



PATIENT

Bentley Luca

SPECIES

Canine

BREED

Pitbull

SEX

Spayed female

AGE

13 years

WEIGHT

67 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

JK

HOSPITAL NAME

Hamburg VC

REFERRING VET

Dr. Martens

INVOICE

73759

DATE

3/24/26

PRESENTING CLINICAL SIGNS

- Weight loss
- Blood normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented apical wall thickening measuring up to 1.0 cm. The urine presented some echogenicity consistent with suspended debris. No evidence of urethral pathology was present. This presentation is most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out without histopathological review but is not overtly suspected based on this pattern. Cystocentesis and urine culture +/- pathological review of urine cytology would be warranted. No overt calculi were present at this time.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 7.83 cm.

The iliac trifurcation was unremarkable.

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 right adrenal gland was not visualized.

Spleen

The **spleen** revealed focal, hypoechoic nodule that measured 1.44 cm. There was loss of structural detail. Hyperechoic nodule consistent with lipogranuloma is also noted measuring 1.4 cm. Other smaller, hypoechoic nodules were noted. One of which was expansive at the cranial pole.

Liver

The **liver** presented multi-focal, biliary calculi in the gallbladder, cystic duct and common bile duct. Hepatic remodeling was noted with increased portal markings. There was no overt evidence of neoplasia.

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.

ULTRASONOGRAPHIC FINDINGS

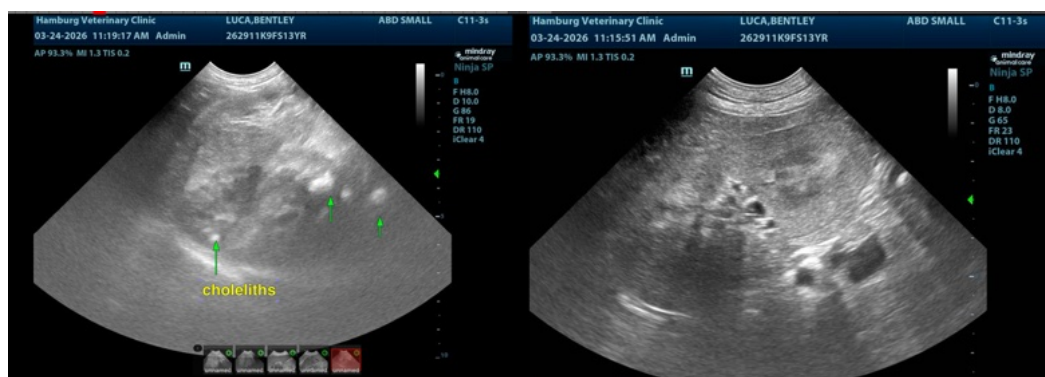
Cholelithiasis.

Splenic nodule. Differentials include benign hyperplasia, emerging round cell neoplasia and hemangiosarcoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the splenic nodule and liver is indicated. Ursodiol therapy is recommended, which is highly variable patient to patient on this type of presentation regarding dissolution of choleliths. Further imaging of the right adrenal gland would be warranted. A recheck of the splenic nodule and liver presentation is recommended in 3-4 weeks.

Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.





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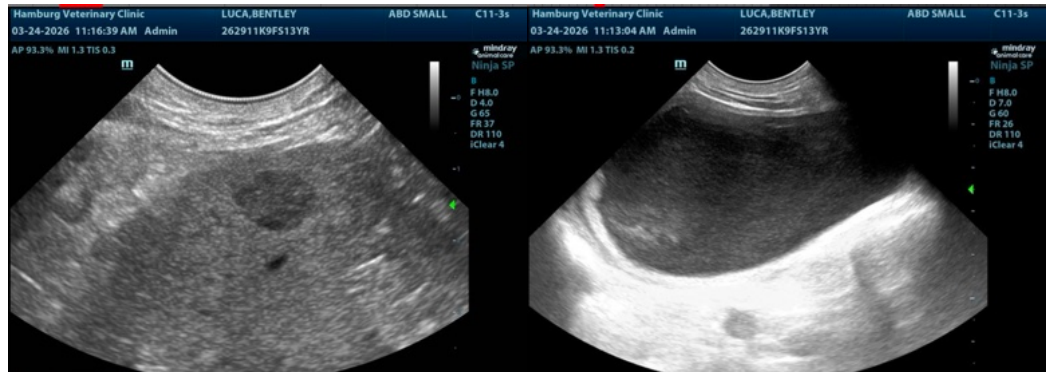
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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