



## PATIENT

Eddie Connor

## SPECIES

Canine

## BREED

Schnauzer Mix

## SEX

Spayed Female

## AGE

15 Years

## WEIGHT

23.2 pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Ashley Whitesell

## HOSPITAL NAME

Dickson Animal Clinic

## REFERRING VET

Dr. Liz Kenney

## INVOICE

14424

## DATE

03/18/26

## PRESENTING CLINICAL SIGNS

- Emergency vet visit - fast scan: fluid filled cysts in the liver, WBC high at ER vet
- Lethargic, low energy level
- Weakness
- Anorexia
- Whimpering
- Vomited 2x
- Loose stool
- Medications: Clavamox 125mg BID, Entyce, Provable, Gabapentin PRN, Prednisone 1.25 mg SID
- Addison's diagnosed 2021

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The **urinary bladder**, trigone, and pelvic urethra to a depth of 1.0 cm 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 mild 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 left kidney measured 4.6 cm in length. The right kidney measured 5.3 cm in length.

### *Adrenal Glands*

Both **adrenal glands** were not visualized likely owing to Prednisone therapy.

### *Spleen*

The **spleen** presented slightly irregular contour at the caudal pole and folded upon itself, creating a focal swelling of approximately 2.0 cm.

### *Liver*

The **liver** was uniformly swollen with minor, excessive gallbladder debris with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The gallbladder was slightly thickened without overt distention. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia. An anechoic right cranial liver cyst was present measuring 2.1 cm. A separate cyst was present measuring 1.7 cm.

### *Gastrointestinal*



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A mild amount of fluid was noted in the **stomach** without evidence of peristalsis. Normal curvilinear patterns were maintained throughout the GI tract. No evidence of foreign body. A minor amount of stasis was noted in the stomach. The small intestine and colon presented with normal curvilinear patterns and no evident pathology. This presentation is most consistent with gastric ileus or idiopathic stasis. The small intestine and colon were unremarkable. Slight thickening and increased submucosal echogenicity consistent with chronic inflammatory bowel. Mild pyloric thickening was noted without loss of mural detail. Mild enhanced mesentery was noted around the intestinal tract and pancreas.

## *Pancreas*

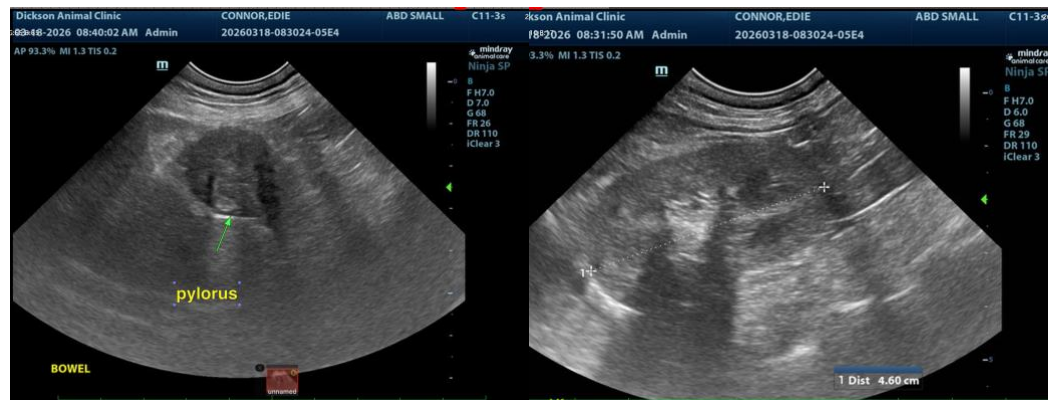
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

- Benign abdomen with gastric ileus.
- Hepatic cysts.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prednisone therapy may be suppressing a more significant presentation. Medical management with GI protective protocol, promotility medications, slurry feeding are all indicated after 24-hour NPO. Screening 25-gauge FNA of the spleen and liver could be considered to ensure an occult neoplastic event is not present.





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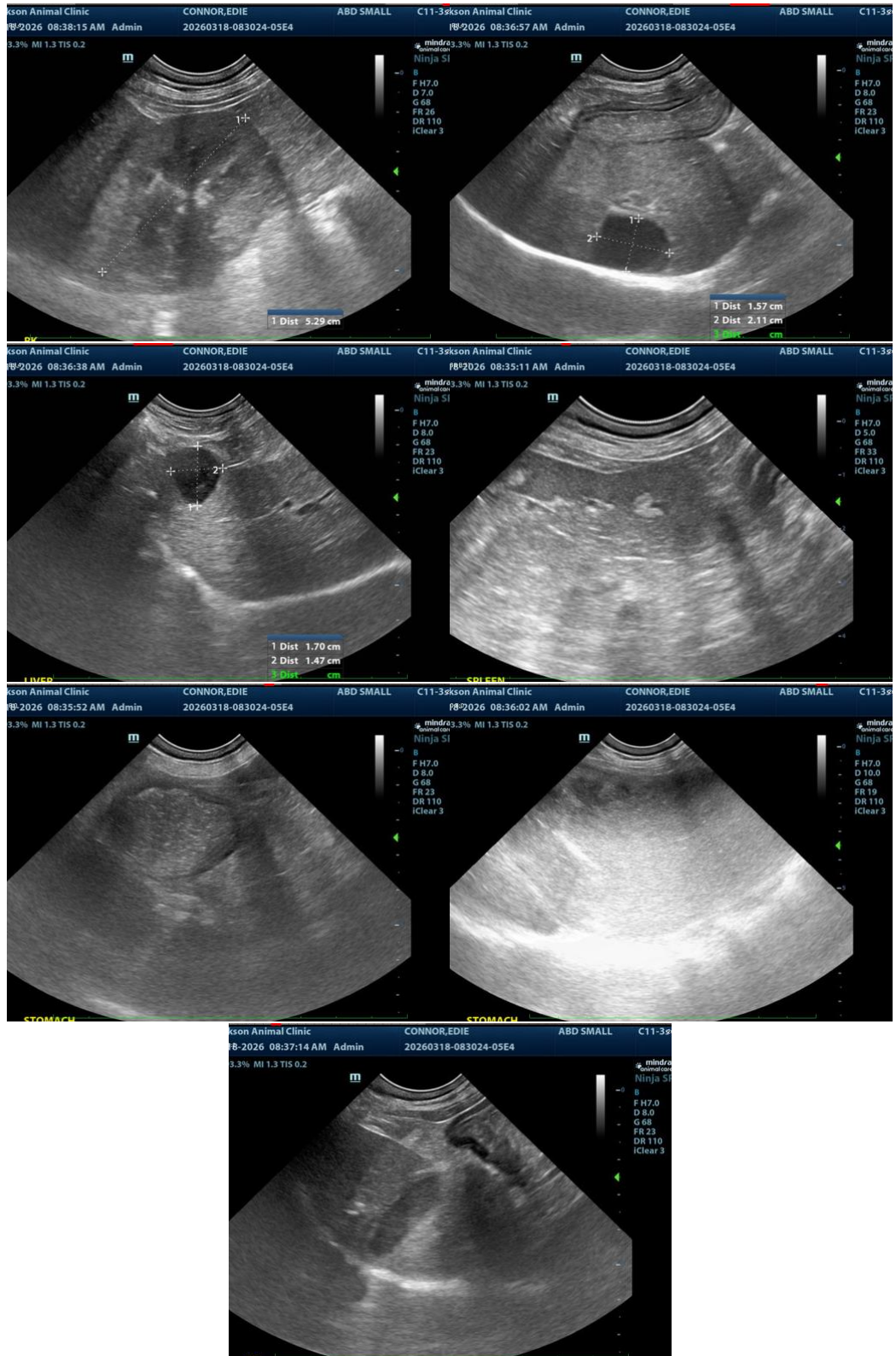
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)