



## PATIENT

Winnie Foster

## SPECIES

Canine

## BREED

Dachshund

## SEX

Spayed Female

## AGE

12

## WEIGHT

4.19

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Erica Harmon

## HOSPITAL NAME

Wilvet South

## REFERRING VET

Dr. Erica Harmon

## INVOICE

73170

## DATE

2/22/26

## PRESENTING CLINICAL SIGNS

Presented 2/21 for reluctance to walk, reduced jumping, inappropriate urination, shaking and restless, possible cranial abdominal pain noted 2/21. On work up irregular appearance of liver on AFAST, therefore p returned for complete abdominal u/s today. Was treated with outpatient supportive care yesterday (SQ fluids, pain meds, cerenia). On PE today suspect back pain at TL junction.

Abnormal PE/Chem/CBC/UA Results: Abnormal PE/Chem/CBC/UA Results: Labwork and imaging performed 2/21 CBC: Hct 58.9%, PLT 502k (H), rest WNL. Chem17: Amylase 303 (L), rest WNL. Lytes: Na 161 (H), K 4.2 LAC: 1.65 (N) UA (cysto): dark yellow, cloudy urine. USG 1.046, pH 8.0, quiet sediment. FAST scan: No free abdominal fluid. Multiple hypoechoic nodules within hepatic parenchyma. Hepatomegaly. No other mass effects or intestinal dilation noted Radiographs: Clinically normal thoracic radiographs Moderate, generalized hepatomegaly Mild, chronic intervertebral disc disease, T13-L1

## 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 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 and no evidence of pelvic dilation was present. The kidneys measure 4.0 cm each.

### 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. Left measured 1.7 cm x 0.63 cm at the caudal pole and 0.56 cm at the cranial pole. Right measured 0.75 cm at the cranial pole and 0.54 cm at the caudal pole.

### Spleen

The **spleen** was folded upon itself cranially and caudally. It 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** presented diffusely hyperechoic parenchyma with minor swelling. Minor coalesced bile noted in the gallbladder, not pathological. Multifocal hypoechoic nodular changes noted in the liver, most consistent with nodular hyperplasia.



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## 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

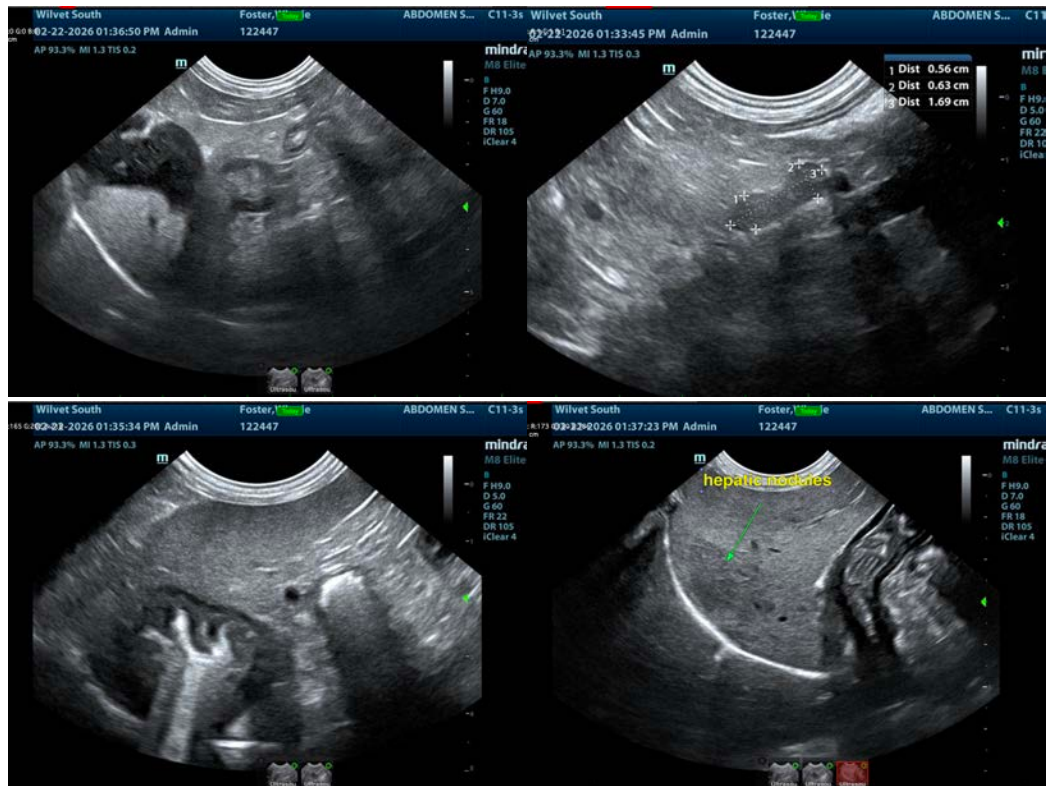
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

- Nodular liver.
- Age related renal changes.
- Folded spleen.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver nodules indicated for further definition, yet subjectively benign. No evidence of primary disease in the abdomen that would be responsible for the clinical signs. Orthopedic pain should be investigated in this patient primarily. No evidence of visceral disease. However, I do recommend FNA of the hepatic nodules with cytology and culture to ensure they are benign.





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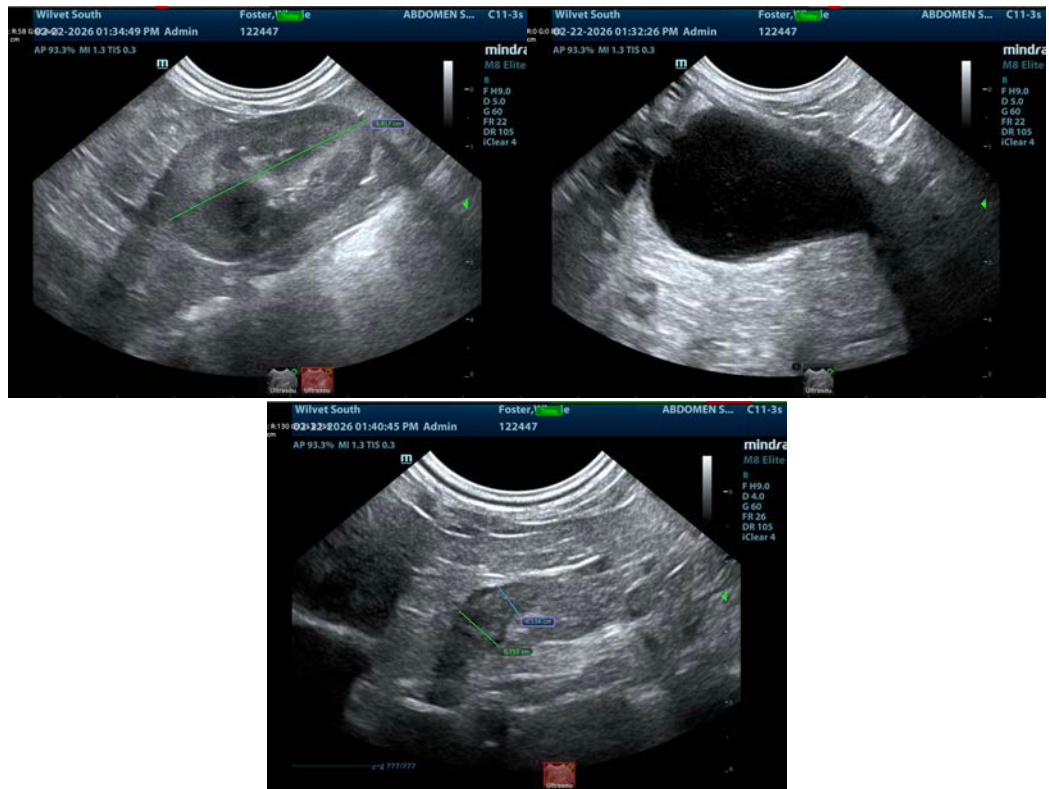
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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