

## PATIENT

Penny Estes

## SPECIES

Canine

## BREED

PitBull

## SEX

Spayed female

## AGE

8 year

## WEIGHT

49.3 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Rebecca Hamilton

## HOSPITAL NAME

Companion Pet Clinic  
Salem Oregon

## REFERRING VET

Dr. Mills

## INVOICE

72349

## DATE

3/10/26

## PRESENTING CLINICAL SIGNS

- Concern there is issue in cranial abdomen not related to urinary issues
- SDMA 15.0 - 14 ug/dL HIGH . POTASSIUM 3.6 4.0 - 5.4 mmol/L LOW CHLORIDE 95 108 - 119 mmol/L LOW NA/K RATIO 40 28 - 37 HIGH TCO2 (BICARBONATE) 28 13 - 27 mmol/L HIGH NEUTROPHIL 10798 3004 - 9741 /uL HIGH LYMPHOCYTE 857 980 - 4200 /uL LOW MONOCYTE 920 145 - 736 /uL HIGH EOSINOPHIL 25 141 - 1927 /uL LOW Urine: SPECIFIC GRAVITY 1.020 1.030 - 1.098 PH 5.5 6.0 - 7.5 LOW SPEC cPL 216 0 - 200 ug/L HIGH Lat Abdomen- Stomach axis is off, Loss of detail mid cranial abdomen. Empty bladder no visible stone, gas in colon. Small intestine gas VD- Gas in stomach, poss dilated loop. Mass fluid right cranial abdomen about where kidney would be. Loss of detail cranial abdomen.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The **urinary bladder** revealed an apical ventral mass. The mass measured 2.0 x 1.5 cm.

The **left kidney** presented cortical collapse and irregular contour with dysplastic changes, primary renal dysplasia is suspected. The left kidney measured 5.04 cm. The **right kidney** was unremarkable and measured 7.03 cm.

### *Adrenal Glands*

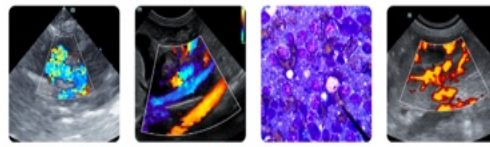
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 2.88 x 0.87 cm at the cranial pole and 0.68 cm at the caudal pole. The left adrenal gland measured 2.97 x 0.62 cm at the cranial pole and 0.71 cm at the caudal pole.

### *Spleen*

The **spleen** revealed minor heterogenous parenchymal changes with occasional, mixed isoechoic nodule. Coalescing nodular changes were noted. A mixed hypoechoic nodule change was noted in addition to the other changes. The spleen appeared volume contracted.

### *Liver*

The **liver** was riddled with multiple, expansive, mixed echogenic nodule and masses. There was no evidence of passive congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.



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**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 **pancreas** presented heterogenous mixed echogenic, nodular changes.

**Free Abdomen**

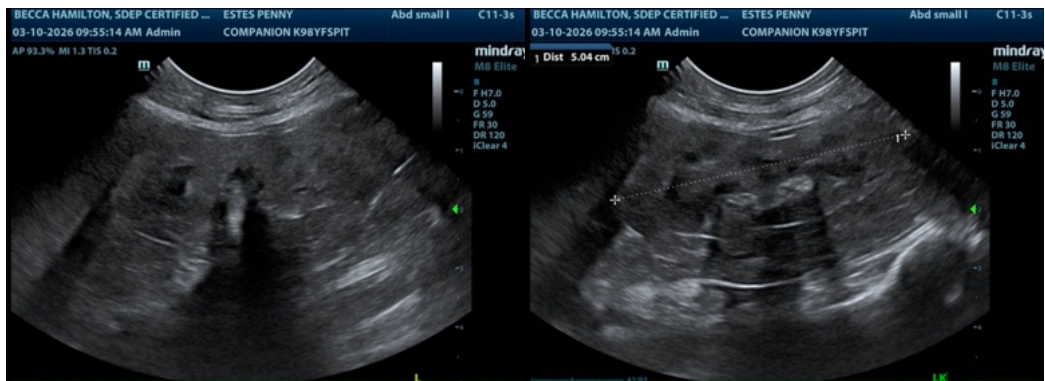
A large amount of abdominal fluid was noted on cystocentesis and was found to be frank blood.

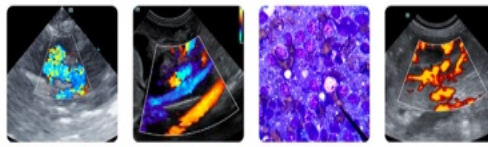
**ULTRASONOGRAPHIC FINDINGS**

- Dysplastic left kidney, moderate degenerative changes.
- Minor right renal changes.
- Diffuse hepatic neoplasia.
- Splenohepatic, pancreatic neoplastic process.
- Secondary hemorrhage.
- Concurrent bladder mass.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Two separate neoplastic processes may be in play. 25-gauge FNA of splenic and hepatic lesions could prove fruitful for a definitive diagnosis. Regardless, the prognosis is poor. This is not a surgical patient.





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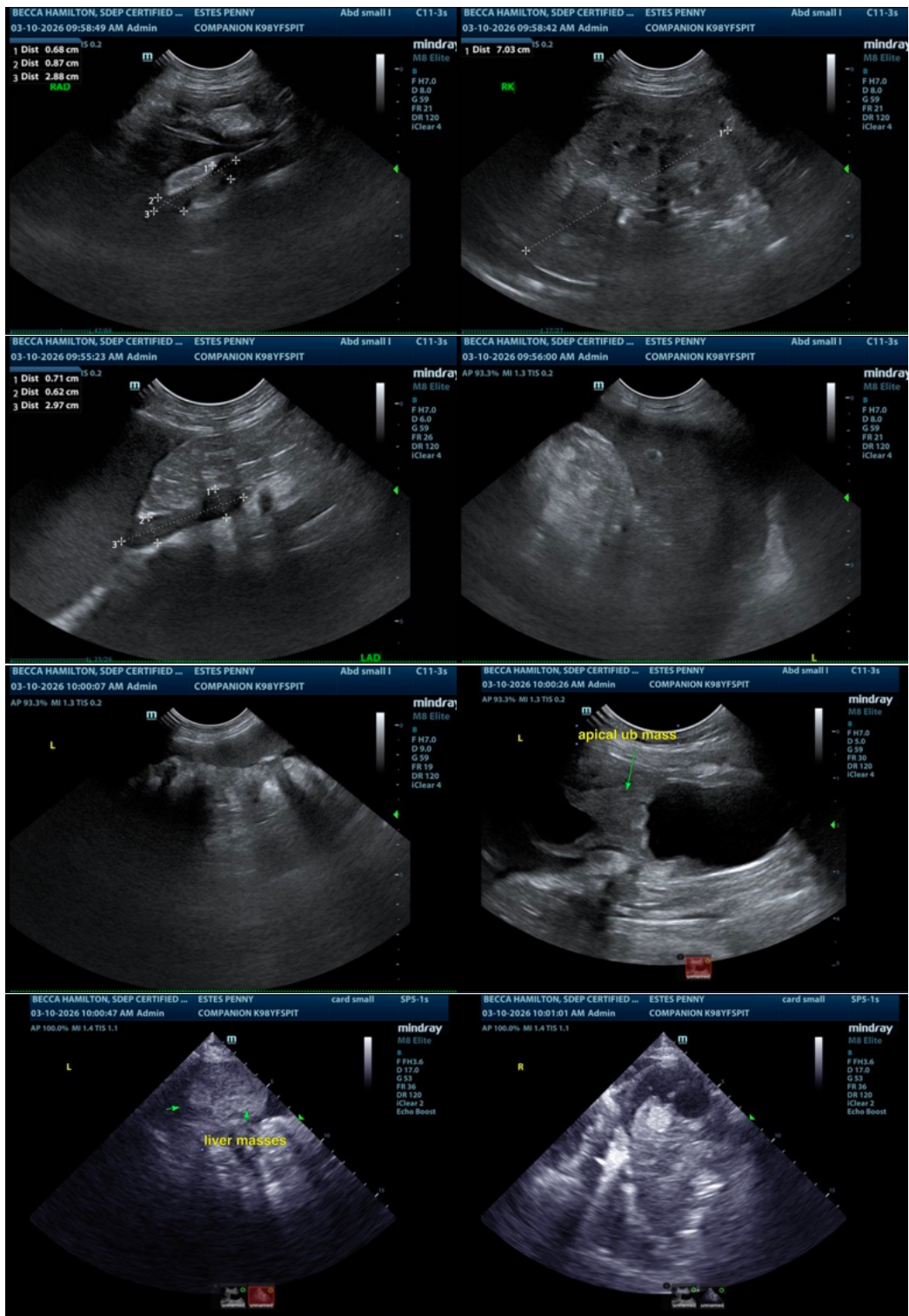
Dr. Mills

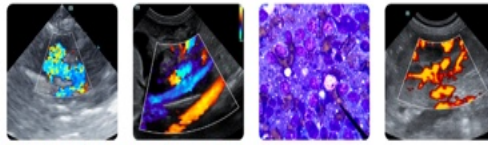
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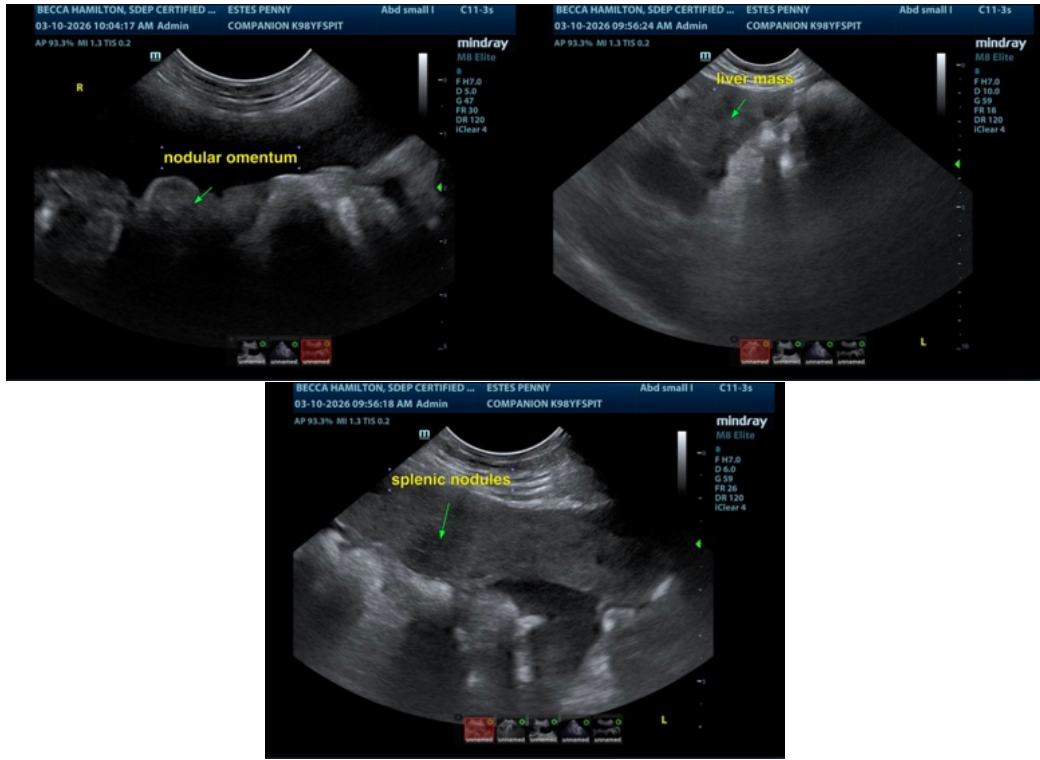
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com**

[info@SonoPath.com](mailto:info@SonoPath.com)