



## PATIENT

Ghost Freund

## SPECIES

Canine

## BREED

Mix

## SEX

Neutered male

## AGE

7 years

## WEIGHT

36.5 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Rivera

## HOSPITAL NAME

DPC VH

## REFERRING VET

Dr. Weekes

## INVOICE

69682

## DATE

12/30/25

## PRESENTING CLINICAL SIGNS

**History:** Owner reports recurrence of blood in urine after reducing prednisone dosage to every other day, with complete resolution of hematuria while on full dose. No coughing, sneezing, vomiting, or diarrhea reported. Owner observes normal urination frequency. Current medications include prednisone

**Abnormal PE/Chem/CBC/UA Results:** Gastrointestinal / Abdominal: Soft, non-painful, no masses or organomegaly appreciated. 1. Hematuria, steroid-responsive, r/o immune-mediated disease vs. idiopathic cystitis vs. lower urinary tract neoplasia. 2. Weight gain, r/o steroid-induced polyphagia vs. dietary factors.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The **urinary bladder** presented minor wall thickening up to 0.7 cm with a minimal amount of urine. There was no evidence of calculi. The urethra was mildly thickened and imaged 2.0 cm beyond the cystourethral junction.

The **left kidney** was occupied by a mass that measured 5.4 cm. There was complete disruption of the renal parenchyma. Capsular escape was noted caudally into the retroperitoneal space, yet this still may be resectable.

The **right kidney** was normal in size and contour measuring 5.4 cm.

### *Adrenal Glands*

The **adrenal glands** were not overtly visualized. However, the regions of the adrenal glands appeared unremarkable.

### *Spleen*

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

### *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. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



**PATIENT**

**Gastrointestinal**

Ghost Freund

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.

**SPECIES**

Canine

**BREED**

**Pancreas**

Mix

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.

**SEX**

Neutered male

**AGE**

**ULTRASONOGRAPHIC FINDINGS**

7 years

Left renal mass.

**WEIGHT**

Minor bladder thickening.

36.5 lbs

**INTERPRETED BY**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

The renal mass is potentially resectable. CT evaluation for surgical planning is warranted. The right kidney appears viable. Surgical consult is recommended. Chest radiographs and echocardiogram are warranted. Renal sarcoma, possible hemangiosarcoma versus carcinoma are the primary concerns.

**IMAGING PERFORMED BY**

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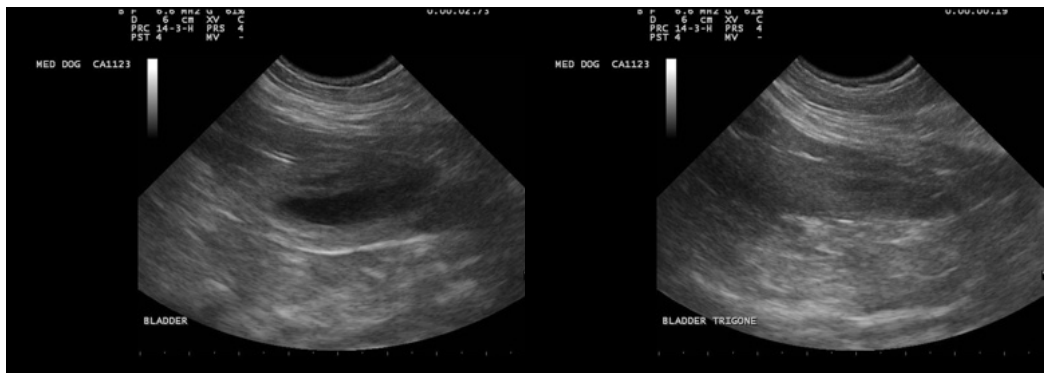
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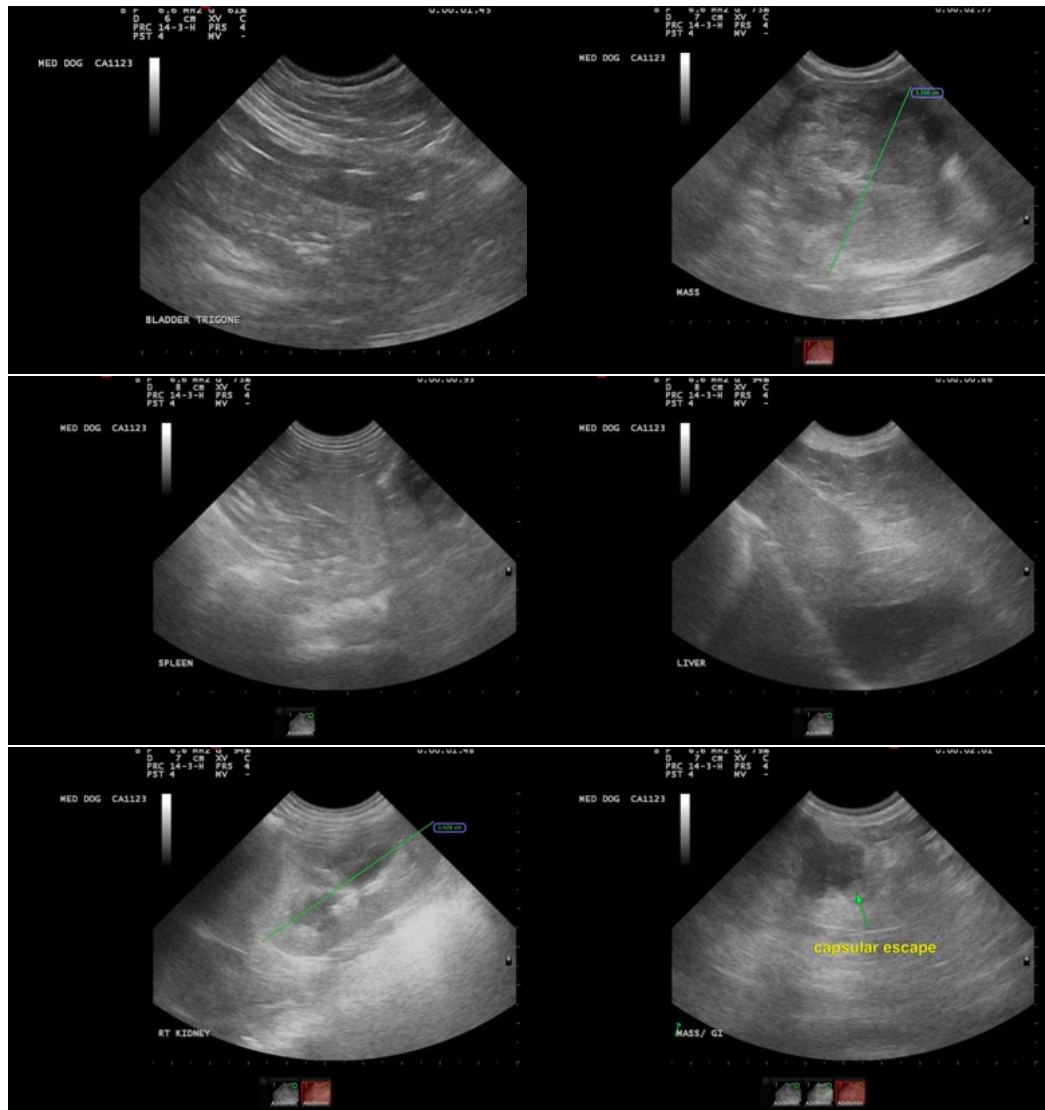
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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