



PATIENT

Annie Kreider

SPECIES

Canine

BREED

Wirehaired Dachshund

SEX

Spayed female

AGE

10 years

WEIGHT

22 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Barron

HOSPITAL NAME

Northshore VH

REFERRING VET

Dr. Barron

INVOICE

69598

DATE

12/24/25

PRESENTING CLINICAL SIGNS

History: presented for ADR 2 weeks ago, neck pain was found on physical exam, CBC, chem were NSF, presented this Monday for no improvement and owner mentioned an intermittent cough. radiographs were taken, mediastinal mass suspected, cardiomegaly, pleural effusion. History of right sided shoulder pain for years. treated with massage, laser, swim therapy.
Abnormal PE/Chem/CBC/UA Results: increased respirations, lethargic, temp 101.2 no neck pain, full range of motion on head and cervical manipulation . cbc chem and ua nsf, USG 1.018. T4 3.1

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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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. The left kidney measured 5.6 cm. The right kidney measured 6.0 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 0.6 cm.

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 was noted.

Liver

The **liver** in this patient presented passive congestion pattern with pleural effusion through diaphragm. The vena cava was dilated. The gallbladder presented acceptably thin walls with primarily anechoic



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content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

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.

Free Abdomen

A mild amount of ascites was noted owing to passive congestion deriving from the thorax.

The cranial mediastinum revealed a mass; however, I am concerned given the pleural effusion of a multifocal thoracic process.

ULTRASONOGRAPHIC FINDINGS

Pleural effusion and mediastinal mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chest CT and FNA of the cranial mediastinal pathology is indicated. There was no evidence of primary disease in the abdomen responsible for the clinical signs.



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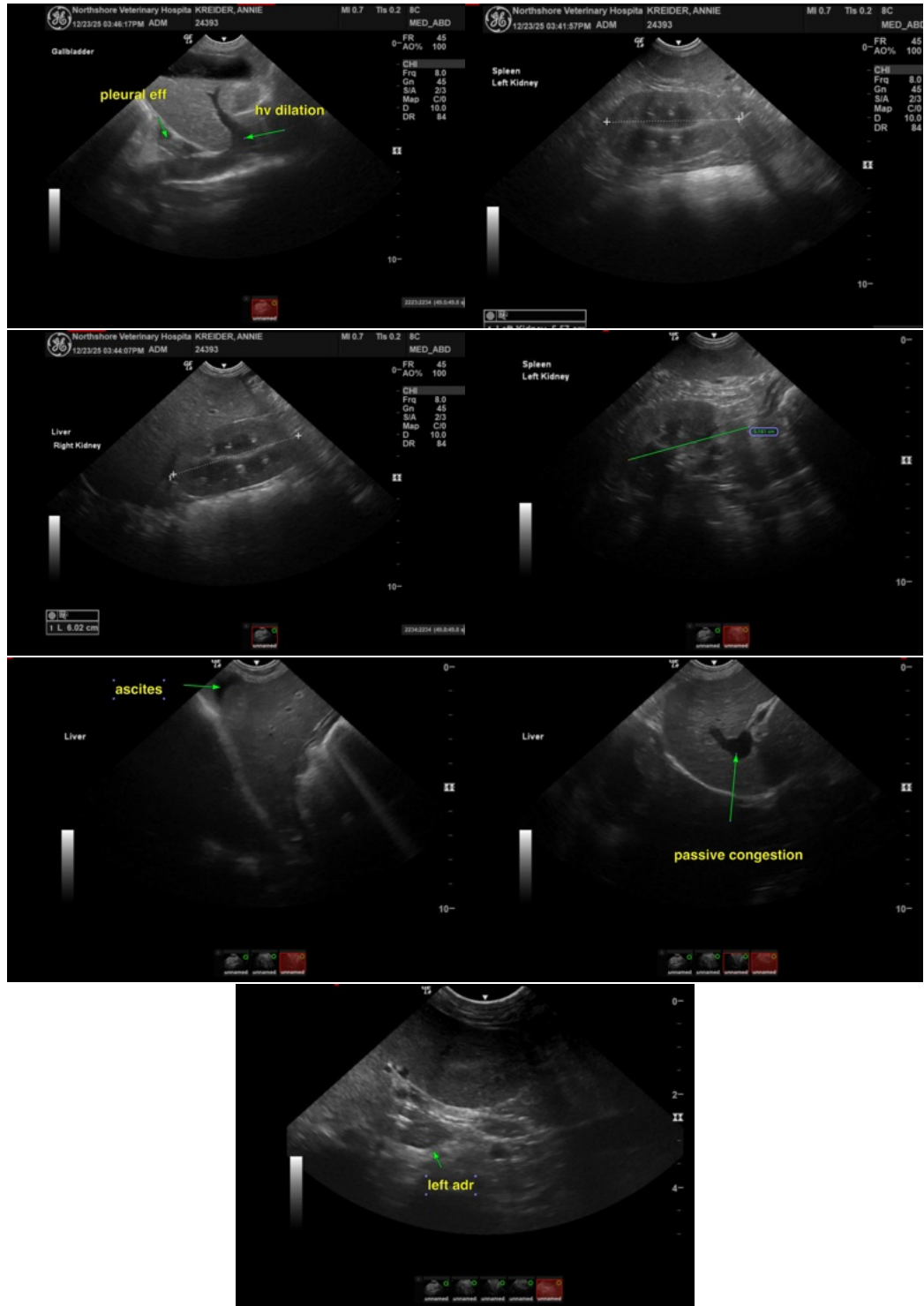
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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