



PATIENT

Diesel Steffy

SPECIES

Canine

BREED

Pit Mix

SEX

Neutered Male

AGE

13.5 Years

WEIGHT

56.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Cerf

HOSPITAL NAME

Veterinary Center of
Hardyston

REFERRING VET

Dr. Cerf

INVOICE

36790

DATE

12/8/25

PRESENTING CLINICAL SIGNS

History: abdominal effusion 12/4. Loose stool/diarrhea, appetite norm. P has intermittent hind end weakness/lethargy.

Abnormal PE/Chem/CBC/UA Results: BW 12/4 RBC 4.21 5.65 - 8.87 M/ μ L HCT 24.0 37.3 - 61.7 % HGB 9.2 13.1 - 20.5 g/dL MCV 56.9 61.6 - 73.5 fL MCH 21.8 21.2 - 25.9 pg MCHC 38.3 32.0 - 37.9 g/dL NEU 11.94 2.95 - 11.64 K/ μ L LYM 0.87 1.05 - 5.10 K/ μ L MONO 1.96 0.16 - 1.12 K/ μ L PLT 92 148 - 484 K/ μ L PCT 0.10 0.14 - 0.46 % BW 12/6 ALKP 247 23 - 212 U/L CHOL 335 110 - 320 mg/dL MCV 56.8 61.6 - 73.5 fL MCH 21.0 21.2 - 25.9 pg MONO 1.23 0.16 - 1.12 K/ μ L HCT 38.2 37.3 - 61.7 % PLT 130 148 - 484 K/ μ L PCT 0.13 0.14 - 0.46 %.

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. This is a mild change.

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. The left kidney measured 7.2 cm. The right kidney measured 6.7 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 2.02 cm x 0.74 cm.

The **right adrenal gland** was not visualized.

Spleen

The **spleen** revealed multifocal hypoechoic nodules and parenchymal masses. A mass at the cranial body of the spleen measured 2.7 cm. Enhanced heterogenous omentum was noted with other nodular changes in the spleen.

Liver

The **liver** revealed cavitated masses as well, measuring up to 4.0 cm. Target lesions were noted throughout the liver, consistent with metastatic disease. 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



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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.

Free Abdomen

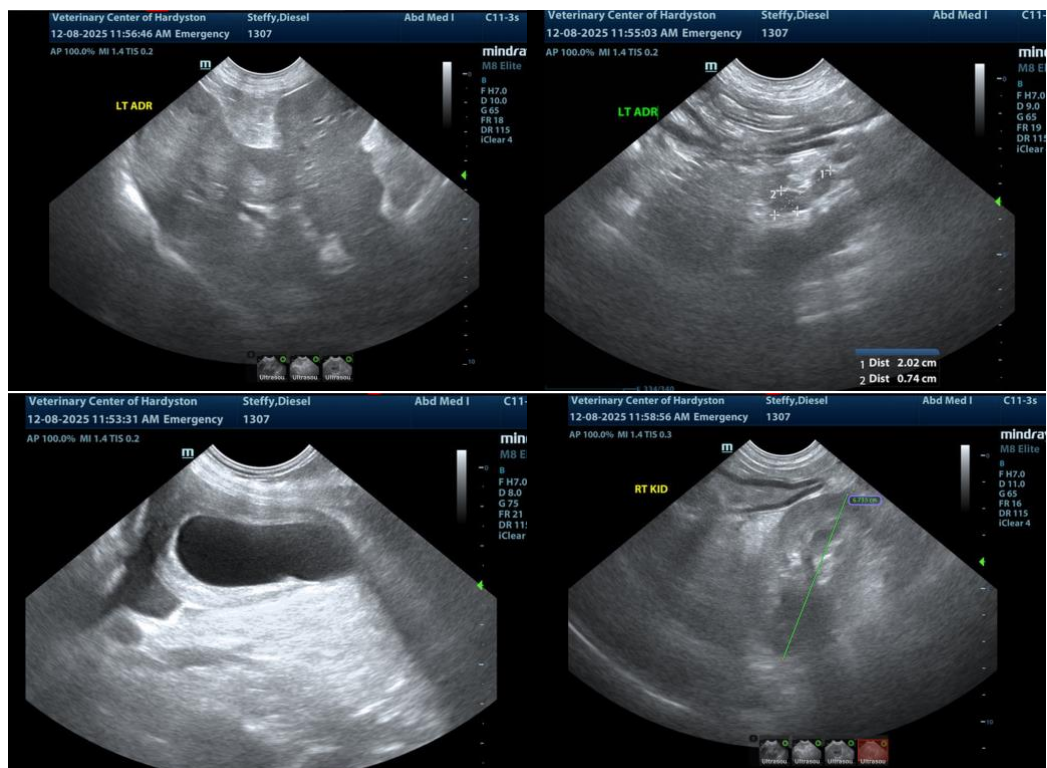
A large amount of echogenic **ascites** was noted in the abdomen.

ULTRASONOGRAPHIC FINDINGS

- Multicentric neoplasia/sarcoma type pattern involving the spleen, liver, and likely omentum with secondary paraneoplastic effusion.
- Age-related urinary bladder changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hospice management is recommended in this patient given the extent of the pathology. Prognosis is poor.





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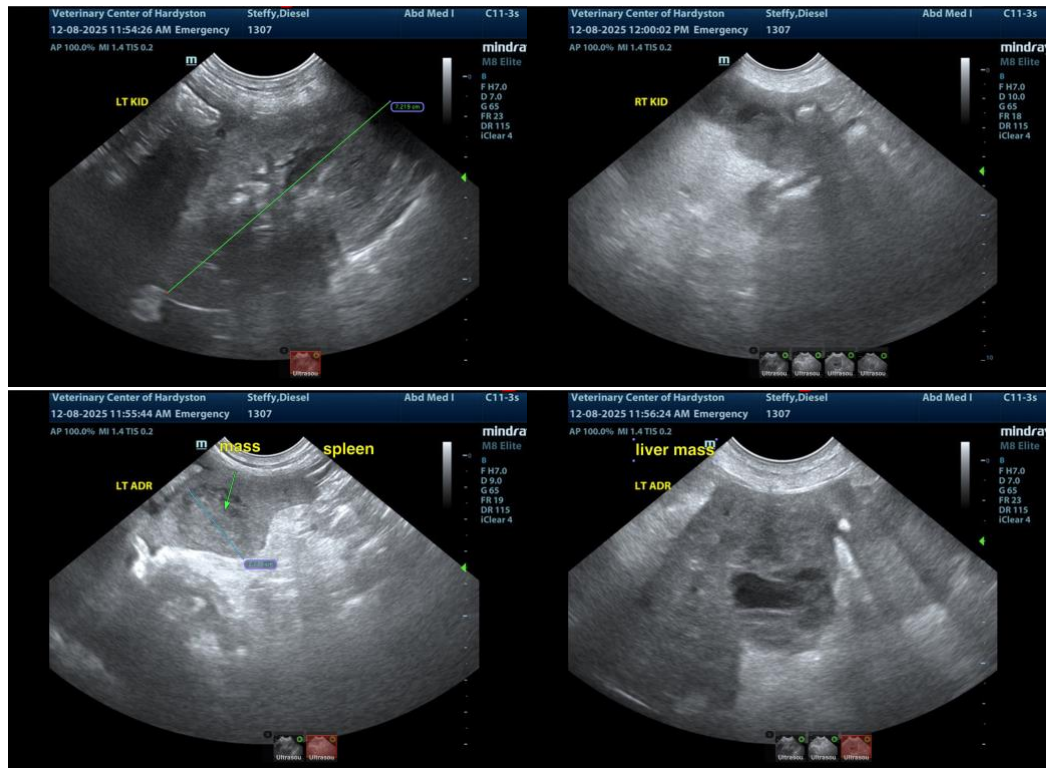
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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