



PATIENT

Marley Sepe

SPECIES

Canine

BREED

English Bulldog

SEX

Spayed Female

AGE

9 Years

WEIGHT

36 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Danielle Kitz

HOSPITAL NAME

Woodlands Animal
Hospital

REFERRING VET

Dr. Danielle Kitz

INVOICE

75142

DATE

5/14/26

PRESENTING CLINICAL SIGNS

Patient presented for history of intermittent diarrhea, and more recently lethargy. She was seen last weekend at local ER, and was thought to have some GI upset from recent new diet implementation. The owner reported that there had not been much improvement with GI support meds.

Abnormal PE/Chem/CBC/UA Results: On exam, she has a mass effect palpable in the cranial abdomen. Radiographs confirmed mass effect likely associated with the spleen. Labwork shows mild elevation in AST, ALKP, and ALT, with hyperglobulinemia and reduced ALB:GLOB ratio. Three view chest rads pending Ultrasound completed to look for evidence of metastasis as we are discussing options with regards to splenectomy.

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Left kidney measured 5.5 cm. Right kidney measured 6.04 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. Right measured 0.41 cm at the caudal pole and 0.38 cm at the cranial pole. Left measured 0.54 cm at the cranial pole and 0.43 cm at the caudal pole.

Spleen

The **spleen** presented multifocal hypoechoic nodular changes, not particularly disruptive.

Liver

The **liver** presented increased portal markings and multifocal macro- and micronodular changes. An overt mass is noted in the cranial liver measuring 3.2 cm. An extensive, expansive sarcomatous type mass is noted measuring 10+ cm. The liver mass deviated the stomach caudally. The gallbladder was unremarkable.

Gastrointestinal

The **stomach** was deviated caudally by the liver mass. The small intestine revealed increased submucosal echogenicity and thickening with minor muscularis hypertrophy.



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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

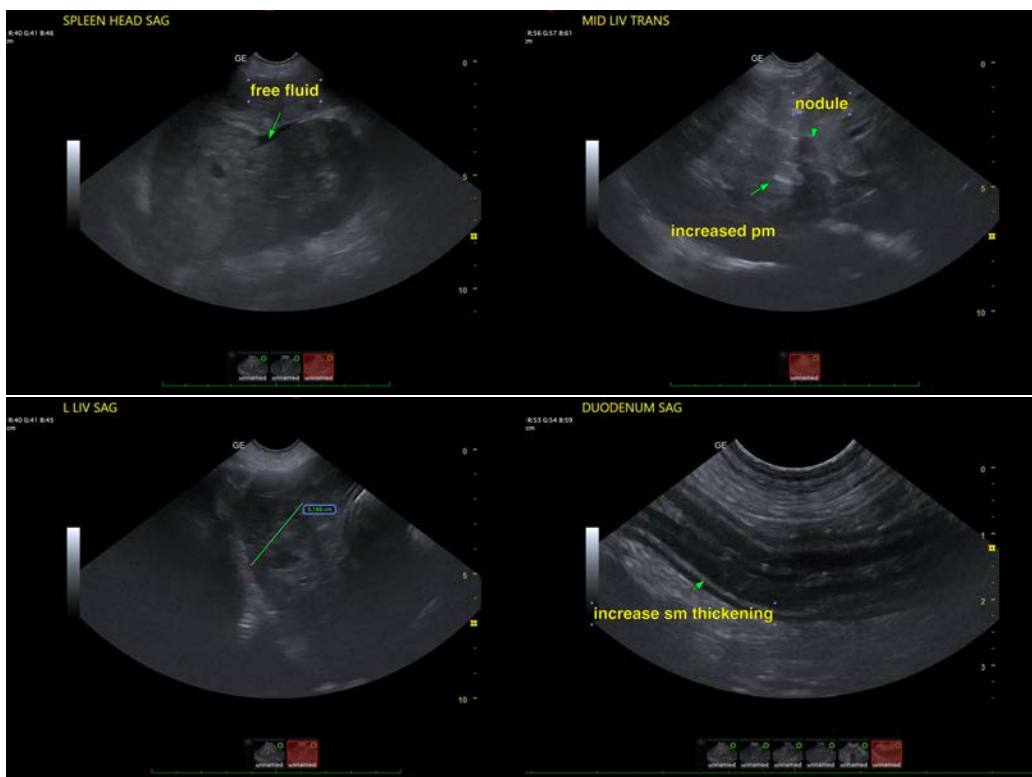
Free fluid noted.

ULTRASONOGRAPHIC FINDINGS

- Diffuse hepatic neoplasia with masses and target type nodules.
- Slight splenic nodules.
- Small intestinal thickening.
- Age related renal changes.
- Free fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver pathology could be considered for further definition. Hemangiosarcoma, round cell neoplasia, hepatocellular carcinoma all possible. The changes are non-resectable. Hospice management recommended if not immediate chemotherapeutic intervention.





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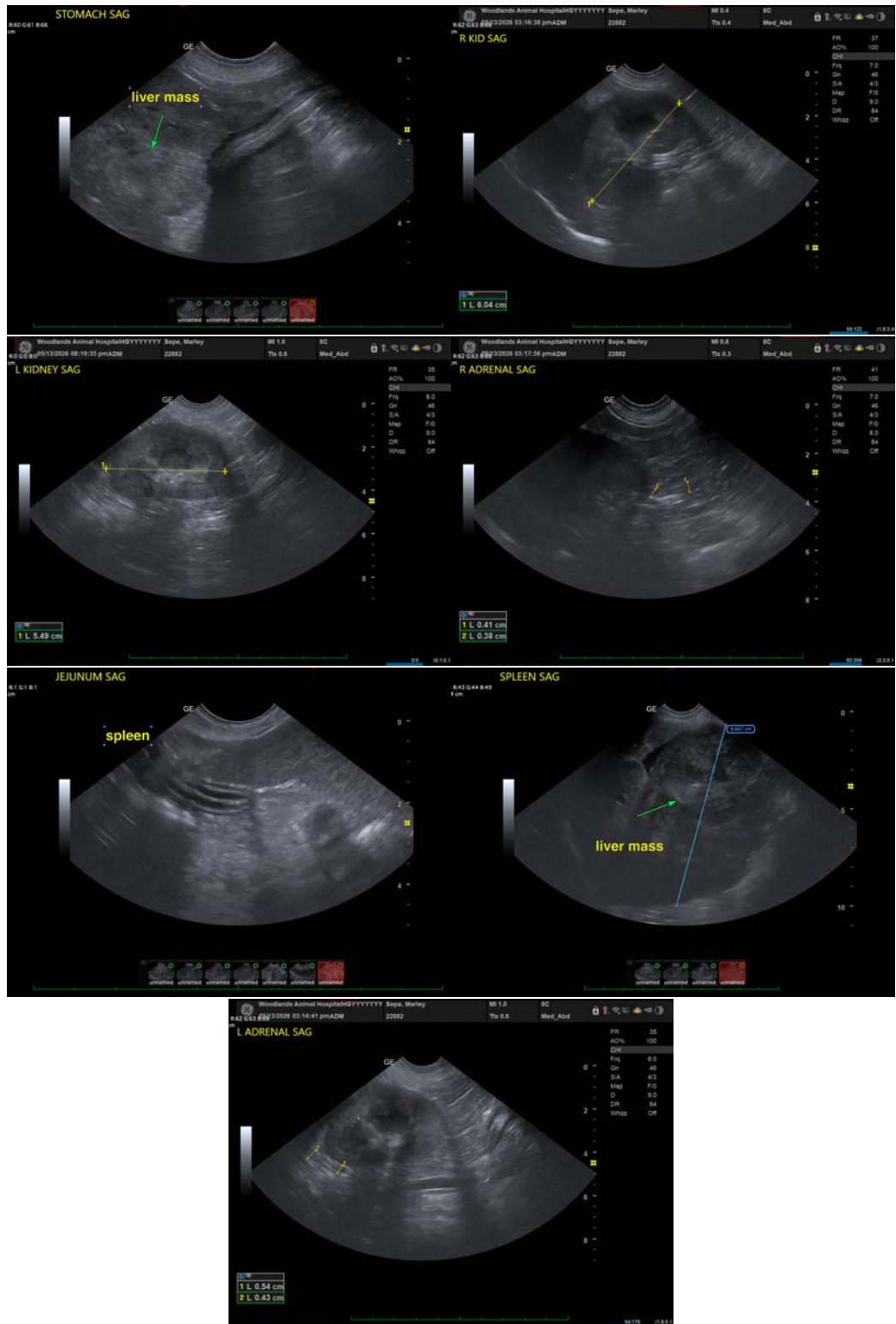
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com
info@SonoPath.com