



PATIENT

Pandora Lesione

SPECIES

Canine

BREED

Pitbull Mix

SEX

Spayed Female

AGE

10 Years 1 Month

WEIGHT

69.1 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Chloe Lowe, CVT

HOSPITAL NAME

VCA AVH Animal
Hospital

REFERRING VET

Dr. Case

INVOICE

35942

DATE

5/5/26

PRESENTING CLINICAL SIGNS

History: Possible planet mass with mild ascites. Decreased appetite, chronic inappropriate urination. Entyce and cerenia.

Abnormal PE/Chem/CBC/UA Results: Albumin 2.6 , globulin 3.7, Alkp 318, T4 < 0.5. Urine culture pending UA blood 2+, rods > 100, wbc 2-3 USG 1.005 then 1.014

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 mild 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 7.2 cm. The left kidney measured 8.8 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 3.1 cm x 0.92 cm at the cranial pole and 0.81 cm at the caudal pole. The right adrenal gland measured 3.15 cm x 2.0 cm at the cranial pole and 0.67 cm at the caudal pole.

Spleen

An expansive mixed echogenic sarcomatous type mass was noted, measuring 16.0+ cm with slight free fluid and reactive surrounding mesentery. The mass appears to be deriving from the **spleen** with separate nodular changes. Normal spleen was not evident. It appears to be completely infiltrated with mass/neoplasia.

Liver

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation, then low-grade smoldering chronic pancreatitis should be suspected. The splenic masses impinged upon the left liver. I cannot completely rule out the potential of hepatic involvement.

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.

Other

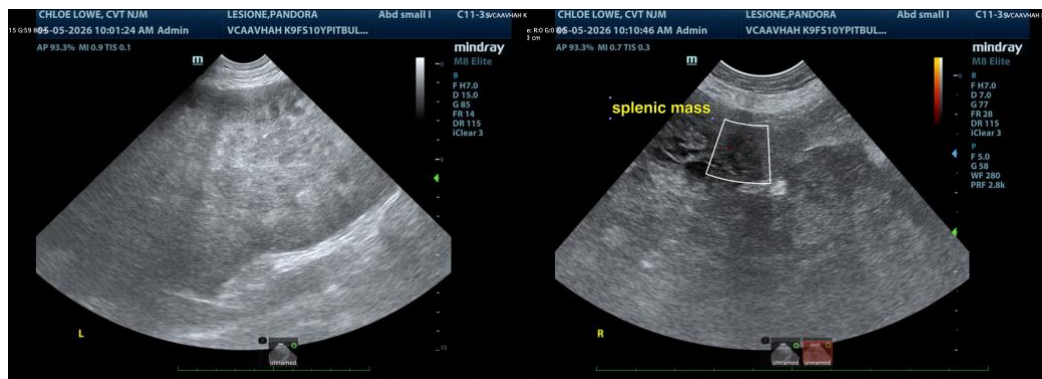
A rapid view of the **heart** revealed no evident pathology in the right auricle or pericardium.

ULTRASONOGRAPHIC FINDINGS

- Multiple coalescing splenic sarcomatous type masses with potential omental involvement.
- The splenic masses impinged upon the left liver. I cannot completely rule out the potential of hepatic involvement.
- Age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the amount of reactive mesentery and pattern of the mass, I'm concerned for spread into the abdominal mesentery. FNA could be considered. CT evaluation for surgical planning or direct exploratory surgery are warranted. Chest radiographs are warranted.





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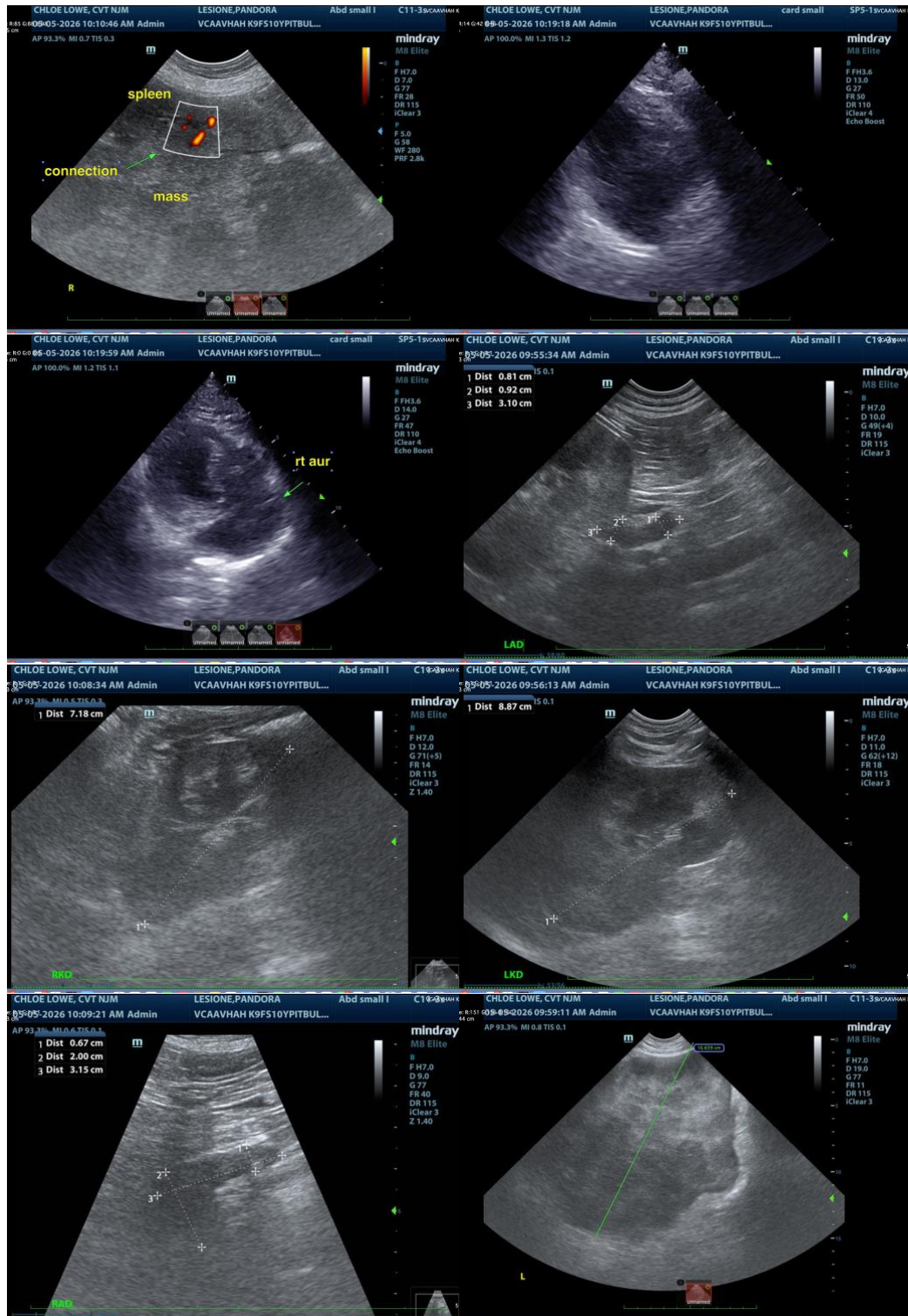
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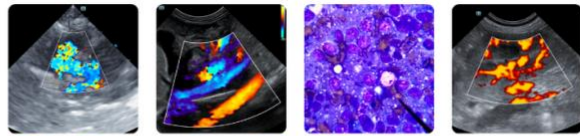
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS,
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info@SonoPath.com

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