



PATIENT

Max Shterin Lituin

SPECIES

Canine

BREED

Terrier Mix

SEX

Male

AGE

11 years

WEIGHT

85.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Vincent Ravancho,
CVT

HOSPITAL NAME

Hillsdale AH

REFERRING VET

Dr. Fischer

INVOICE

71296

DATE

2/5/26

PRESENTING CLINICAL SIGNS

- Intermittent hematuria, decreased appetite/wt. loss. Vomited several times overnight. Guards on abdominal palpation
- New BW pending, BW on 11/7/25 WNL

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.

Multiple masses were noted in both **kidneys**. There was disrupted architecture noted in both kidneys with loss of corticomedullary definition. The left kidney was enlarged and measured 9.8 cm. Corticomedullary calculi was noted. A 2.5 cm, mixed echogenic mass was noted deriving from the cranial pole. The right kidney presented generalized enlargement at 9.8 cm with multi-focal, hypoechoic nodules.

The **testicles** were imaged and found to be uniform. There was no evidence of pathology.

The **prostate** was uniformly enlarged with lobar swelling appeared to impinge upon the urethra and mildly deviate the descending colon. Early peri-prostatic cyst formation was noted. The prostatic tissue was hyperechoic containing focal areas of decreased echogenicity. These changes are suggestive of either chronic inflammatory episodes, benign cystic pathology or both. Underlying neoplasia cannot be completely ruled-out but is lower on the differential list. This presentation is most consistent with benign prostatic hyperplasia with possible active prostatitis. Neutering or off-label Finasteride (Propecia) (0.1-0.5 mg/kg Sid) treatment is indicated +/- FNA or prostatic wash cytology and culture.

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 3.7 x 0.81 cm at the cranial pole and 0.73 cm at the caudal pole. The left adrenal gland was at the upper limits of normal and measured 2.9 x 0.94 cm at the caudal pole and 0.74 cm at the cranial pole.

Spleen

The **spleen** revealed subtle, micronodular changes.



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Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Slight, hypoechoic nodular changes were noted. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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

Diffuse renal neoplasia, bilateral.
Potential early splenic and hepatic involvement.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chest radiographs are warranted. Round cell neoplasia versus hemangiosarcoma are the primary concerns. Coagulation and ultrasound-guided FNA of either renal cortex, spleen and liver are indicated. The prognosis is guarded to poor depending on eventual response to chemotherapy.



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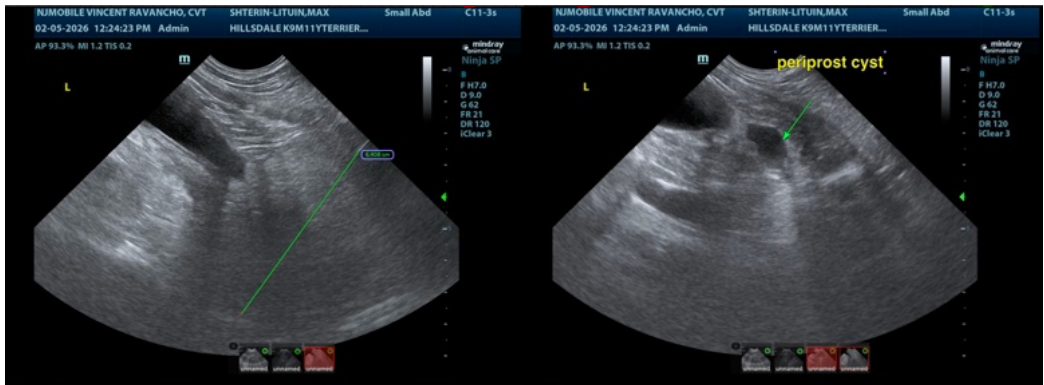
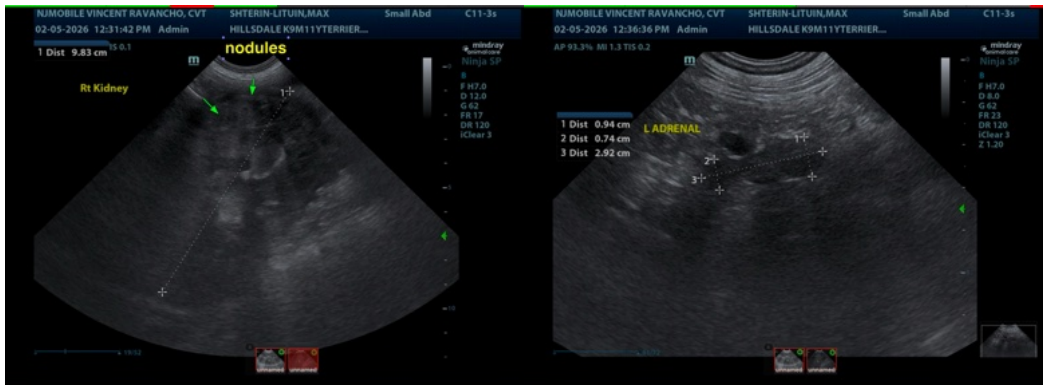
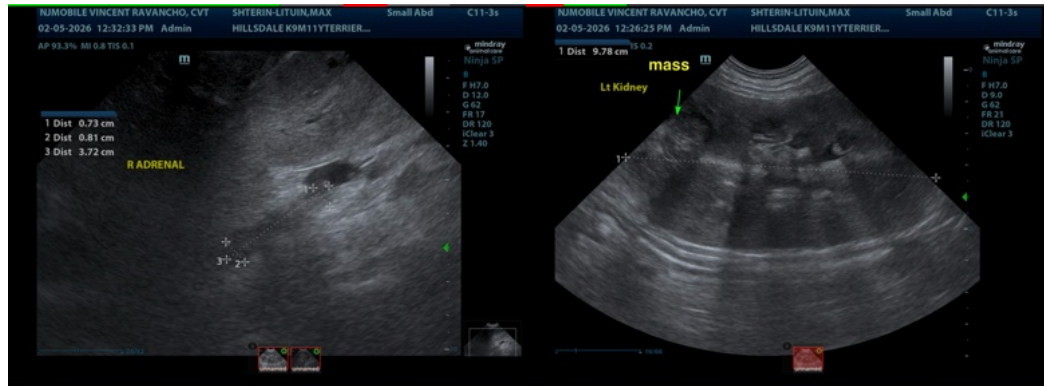
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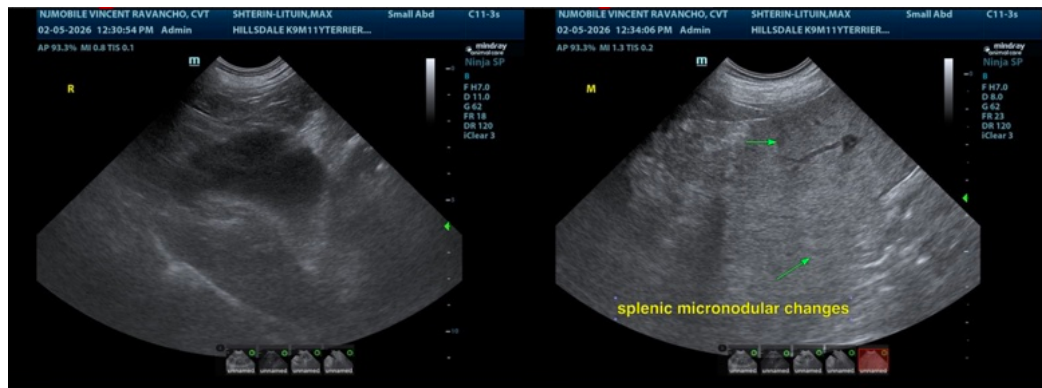
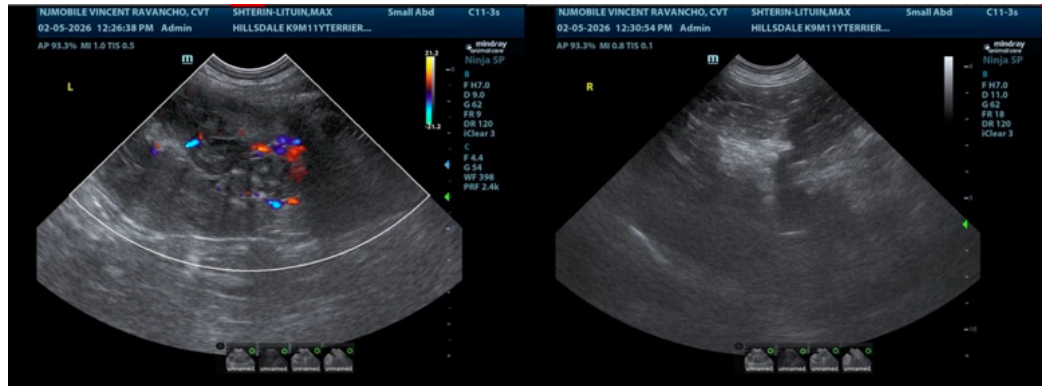
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

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