



PATIENT

Buck Webster

SPECIES

Canine

BREED

Dachshund

SEX

Neutered Male

AGE

10 Years

WEIGHT

20.5 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Tracy Eure

HOSPITAL NAME

Moyock Animal
Hospital

REFERRING VET

Dr. Tracy Eure

INVOICE

14532

DATE

03/23/26

PRESENTING CLINICAL SIGNS

- Buck presented for coughing and an abscessed canine tooth on 3/10/26. A dental procedure was performed with no issue; multiple teeth were removed. Buck presented for a recheck of the teeth and a bloated abdomen on 3/19/26. He returned for abdominal ultrasound and repeat bloodwork on 3/23/26. He continues to have a bloated abdomen. He is eating and drinking and mildly lethargic.

Abnormal PE/Chem/CBC/UA Results: 3/23/26: Continued moderately bloated abdomen. Lungs auscultate clear and no murmur noted today. Radiographs reveal fluid in ventral abdomen and no obvious abnormalities on thoracic radiographs. Bloodwork: 3/10/26: Alt 235, Alp 339, PCV38.9 %-all else NSF 3/19/26: Alt 31, Alp 131, PCV 31.8%, baseline cortisol 2.3ug/dl-all else NSF 3/23/26: PCV 28%-see attached A small amount of fluid was tapped from the abdomen and was clear to pale yellow in color

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. 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 4.5 cm in length. The right kidney measured 3.92 cm in length.

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 0.50 cm width. The right adrenal gland measured 0.60 cm width.

Spleen

The **spleen** presented mildly enlarged and folded upon itself caudally with scalloping contour and minor heterogenous hypoechoic parenchymal changes.

Liver

The **liver** revealed multifocal hypoechoic target type nodules. The gallbladder and common bile duct were unremarkable. Generalized mildly irregular hepatomegaly was evident. The hepatic veins were not dilated with no evidence of passive congestion. A left-sided liver mass was present measuring 2.15 cm.

Gastrointestinal



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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

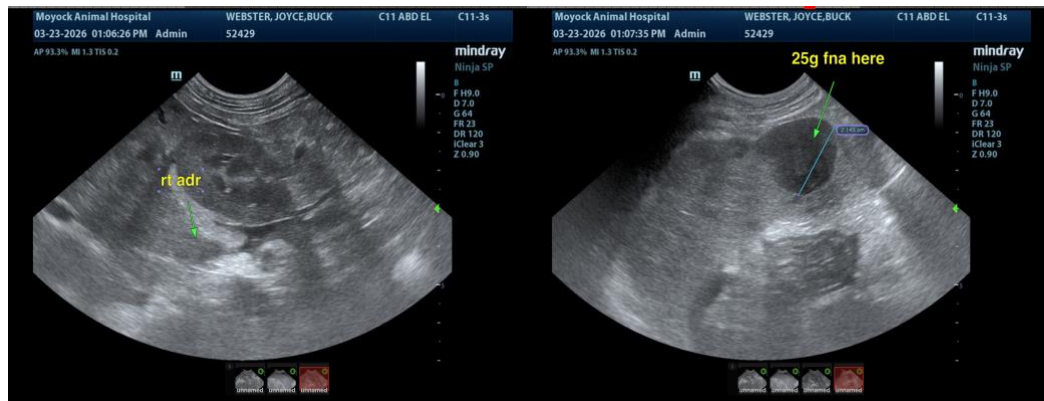
Enhanced mesentery and a moderate amount of free fluid were noted throughout the abdomen.

ULTRASONOGRAPHIC FINDINGS

- Splenohepatomegaly with ascites and left-sided liver mass- round cell neoplasia, mast cell disease, hemangiosarcoma less likely.
- Age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Multiple nodular changes were noted in both the spleen and liver (mainly the liver). Abdominocentesis and cytospin of the free fluid as well as 25-gauge FNA of the spleen and liver is recommended for further definition. Prognosis is guarded. Sampling is essential in this patient. Chest radiographs to assess for comorbidities. I do not believe that the hepatic pattern is adequate to cause portal hypertension.





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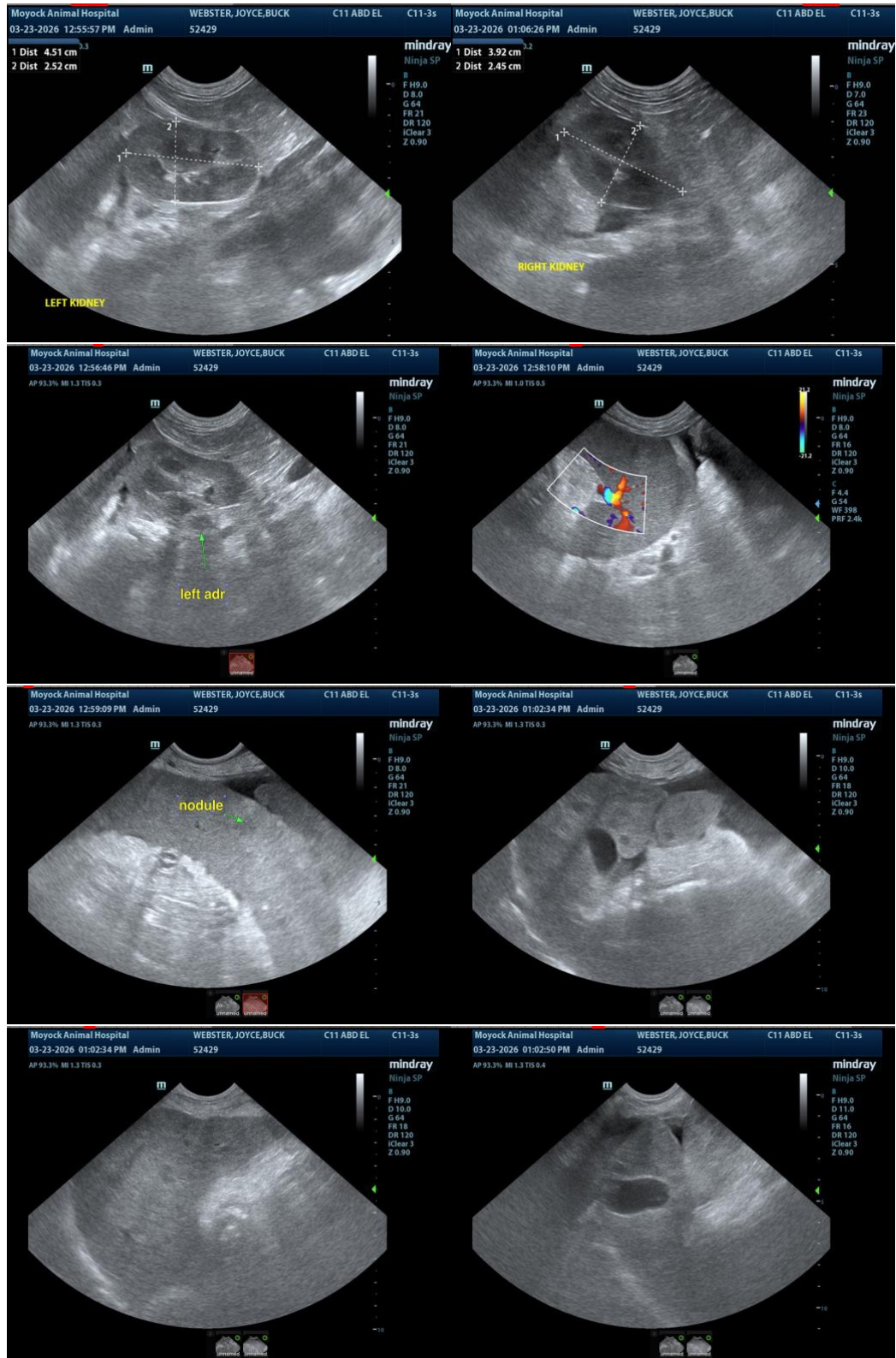
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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