



PATIENT

Molly Wotton

SPECIES

Canine

BREED

Dachshund

SEX

Spayed Female

AGE

10 Years

WEIGHT

4.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Hayley Biederbeck

HOSPITAL NAME

Lomsnes Veterinary
Hospital

REFERRING VET

Dr. Hayley Biederbeck

INVOICE

72497

DATE

12/10/25

PRESENTING CLINICAL SIGNS

Vomiting x 12 days. Vomiting despite cerenia. mass seen on radiograph 2 days ago grade 5 heart murmur meds: vetmedin 1.25mg PO SID sulcrate 2ml PO BID

Abnormal PE/Chem/CBC/UA Results: sl pale on exam otherwise normal. Painful on scanning of mass in L abdomen Chronic heart murmur bw- mildly low phos, Cl, tp, amylase. Mild hyperglycemia. Otherwise bw unremarkable.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra 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. Right kidney measured 3.8 cm. Left kidney measured 4.2 cm.

Adrenal Glands

The **right adrenal gland** was 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. Right measured 0.48 cm at the cranial pole and 0.42 cm at the caudal pole.

The **left adrenal gland** was not visualized, possibly obscured by the mass pathology.

Spleen

The **spleen** itself was unremarkable, yet extension of the mesenteric mass impinged upon the spleen.

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. Hyperechoic non-disruptive nodules noted. FNA indicated for further definition. 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. Gallbladder polyps also noted. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach itself was unremarkable. The mid caudal abdomen revealed an undifferentiated hypoechoic mass associated with the intestinal tract. Regional hyperechoic inflammation noted. Dramatic lymphadenopathy noted at the center of the mass. Largest lymph node measured 3.7 cm x 1.8 cm.



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Pancreas

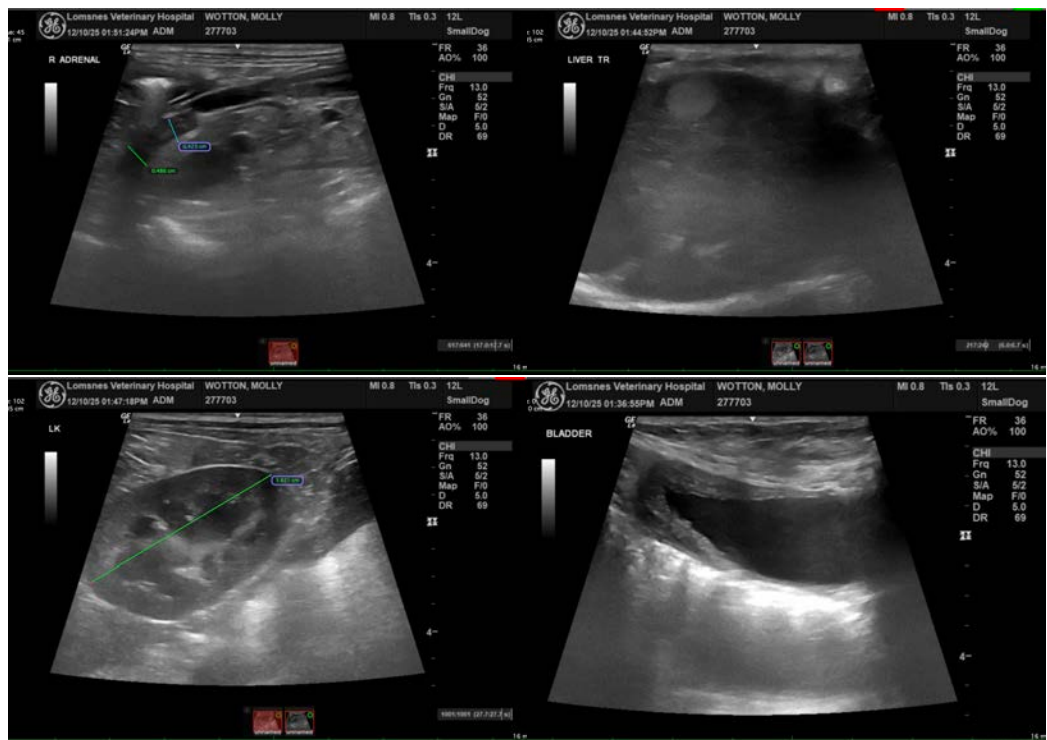
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Mesenteric mass involving lymph nodes, intestine and steatitis pattern - round cell neoplasia suspected. Mild potential for severe lymphadenitis and granulomatous disease.
- Liver nodules.
- Age related urinary bladder changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass does not appear cleanly resectable. Cytology and culture indicated. The hepatic nodules are likely unrelated to the mass, yet FNA indicated.





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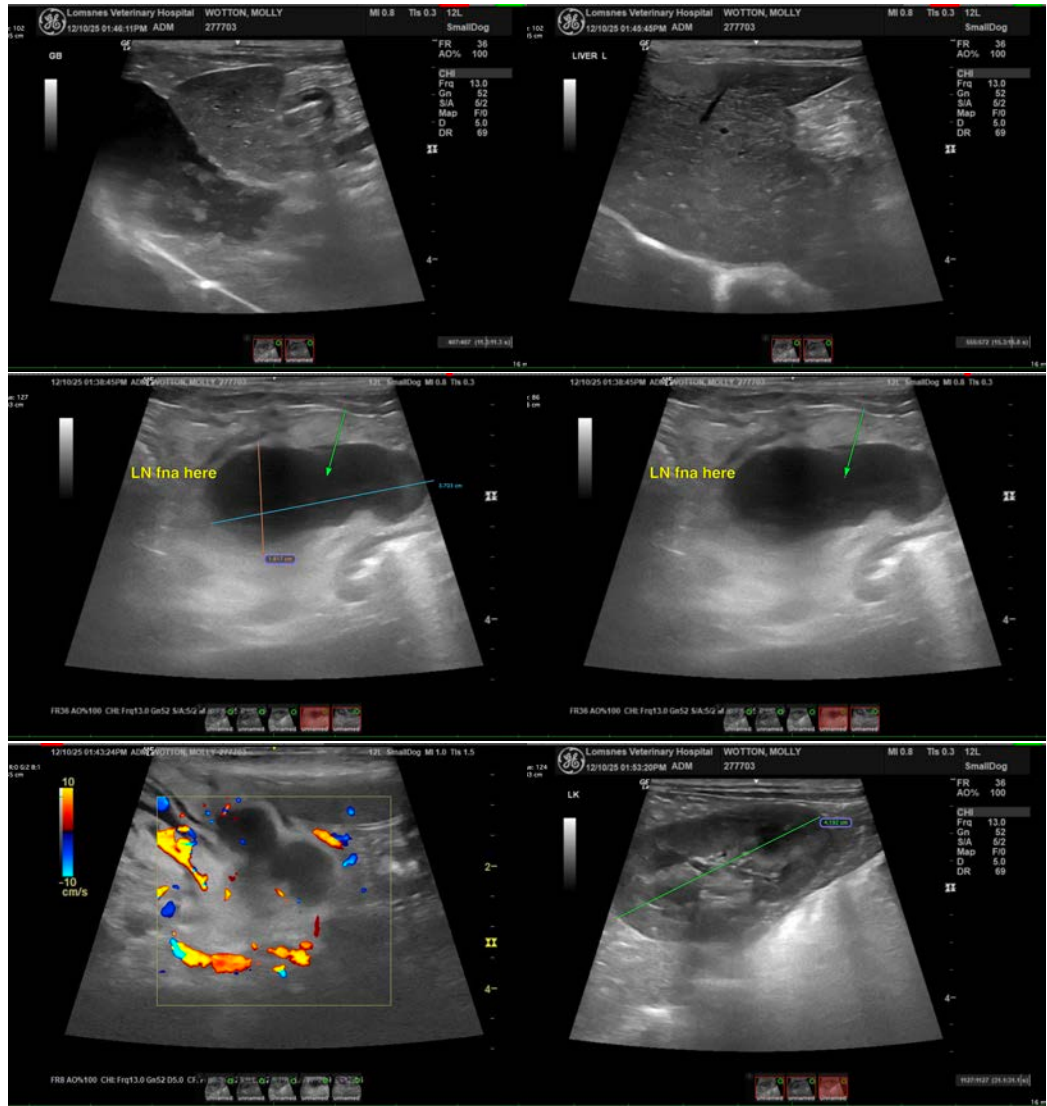
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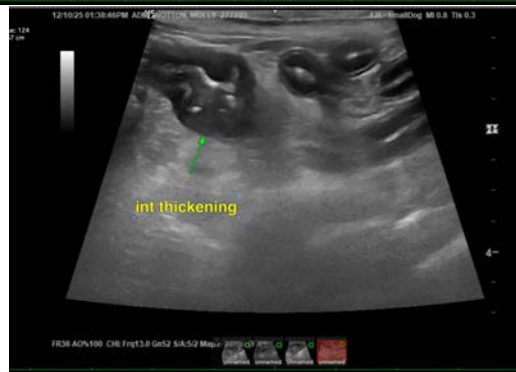
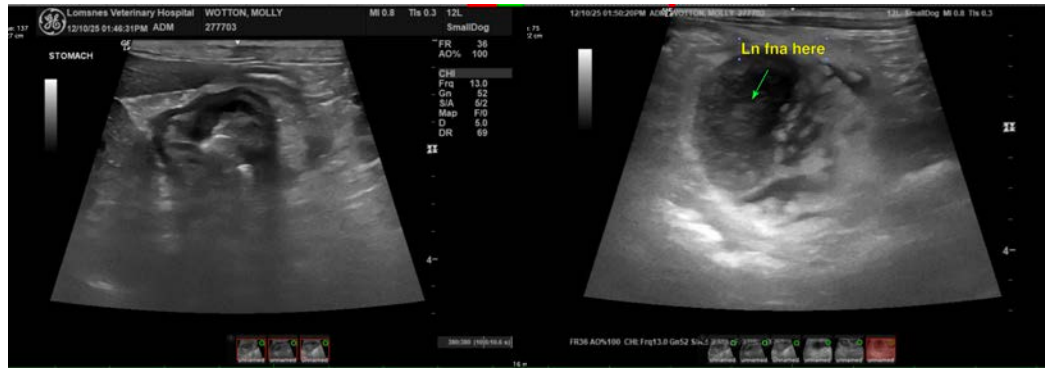
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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