



PATIENT

Lucy Wiegand

SPECIES

Canine

BREED

Miniature Dachshund

SEX

Spayed Female

AGE

14 Years

WEIGHT

10.2 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Scotts Creek Animal
 Hospital

REFERRING VET

Dr. Rendazzo

INVOICE

13208

DATE

01/16/26

PRESENTING CLINICAL SIGNS

P has history of chronic pancreatitis P currently boarding and s ADR, lethargic, vomited, diarrhea today with a small amount of blood. Rads showed hazy area around kidney

Abnormal PE/Chem/CBC/UA Results: ALT 133, Tbili 1.3, CPL normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 2.0 cm 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 **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild to moderate 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. The left kidney parenchyma measured 4.9 cm in length. The right kidney measured 4.5 cm in length. The left kidney revealed an echogenic cyst measuring 5.4 cm.

Adrenal Glands

The **right adrenal gland** was slightly enlarged and mildly heterogenous with no evidence of vascular invasion. The right adrenal gland measured 1.81 cm x 0.77 cm width at the caudal pole and 0.84 cm width at the cranial pole.

The **left adrenal gland** was on the upper limits of normal. The left adrenal gland measured 2.3 cm x 0.74 cm width at the caudal pole and 0.62 cm width at the cranial pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** revealed multifocal hypoechoic nodular changes with irregular swelling. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The colon was unremarkable.



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Pancreas

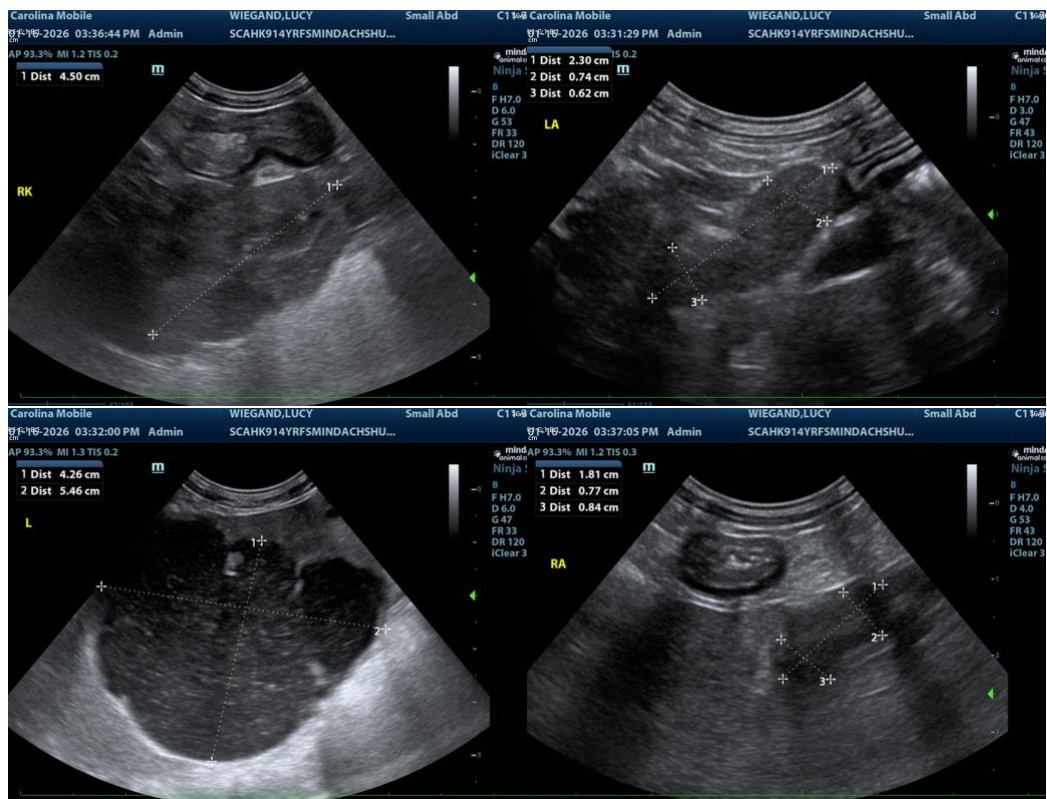
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain 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.

ULTRASONOGRAPHIC FINDINGS

- Left renal cyst- possible abscessation.
- Undefined hepatic nodular changes- nodular hyperplasia likely, metastatic disease possible.
- Nonspecific gastrointestinal upset.
- Age-related pancreatic changes- no evidence of active inflammation noted.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided drainage and culture of the left renal cyst is indicated. A bile acid profile is also warranted as well as FNA of the liver. Recommend reassessment of the bilirubin value to ensure that it is not artifactual. Management for pancreatitis is indicated. If any crusting skin lesions are present in this patient, the hepatic changes may be consistent with hepatic cutaneous syndrome.





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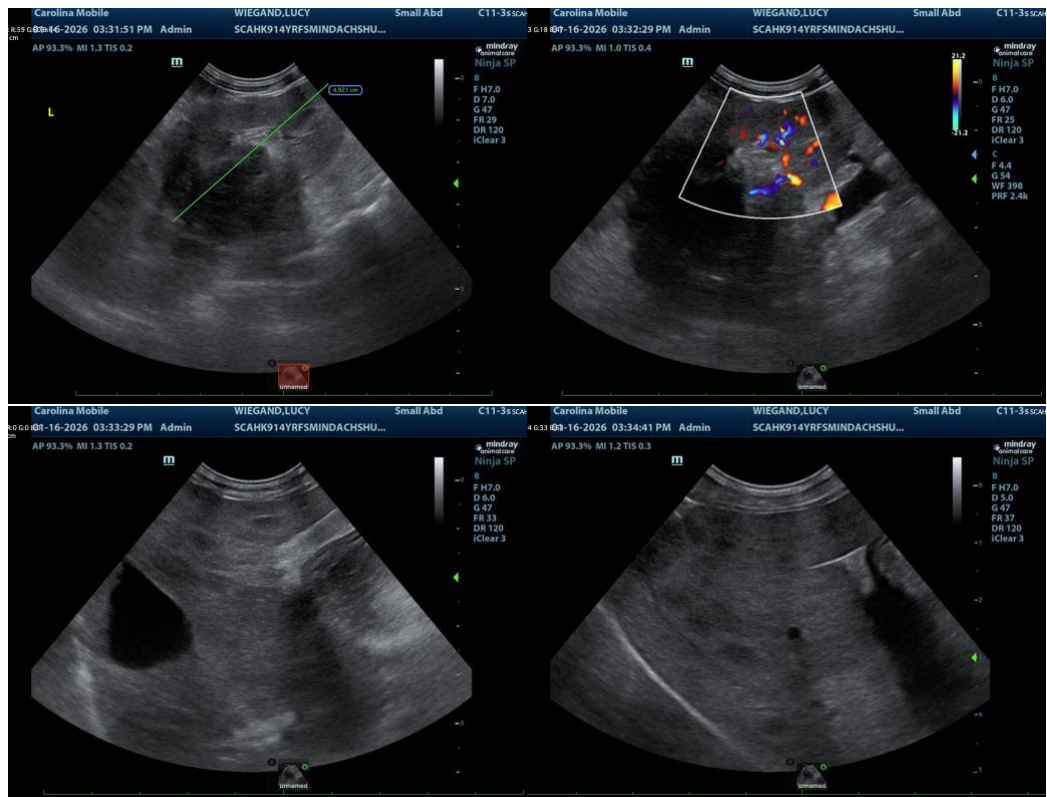
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,

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