



## PATIENT

Gizmo Selbo

## SPECIES

Canine

## BREED

Mix

## SEX

Neutered male

## AGE

11 ½ years

## WEIGHT

27 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Anthony Smatt

## HOSPITAL NAME

The Pets I Love

## REFERRING VET

Dr. Smatt

## INVOICE

71125

## DATE

2/2/26

## PRESENTING CLINICAL SIGNS

- Patient came in PU/PD, hy of weight loss, ADR, some episodes of Vomiting.
- Performed bw and it showed Azotemia, hypoalbuminemia, hyperphosphatemia, hyperkalemia, Low specific gravity with high proteinuria.
- discussed with owner patient needing abdominal ultrasound, fluids, blood pressure, urine culture, urine P:C ratio.
- deciding whether these signs and findings are acute vs chronic and if the renal failure is complicated vs uncomplicated.
- CBC slight anemia Chemistry alb - 1.4 Bun - 45 Cre - 2.1 phos - 7.6 Calcium - 8.4 low corrected Ca - 10.5 normal K+ - 6.5 Urinalysis SG - 1.020 Protein - 4+

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction and appeared normal. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **right kidney** in this patient revealed a thickened, irregular cortices with nodular changes particularly in the right kidney. The right kidney nodule in the caudal medial cortex measuring 1.4 cm with swollen, irregular contour. Regional inflammation was noted as well as subcapsular halo. There is a strong concern for a neoplastic event such as round cell neoplasia of the kidneys.

The **left kidney** was swollen with irregular contour with an anechoic cyst at the medial cranial cortex. Mild, pericapsular inflammatory pattern was noted. The left kidney measured 5.5 cm.

### 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 0.41 cm.

### 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.



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## Liver

The **liver** was swollen, hypoechoic and irregular. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder revealed coalesced bile. This is consistent with emerging mucocele and mild over distension.

## Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Minor areas of mucosal fogging was noted. 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

Slight free fluid was noted in the abdomen.

## ULTRASONOGRAPHIC FINDINGS

Swollen, hypoechoic and irregular liver.

Emerging mucocele.

Concurrent pancreatitis is likely.

Slight areas of mucosal fogging, suggestive for concurrent protein losing enteropathy.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the right renal cortex is recommended to assess for neoplastic event versus nephritis. Screening FNA of the liver is indicated to assess for neoplastic event. Protein losing disease with potential pancreatitis, nephritis or renal neoplasia. I strongly recommend sampling the right kidney and liver in this patient prior to any empirical measures for protein losing nephropathy and enteropathy. Tick borne disease titers and other causes of acute renal insult is indicated. However, emerging round cell neoplasia is a strong potential. Blood pressure measurements are recommended if not already performed. Chest radiographs are recommended.



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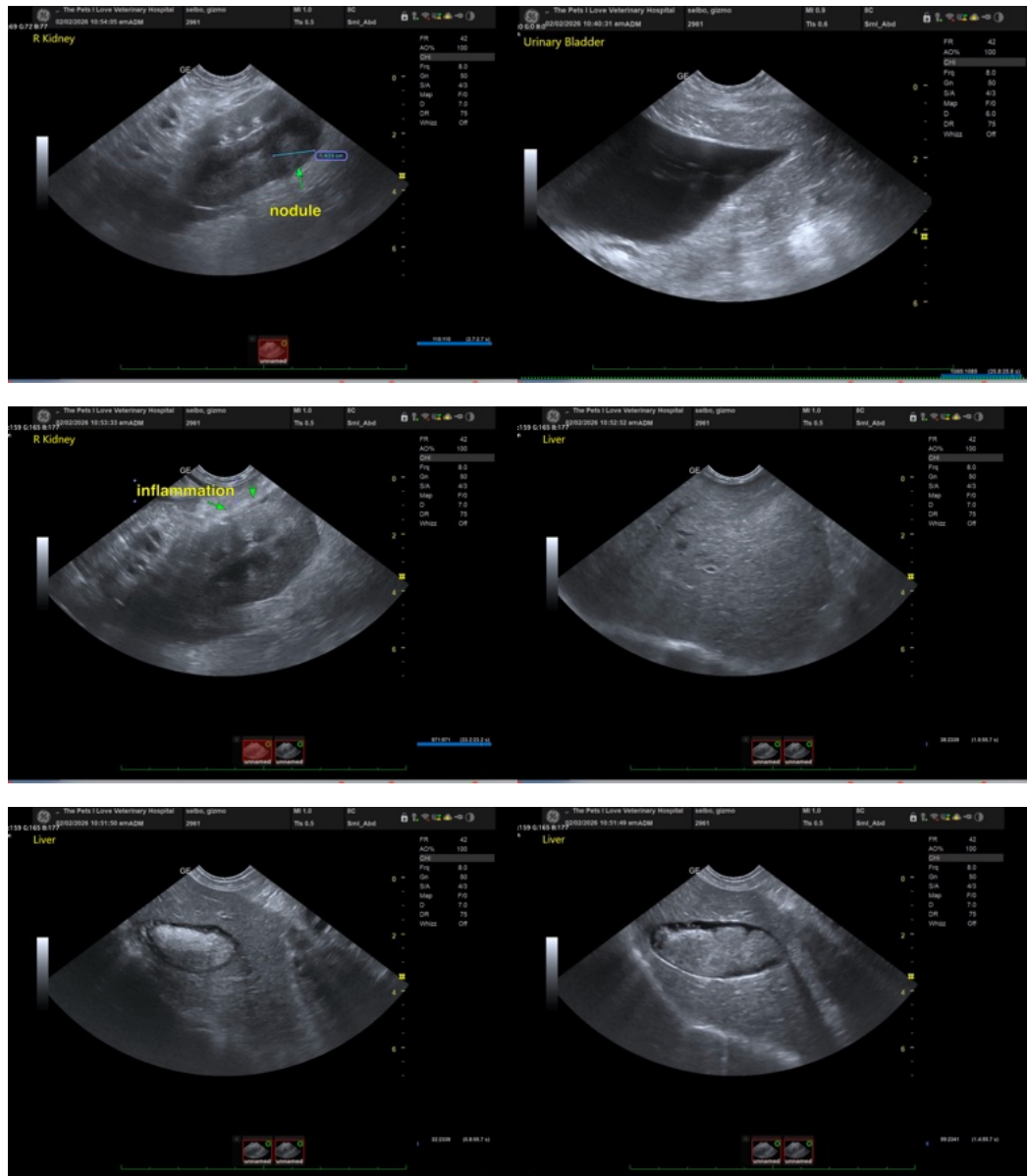
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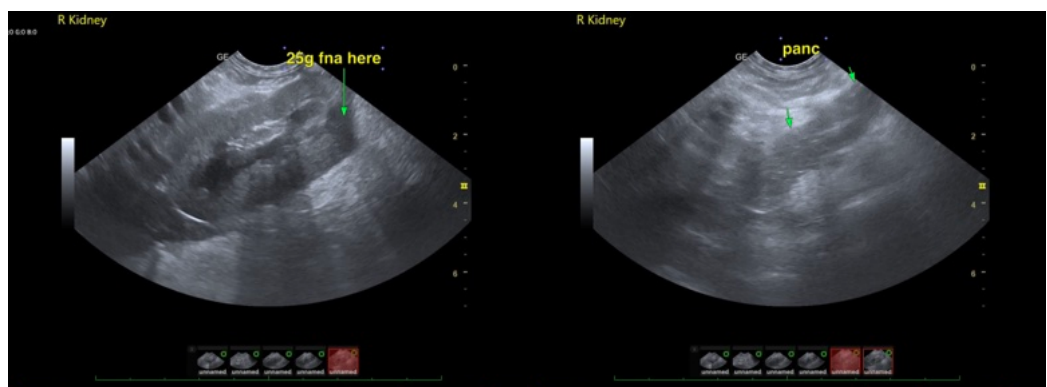
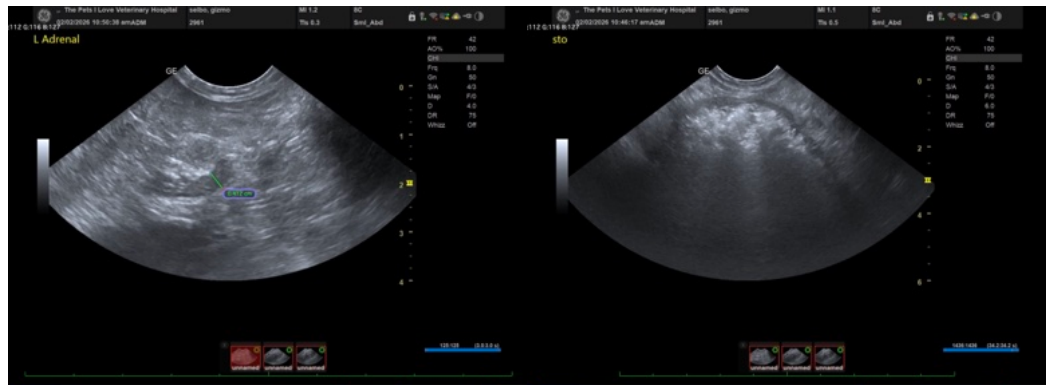
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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