



## PATIENT

Cricket Weening

## SPECIES

Canine

## BREED

Mastiff Cross

## SEX

Spayed female

## AGE

8 years

## WEIGHT

38 kg

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Hayley Biederbeck

## HOSPITAL NAME

Lomsnes VH

## REFERRING VET

Dr. Biederbeck

## INVOICE

69711

## DATE

12/30/25

## PRESENTING CLINICAL SIGNS

History: lethargy, decreased appetite, distended abdomen ~ 1.5 weeks Had 4 cutaneous MCT removed March 2025 with margins. New mass present on neck. Fluid collected from abdomen - clear-yellow-pink fluid. Basophilic spindle cells noted.  
Abnormal PE/Chem/CBC/UA Results: Dec 29/25 - low chol, high lactate, rads done-poor serosal detail and suspect splenic mass

## 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 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. The left and right kidney each measured 6.0 cm.

### Adrenal Glands

The **adrenal glands** were not visualized.

### Spleen

The **spleen** revealed an isoechoic mass at the mid caudal body measuring 3.7 cm with minor heterogenous changes. Micronodular changes were noted elsewhere.

### Liver

The **liver** revealed coarse architecture with generalized enlargement. Hepatic vein dilation consistent with passive congestion was noted. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.

### Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and



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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 moderate amount of free fluid was noted in the abdomen.

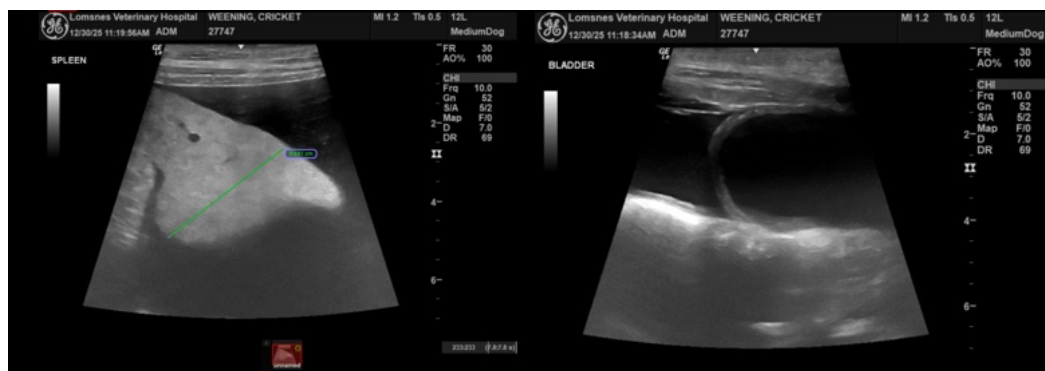
## ULTRASONOGRAPHIC FINDINGS

Passive congestion liver pattern with splenic swelling.

Ascites.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I strongly recommend an echocardiogram to assess for possible pericardial effusion and right auricular masses. The ascites is likely owing to passive congestion. The splenic swelling/mass may be hyperplastic or positional swelling or potential neoplastic event that may be related to cardiac disease. An echocardiogram is essential in this patient.





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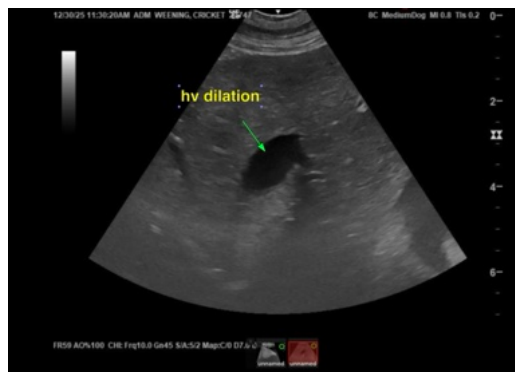
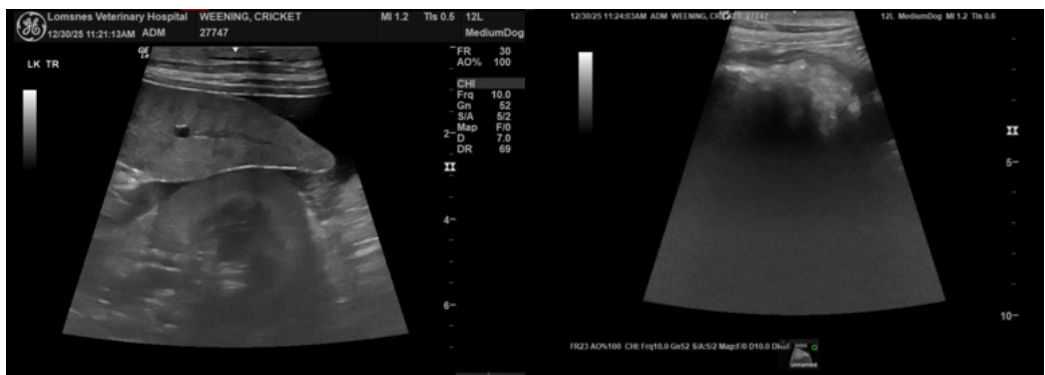
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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