



## PATIENT

Ellie Mullins

## SPECIES

Canine

## BREED

Dachshund

## SEX

Spayed Female

## AGE

14

## WEIGHT

15

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Chelsea Pastor

## HOSPITAL NAME

Fredon AH

## REFERRING VET

Dr. Linda Grau

## INVOICE

35487

## DATE

1/19/26

## PRESENTING CLINICAL SIGNS

History:

- Not eating well, vomiting, diarrhea
- Seen at Animal General on 1/5 - WBC 33.34, alkphos 304, cpl 399
- Had been on clavamox & amoxicillin, not improving

Abnormal PE/Chem/CBC/UA Results: WBC 33.34, alkphos 304, cpl 399

## 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 **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 this age patient. Medullary structure differed distinctly from that of the cortex, and no evidence of pelvic dilation was present. Slight mineralizations were noted. The left kidney measured 4.06 cm. The right kidney measured 4.9 cm. Blood flow to the kidneys appeared to be adequate on power doppler assessment.

### *Adrenal Glands*

The **left adrenal gland** was enlarged, heterogenous, nodular, and expansive, measuring 1.15 cm at the cranial pole and 1.3 cm at the caudal pole.

The **right adrenal gland** was not visualized.

### *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** was significantly heterogenous with multifocal nodular changes. A 2.0 cm hypoechoic fluid filled structure surrounded by hyperechoic granulation bed noted in the left liver. The left liver lesion was most consistent with likely abscessation or complex cyst. Diffuse nodular changes were noted throughout the liver with a significant amount of remodeling. The gallbladder presented minor micropolypoid changes.

### *Gastrointestinal*



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The **stomach** revealed a mild amount of chyme, fluid, and some shadowing material. The small intestine and colon were unremarkable. The duodenum was mildly thickened.

### *Pancreas*

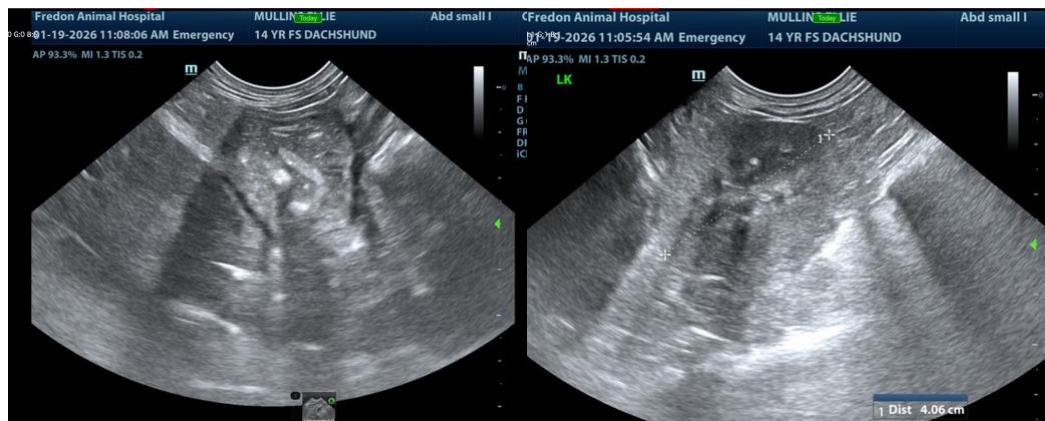
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

- Hepatic remodeling and nodular hyperplasia pattern with potential abscess
- Minor micropolypoid changes in the gallbladder
- Chyme, fluid, and some shadowing material in the stomach
- Mildly thickened duodenum
- Enlarged, heterogenous, and nodular left adrenal gland
- Age-related renal changes with slight mineralizations

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bile acid profile is indicated. Ultrasound guided drainage of the cystic structure in the left liver, as well as FNA of the general liver is indicated. GI protectant protocol is warranted. I cannot rule out small foreign matter, as some of the material in the stomach was shadowing, however, it did not appear obstructive. If clinical signs are persisting over the next 48-72 hours, then recheck sonogram is indicated, or endoscopy.





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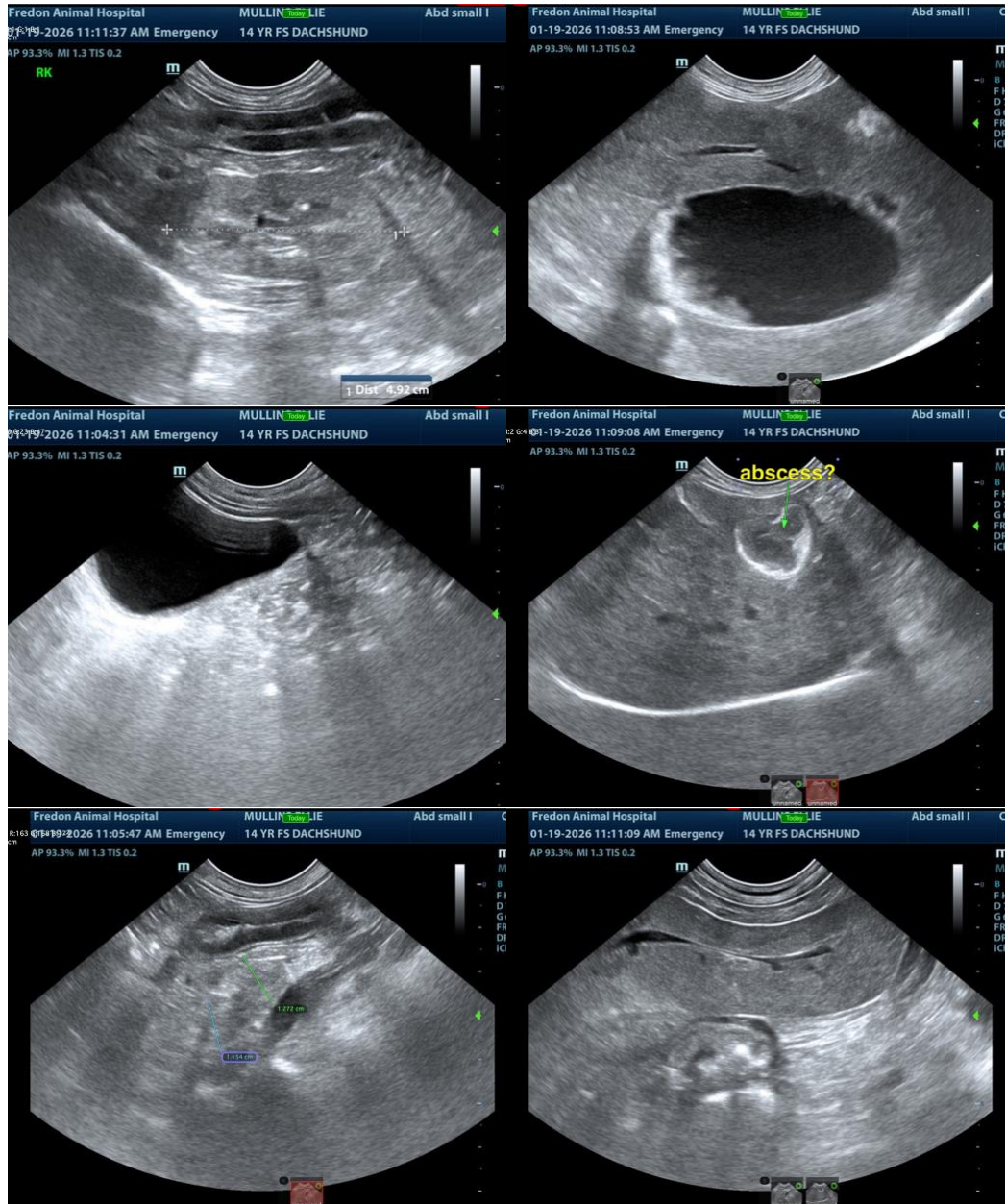
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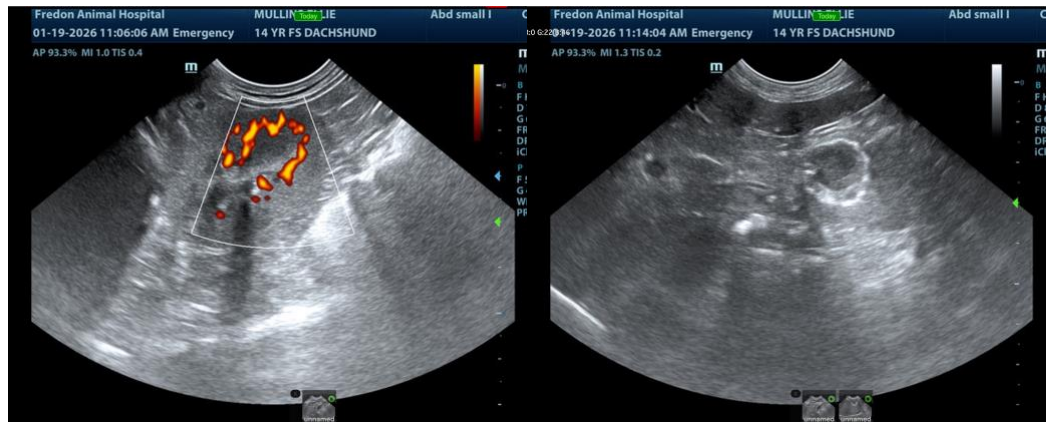
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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