



PATIENT

Donkey Tufino

SPECIES

Canine

BREED

Pit Bull

SEX

Neutered Male

AGE

10 Years 3 Months

WEIGHT

58 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Chloe Lowe, CVT

HOSPITAL NAME

Smithfield Animal
 Hospital

REFERRING VET

Dr. Boe

INVOICE

74522

DATE

4/16/26

PRESENTING CLINICAL SIGNS

Check kidneys and bladder. Lethargic.

Abnormal PE/Chem/CBC/UA Results: Lym 0.93, sDMA 33, crea 4.7, BUN 104, phos > 16.1, TP 8.9, glob 6.2, Alt 139. UA bacteria , pro 500, USG 1.019

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. 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 were noted. Ureteral papillae were normal.

The **kidneys** presented mild degenerative changes with normal size and contour but increased cortical echogenicity. Non-specific presentation. Left kidney measured 6.5 cm. Right kidney measured 6.3 cm.

Adrenal Glands

In the area of the **right adrenal gland** there is a cystic, nodular, irregular structure measuring 3.52 cm x 1.5 cm at the caudal pole and 0.93 cm at the cranial pole.

The **left adrenal gland** presented normal size and contour, measuring 2.3 cm x 0.75 cm at the cranial pole and 0.57 cm at the caudal pole.

Spleen

The **spleen** revealed an expansive parenchymal mass measuring 6.5 cm. No evidence of cavitation or rupture. The remainder of the spleen was unremarkable.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Minor heterogeneous changes noted. No overt masses. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal.

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

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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Other

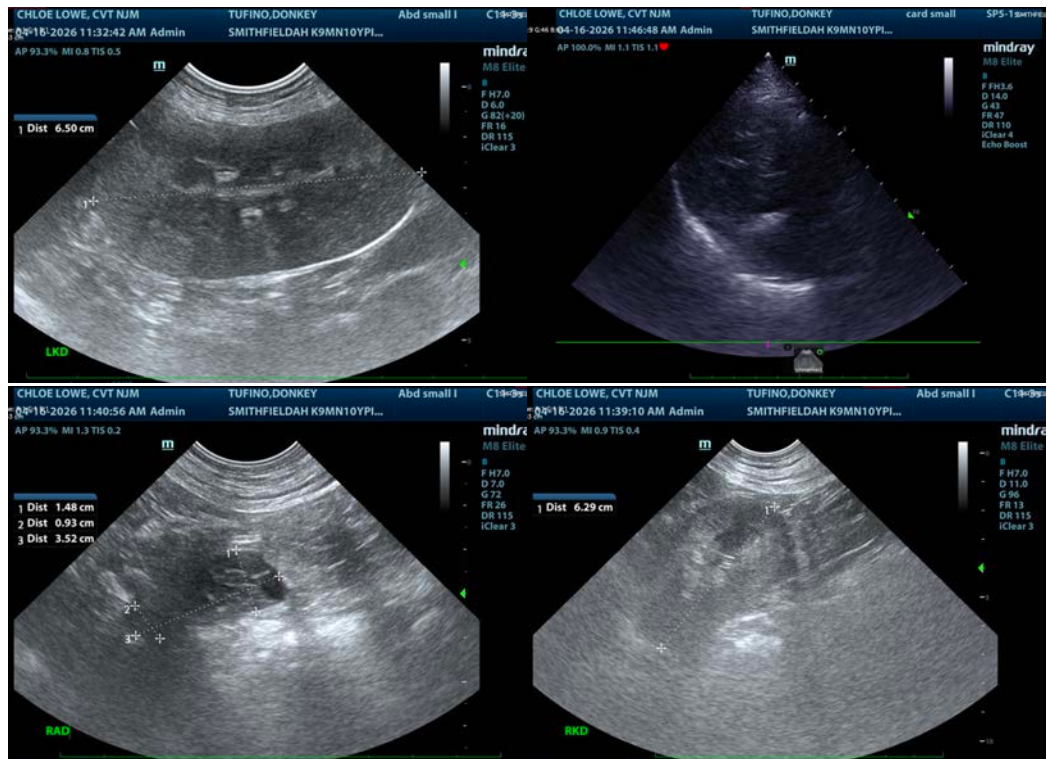
Rapid view of the heart revealed no evident pathology in the right auricle.

ULTRASONOGRAPHIC FINDINGS

- Splenic mass – Differentials include hemangiosarcoma, round cell neoplasia, stromal tumor, or hyperplasia. The splenic lesion may be a benign, incidental finding.
- Cystic, nodular, irregular structure in the area of the right adrenal gland – Presumed to be the right adrenal gland, as a normal adrenal gland is not present. I cannot rule out overlying lymph node.
- Heterogeneous liver.
- Mild age related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of azotemia is unclear in this patient. Leptospirosis titers warranted. IV fluid support, urine culture, blood pressure measurements, and stabilization of the azotemia indicated. If serial blood pressures are elevated, urine metanephrine level would be indicated to assess for pheochromocytoma. Chest radiographs, splenectomy, liver inspection and biopsy, and potential removal of the right adrenal would all be valid interventions in this patient.





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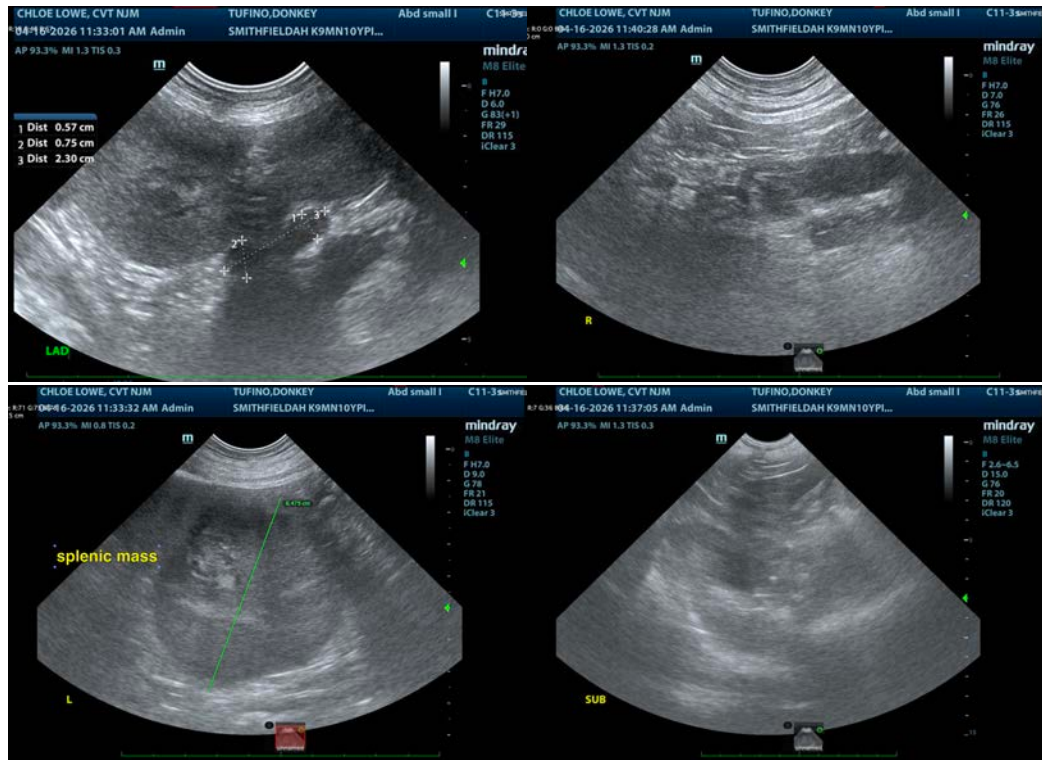
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
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