



PATIENT

Azula Steglik

SPECIES

Canine

BREED

Pitbull

SEX

Spayed female

AGE

7 years

WEIGHT

50.4 lbs

INTERPRETED BY

Eric Lindquist, DMV,
 DABVP (CFM), Cert.
 IVUSS, CEO of
 SonoPath.com

IMAGING PERFORMED BY

Chloe Lowe

HOSPITAL NAME

Smithfield AH

REFERRING VET

Dr. Hull

INVOICE

71649

DATE

2/17/26

PRESENTING CLINICAL SIGNS

- ALT, ALP, GGT increased
- RBC 5.38, HCT 33.7, HGB 11.4, WBC 47.17, Neu 41.64, Mono 4.0, Plt 668, PCT 0.68, SDMA 16, ALT 321, ALP >2000, GGT 42, Chol 352, Na 168

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 was noted. Ureteral papillae were normal.

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 3.66 cm. The right kidney measured 8.03 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 left adrenal gland measured 1.87 x 0.56 cm at the caudal pole and 0.47 cm at the cranial pole. The right adrenal gland measured 2.35 x 0.98 cm at the cranial pole and 0.54 cm at the caudal pole.

Spleen

The **spleen** was slightly heterogenous with no evidence of masses. This is most consistent with hyperplasia. A trace of free fluid was noted adjacent to the spleen.

Liver

The **liver** revealed an extensive medial caudal mass measuring 10+ cm. Expansive, hyperechoic, puffy cloud type appearance would suggest carcinoma. It is possible that the mass is comprised of multiple masses coalescing. The mass impinges upon the portal hilus. Slight free fluid would suggest hemorrhage from the mass. mild heterogenous hepatic changes were noted elsewhere. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.



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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 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.

ULTRASONOGRAPHIC FINDINGS

Medial caudal liver mass. Hemangiosarcoma versus hepatic carcinoma.

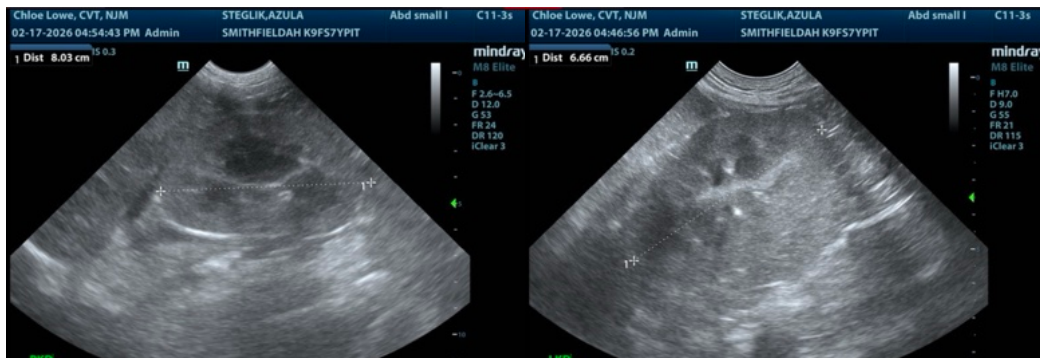
Mild splenic enlargement and micronodular changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT evaluation is warranted for potential surgical assessment. This is urgent given the free fluid that suggests hemorrhage. There was no overt evidence of neoplasia in the spleen. The prognosis is very guarded.

ABOUT SONOPATH CT SERVICES:

SonoPath CT Services are offered at the SonoPath Imaging and Veterinary Education Center, 141 Main St (rt 206), Andover, New Jersey, a 20-minute drive west on route 80/206 North from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at <https://sonopath.com/services/vetimaging/>





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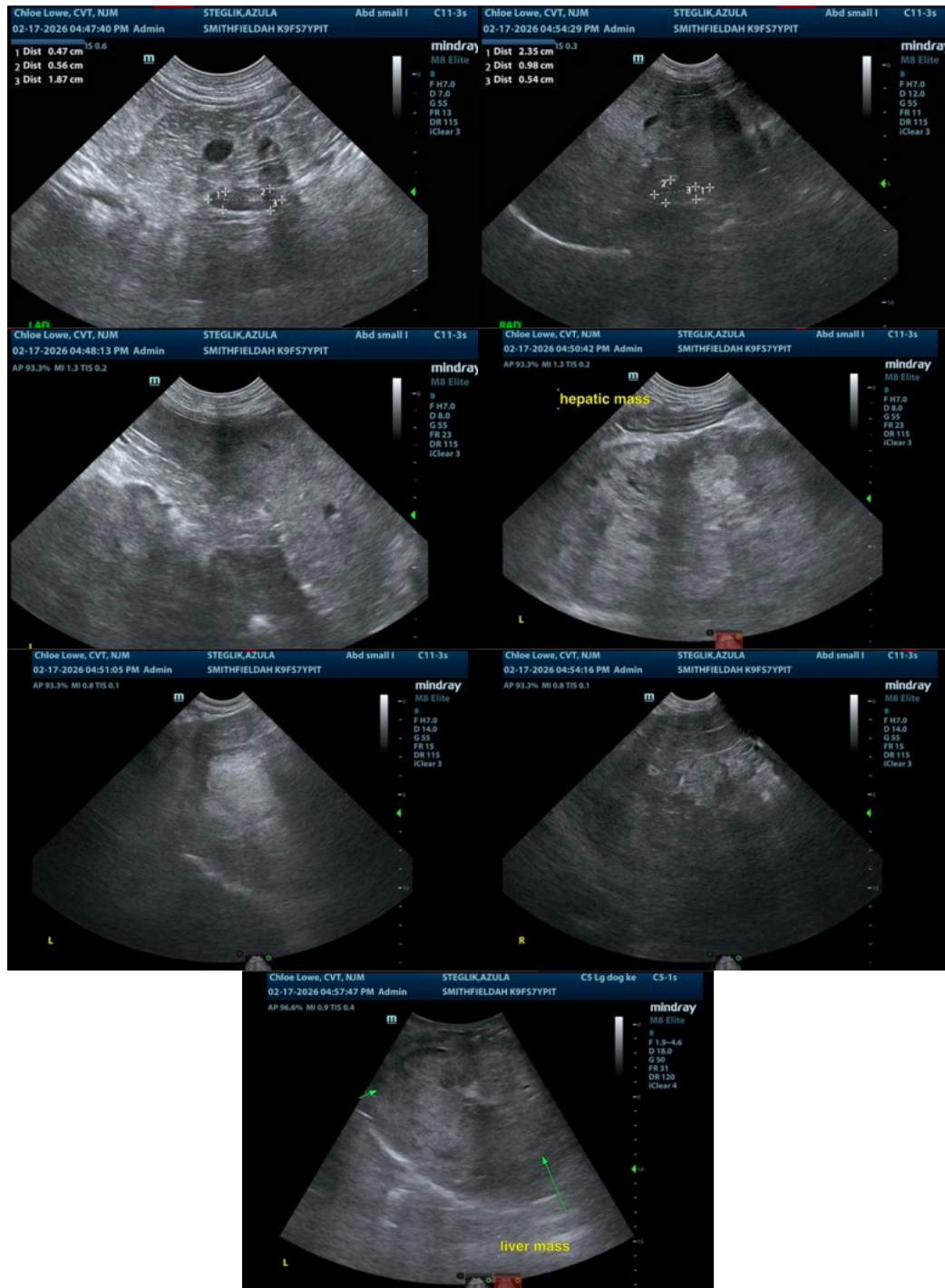
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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