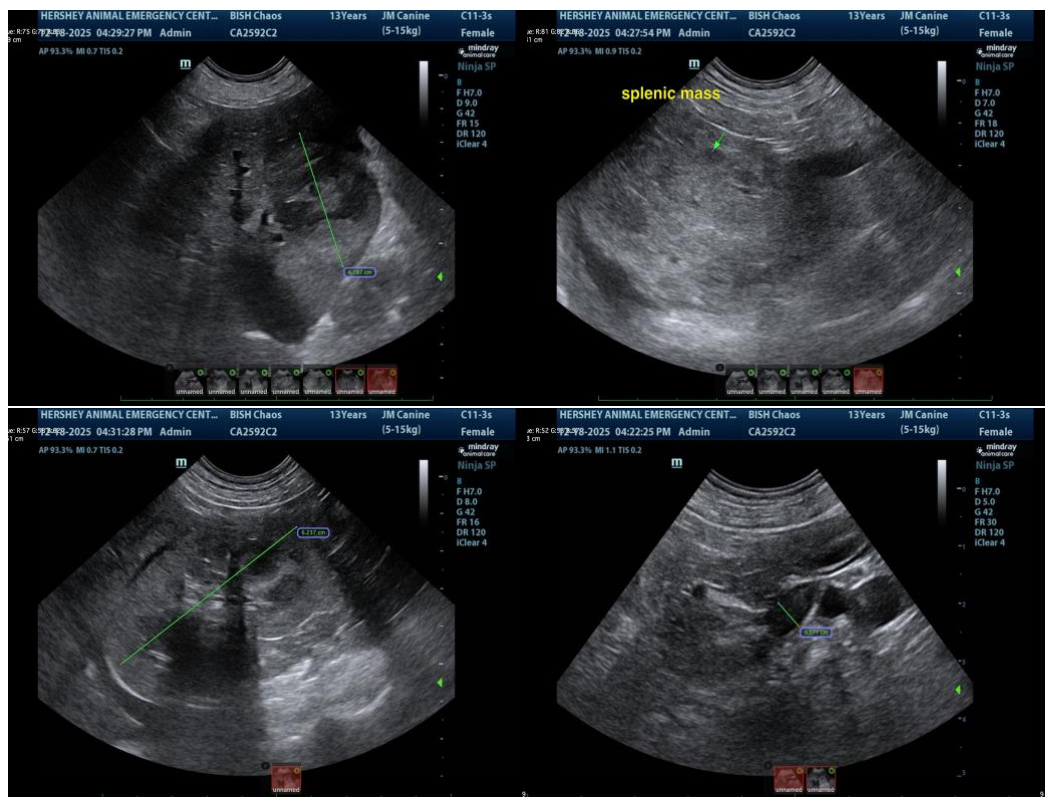
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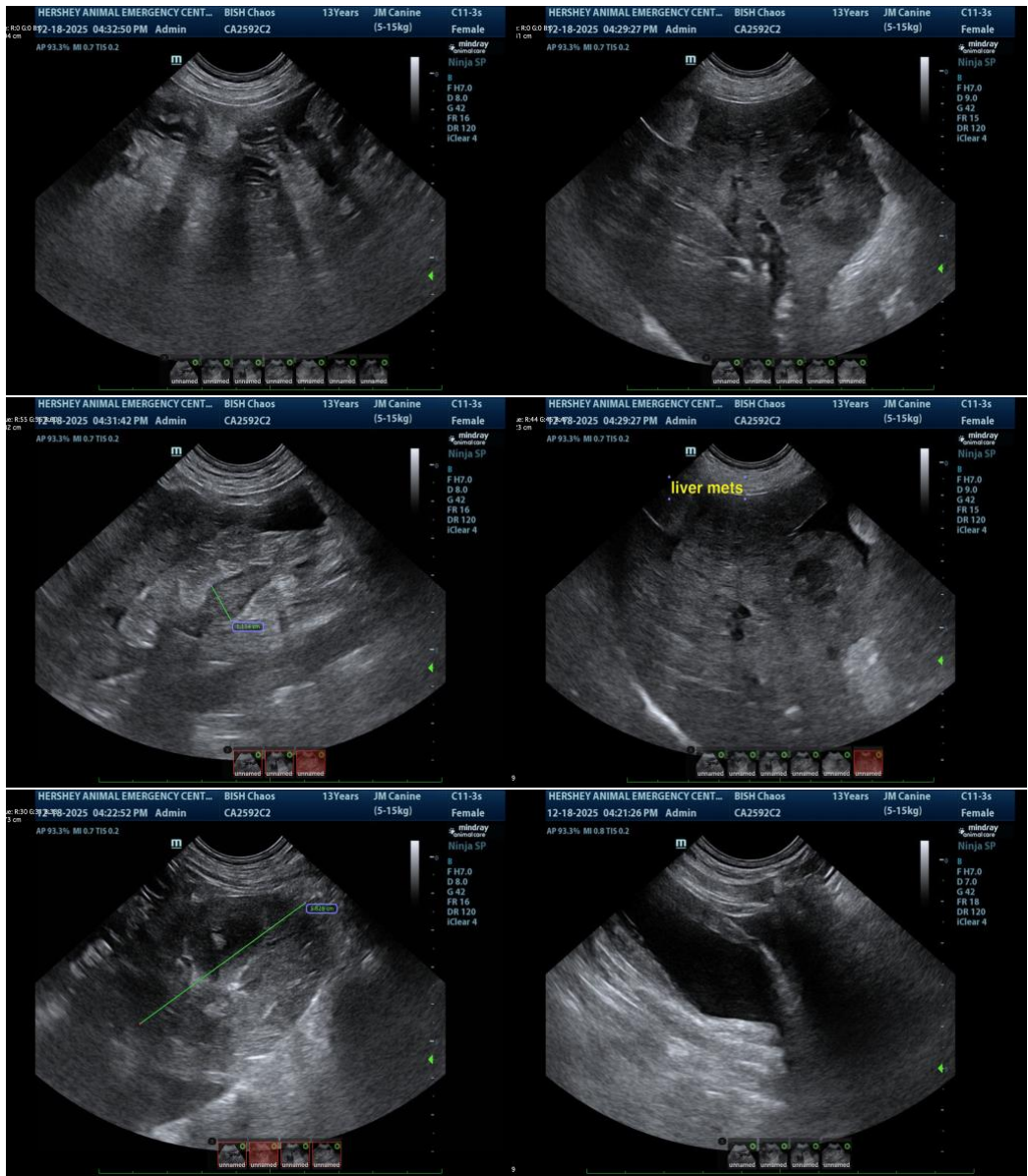
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com

info@SonoPath.com



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