



## PATIENT

Ezra Douston

## SPECIES

Canine

## BREED

Siberian Husky

## SEX

Spayed Female

## AGE

10 Years 5 Months

## WEIGHT

19.5 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Nicole Goldstein

## HOSPITAL NAME

Hudson AH

## REFERRING VET

Dr. Nicole Goldstein

## INVOICE

37119

## DATE

5/14/26

## PRESENTING CLINICAL SIGNS

History: Unexplained weight loss (10 lbs since 11/2024)- 8 lbs of this occurred between 11/2024 and 12/25 (two consecutive annual exams). Generalized moderate to marked sarcopenia. No changes in appetite, diet, or vomiting or diarrhea. Some unusual/clingy behavior and unexplained pruritis recently with mild yeast dermatitis on muzzle. See lab results below.

Abnormal PE/Chem/CBC/UA Results: 12/2025 T4 WNL Chem: all WNL except ALP 1383, creatinine 0.8  
CBC: all WNL except CBC 557 UA not submitted 4/2026 Chem: Triglycerides 672, ALP 1303, ALT 167, Mg 2.6, remainder WNL CBC: PLT 551, remainder WNL UA: 1.012, pH 7.5, 1+ protein, 1+ bili, inactive sediment

## 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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 kidney measured 5.86 cm. the right kidney measured 6.87 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 0.6 cm. The left adrenal gland measured 0.5 cm.

### *Spleen*

The **spleen** revealed subtle micronodular changes. The hepatic mass impinged upon the spleen.

### *Liver*

The **liver** revealed multiple expansive mixed hypoechoic parenchymal masses, most consistent with sarcoma, but deriving from the caudal aspect of the liver, the exact positioning of the masses was unclear. The cranial liver appeared largely unremarkable, other than minor hypoechoic nodular changes. Regional inflammation was noted associated with the masses. 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*



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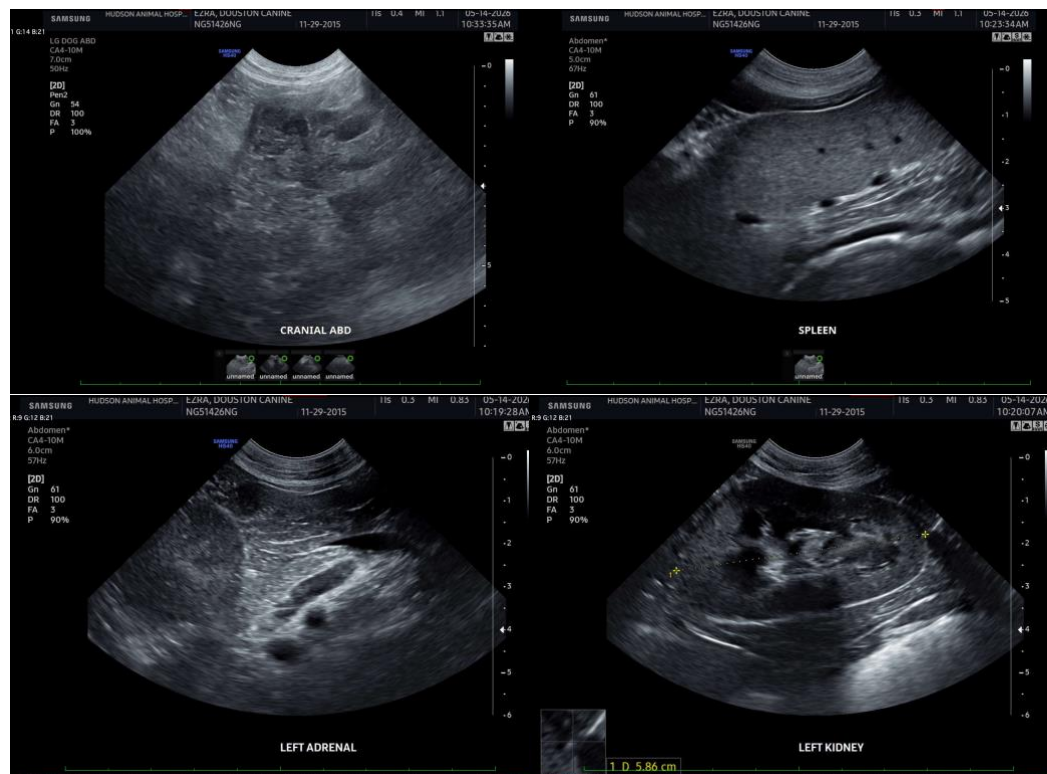
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

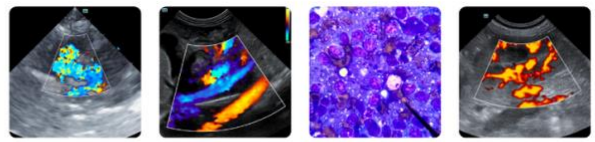
## ULTRASONOGRAPHIC FINDINGS

- Hepatic masses – potentially resectable

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT evaluation is warranted for further definition and potential surgical planning. FNA of the spleen, general liver, and presumed liver mass are all indicated. The spleen does not appear overtly involved yet cannot completely rule out potential splenic origin of the masses, however, the architecture and positioning of the masses would be most consistent with hepatic mass, yet a mass does impinge upon the spleen and subtle micronodular changes were noted in the spleen. Chest radiographs are warranted if not already performed.





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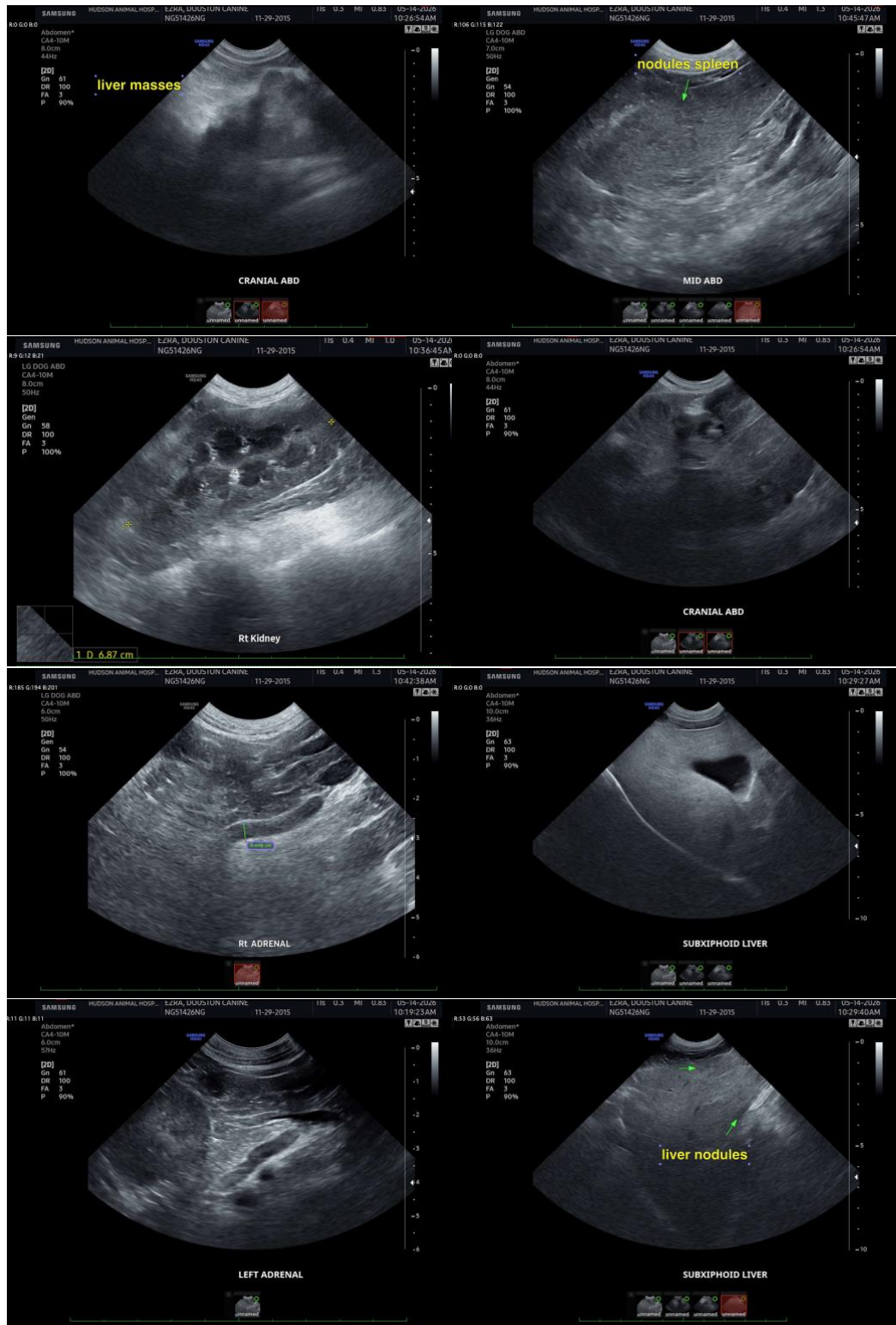
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,  
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