



PATIENT

Ramona Clendening

SPECIES

Canine

BREED

Boxer Mix

SEX

Intact Female

AGE

10 Years

WEIGHT

23 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mariusz
Chmielinski DVM

HOSPITAL NAME

Apex Veterinary
Services LTD

REFERRING VET

Alpine 24/7 ER Doctor

INVOICE

15570

DATE

04/28/26

PRESENTING CLINICAL SIGNS

2-day history of inappetence, Chronic poor appetite over past month, Dark/black stool (suspected melena), No vomiting, Energy relatively preserved

Abnormal PE/Chem/CBC/UA Results: Temperature: 37.9°C, Physical Examination Mucous membranes: icteric, Mentation: QAR, CBC: Mild anemia: HGB: 119 g/L low, HCT: low-normal Biochemistry: ALP: 1265 U/L elev (marked), ALT: 841 U/L elev (marked) Total bilirubin: 92 µmol/L elev (severe), Amylase: elevated, Albumin: low-normal, Renal values: within normal limits

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 left ovary was uniform measuring approximately 1.5 cm. No evidence of pathology. The uterus was thickened and irregular with slight luminal fluid.

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 7.0 cm in length. The right kidney measured 7.55 cm in length.

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 0.72 cm width at the caudal pole and 0.50 cm width at the cranial pole.

The region of the **right adrenal gland** was imaged with no evident pathology.

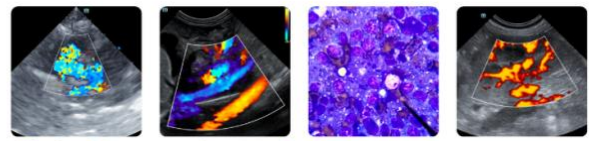
Spleen

The **spleen** revealed diffuse nodular changes.

Liver

The **liver** was riddled with multiple mixed hypoechoic target nodules with irregular contour and hepatic lymphadenopathy. The gallbladder was mildly over distended with suspended debris yet not to the level of mucocele formation. The hepatic veins were not dilated. No evidence of passive congestion. The hepatic lymph nodes were enlarged and rounded measuring up to 3.0 cm. The common bile duct was dilated to the level of the duodenum papilla where a tissue thickening was present. A separate tissue thickening was noted at the neck of the gallbladder.

Gastrointestinal



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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. Some retention of ingesta was present in the stomach.

Pancreas

Nebulous mixed echogenic **pancreatic** changes were noted with heterogenous nodules.

Free Abdomen

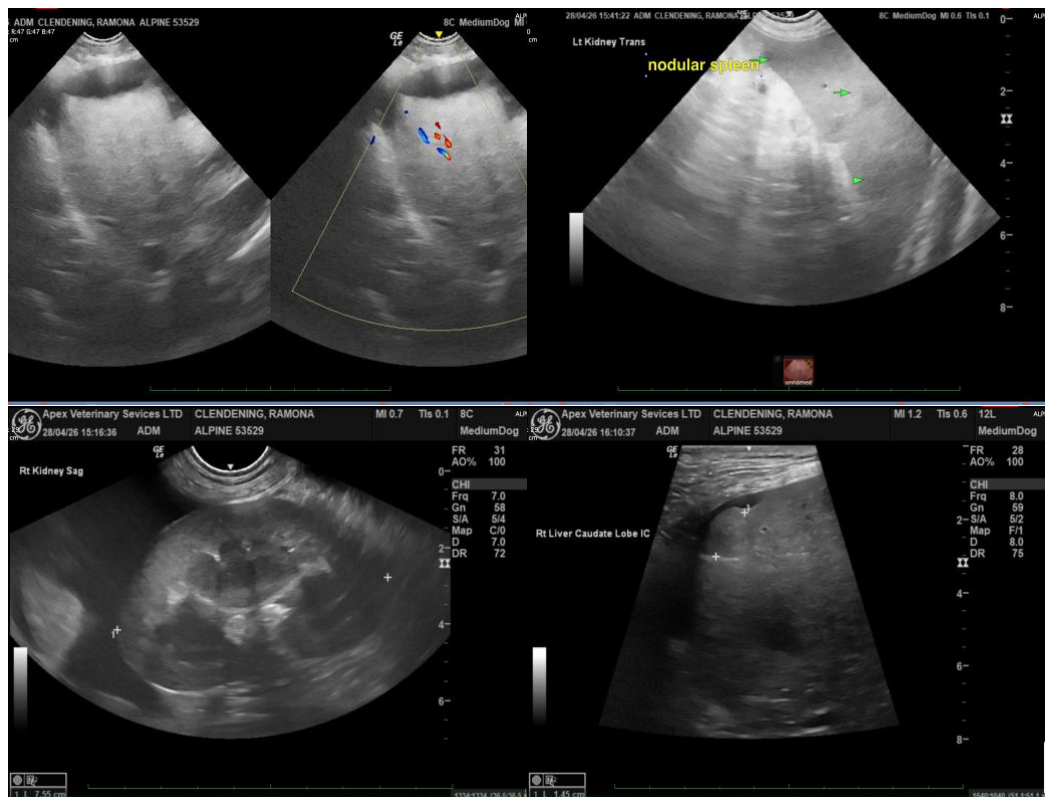
A moderate amount of free fluid was noted in the abdomen.

ULTRASONOGRAPHIC FINDINGS

- Multicentric neoplasia involving the spleen, liver and common bile duct with secondary perineoplastic effusion.
- Chronic reproductive changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Prognosis is poor. Humane euthanasia should be considered in this patient.





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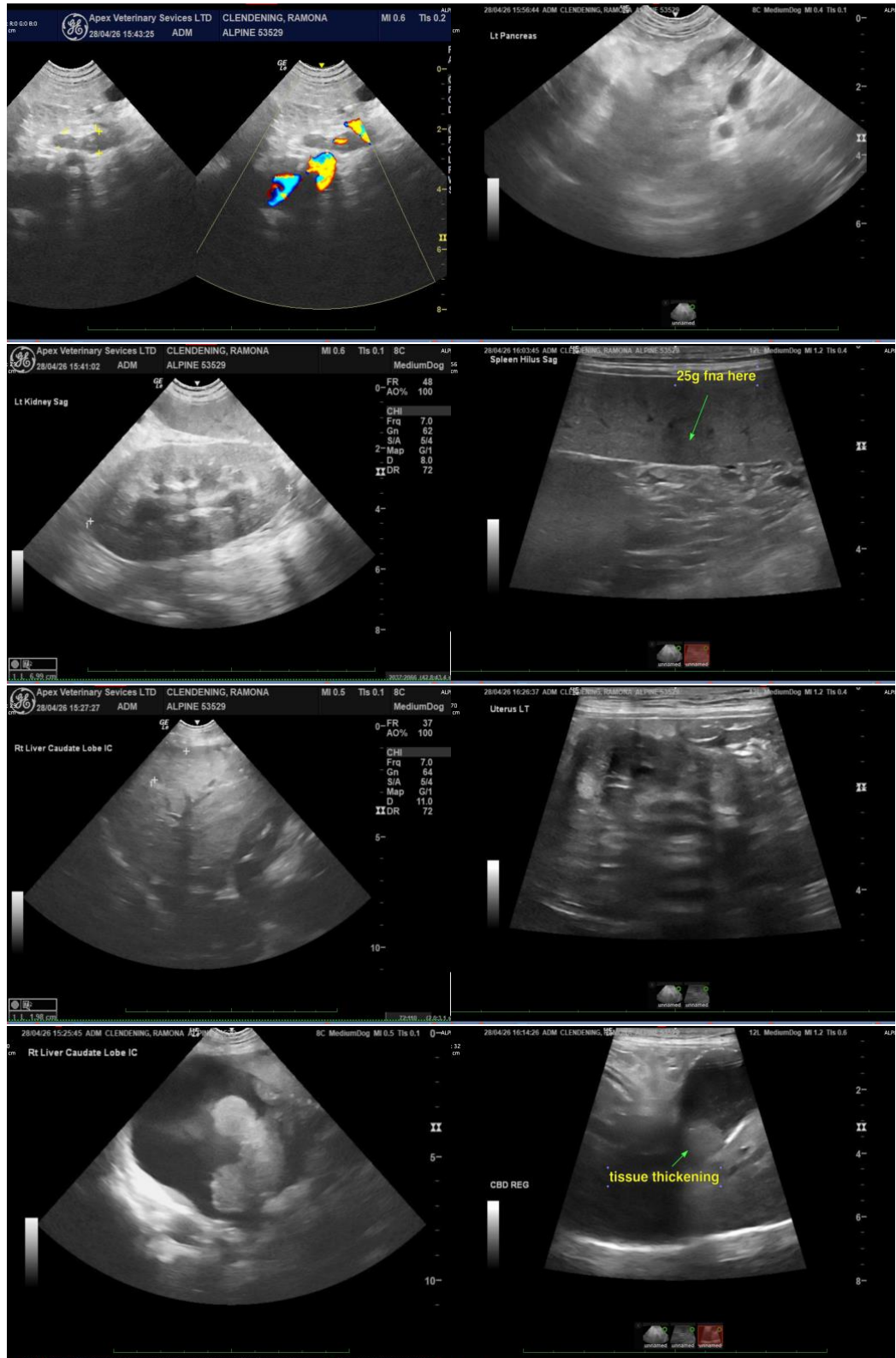
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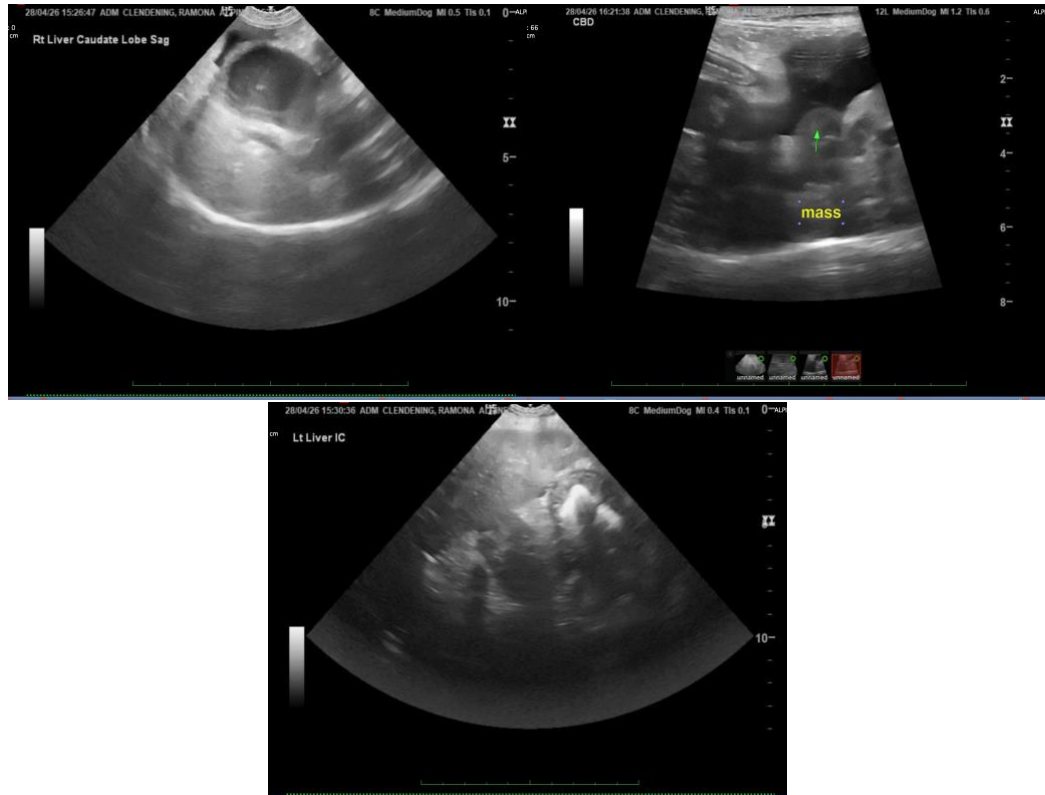
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,

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