



## PATIENT

Breezy Field

## SPECIES

Canine

## BREED

Aussie English Springer  
Spaniel Mix

## SEX

Spayed female

## AGE

10 years

## WEIGHT

31.6 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Wasserman

## HOSPITAL NAME

Animal Wellness World

## REFERRING VET

Dr. Pilkerton

## INVOICE

74700

## DATE

4/21/26

## PRESENTING CLINICAL SIGNS

History: Recheck ABD U/S Hepatomegaly (first ultrasound with Insight/Sonopath). Current medications: ursodiol 125mg PO SID, Denamarin SID. The nodules are irregular, both hypo and hyperechoic, and vary in size, 0.4-1.2 cm, present in all liver lobes. There is a single, larger heterogeneous, nodule in the left liver, 1.1 x 1.0 cm, that has a small volume of anechoic fluid. Sedated with dexdomitor IM for sonogram. Adequate. Current on prevention Nexgard Plus. Abnormal PE/Chem/CBC/UA Results: Increasing Liver values. FNA performed at time of ultrasound of hyper-echoic nodule near the left liver and fna performed of general liver parenchyma pending today. TODAY Baseline cortisol today 1.95ug/dL on the Truforma by Zomedica. Historical BW: 6/2025 ALT 120, ALP 688, Cholesterol 369, TRIG 829. Precision PSL at that time 47. New Bloodwork pending (obtained today).

## 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. Slight pyelectasia was noted in the right kidney. The right kidney measured 5.69 cm with a hypoechoic, cortical nodule measuring 0.3 cm. The left kidney measured 5.11 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 right adrenal gland measured 0.62 cm at the cranial pole and 0.41 cm at the caudal pole. The left adrenal gland measured 0.5 cm at the caudal pole and 0.59 cm at the cranial pole.

### Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes was noted.



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## Liver

The **liver** revealed multi-focal, hypoechoic nodular changes measuring up to 1.6 cm. Coarse architecture was noted with increased portal markings. Hyperechoic, left lateral nodule was noted and measured 1.4 cm. Increased portal markings were noted in the liver as well. The gallbladder and common bile duct were unremarkable.

## 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. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

## ULTRASONOGRAPHIC FINDINGS

Nodular hyperplasia, non-specific inflammatory hepatopathy.

Mild potential for underlying neoplasia.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA was performed upon the liver nodules without complication. Management should be based on FNA results. Bile acid profile would be ideal as well. Urinalysis is warranted if not already performed to ensure underlying UTI is not an issue.



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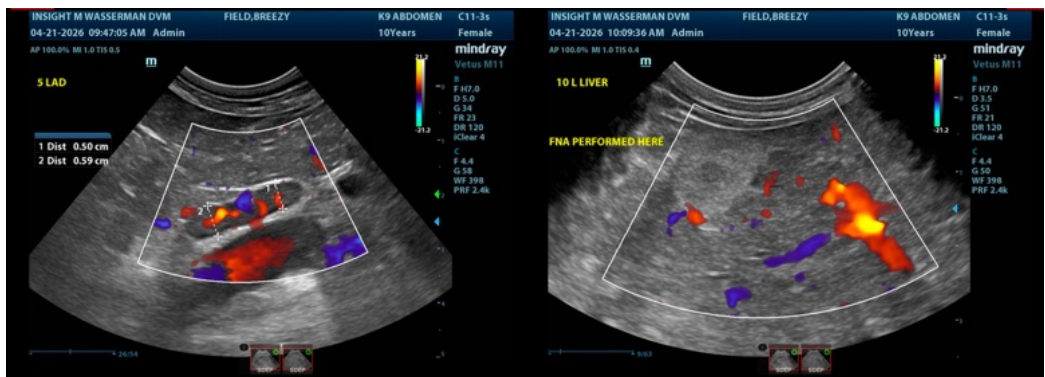
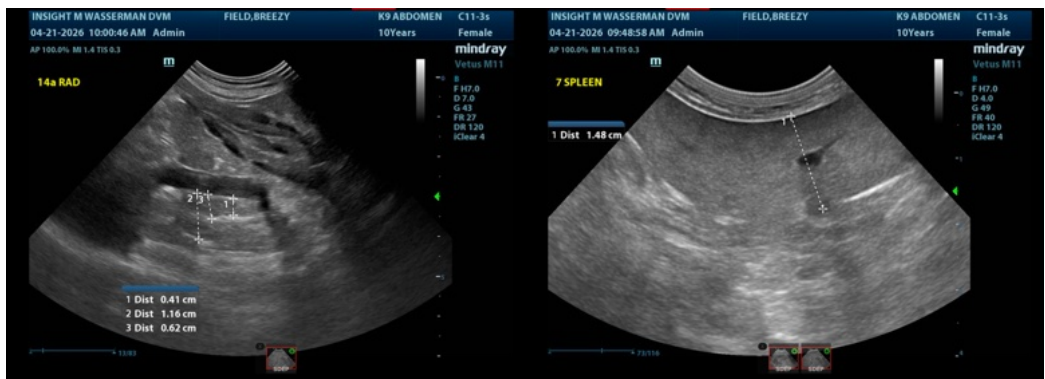
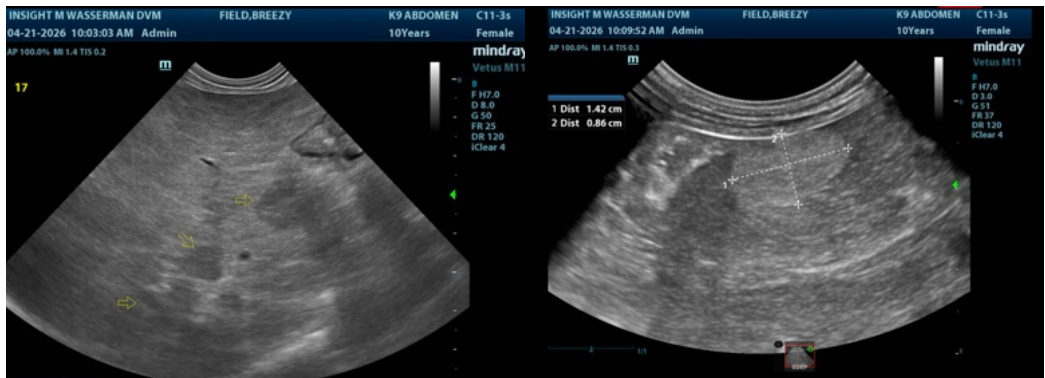
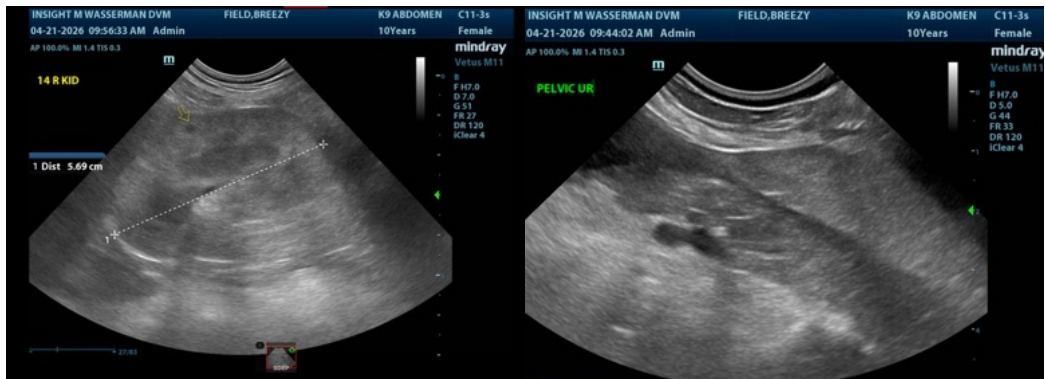
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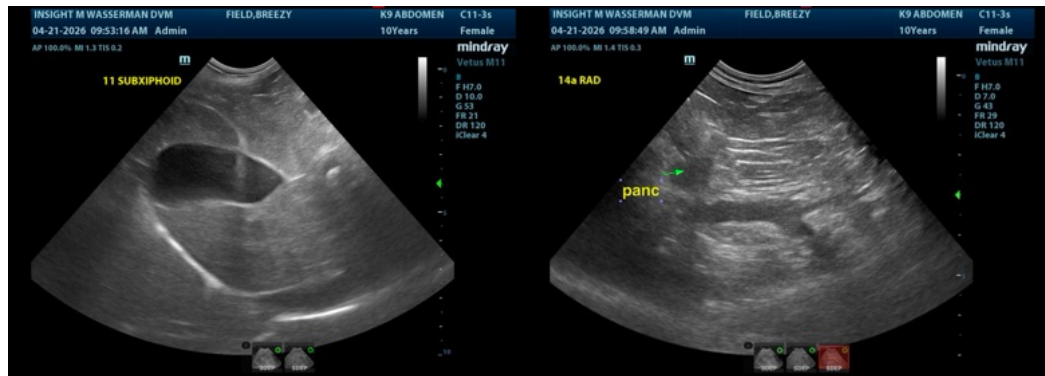
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

[info@SonoPath.com](mailto:info@SonoPath.com)