



PATIENT

Betty Lowack

SPECIES

Canine

BREED

Dachshund

SEX

Spayed Female

AGE

13 Years

WEIGHT

12.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Newbridge Veterinary
Practice

REFERRING VET

Dr. Glennon

INVOICE

16295

DATE

06/04/26

PRESENTING CLINICAL SIGNS

Abdominal mass detected on rides, quiet and lethargic

Abnormal PE/Chem/CBC/UA Results: Decr. Rbc slightly anemic

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 **right kidney** was normal in size and contour with slight mineralizations and mild degenerative changes measuring 4.84 cm in length.

The **left kidney** revealed dystrophic changes, pyelectasia and pelvic calculus with subnormal size measuring 2.69 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 1.91 cm x 0.57 cm width at the cranial pole and 0.56 cm width at the caudal pole. The right adrenal gland measured 1.82 cm x 1.06 cm width at the cranial pole and 0.66 cm width at the caudal pole.

Spleen

The **spleen** in this patient revealed two separate masses, one caudally measuring approximately 2.0 cm and one cranially with complex mixed echogenic changes measuring approximately 7.0 cm. No overt evidence of rupture, however, some cavitation was present within the mass.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some minor age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes 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.



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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.

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Free Abdomen

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Rapid view of the **heart** revealed no evidence of pathology.

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Spayed Female

ULTRASONOGRAPHIC FINDINGS

- Two splenic masses- no evidence of metastatic disease. Hemangiosarcoma is suspected, benign hyperplasia is possible yet less likely given the multiple lesions.
- Chronic degenerative renal changes.
- Age-related abdominal changes.

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chest radiographs followed by direct splenectomy is recommended in this patient.

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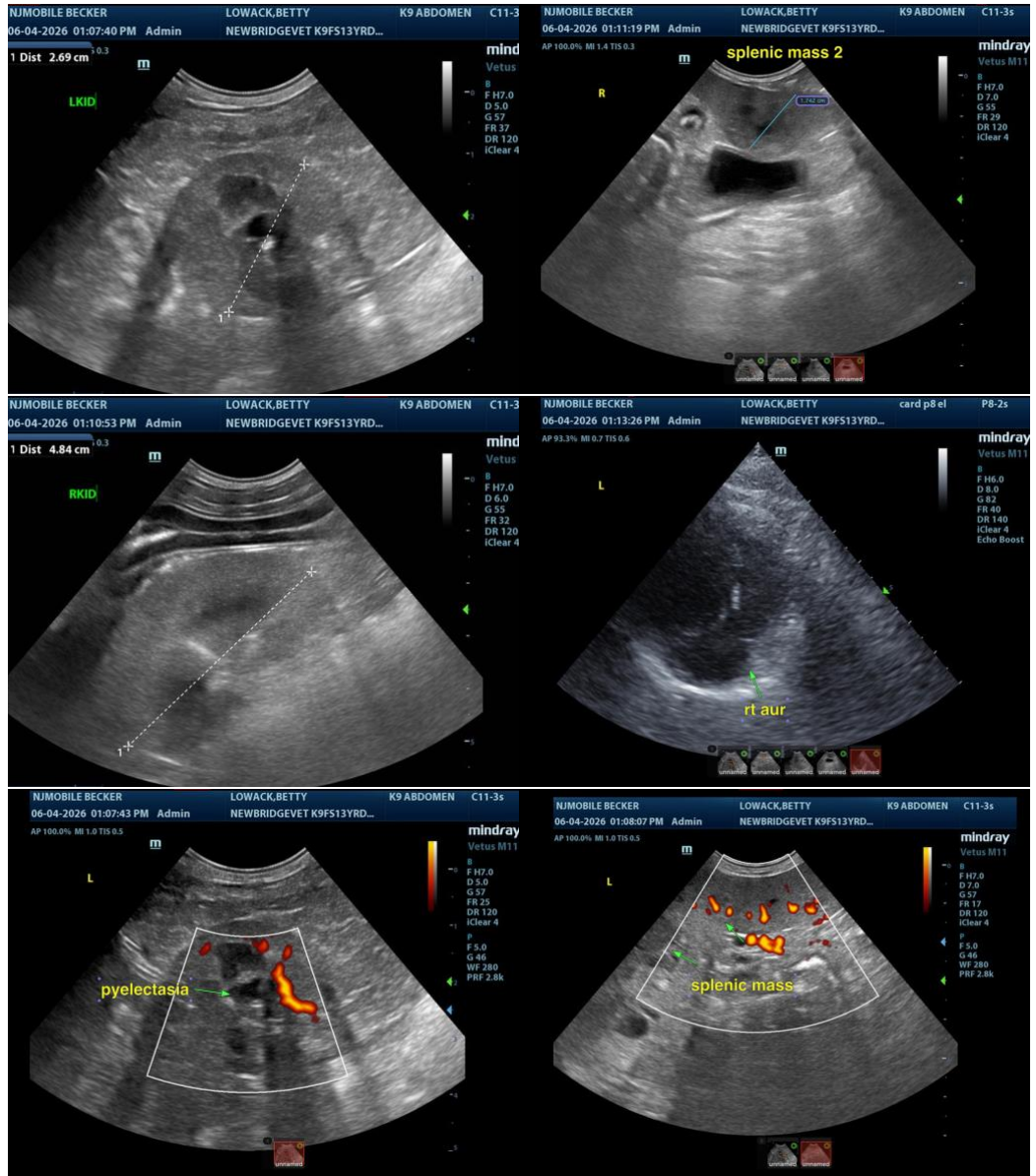
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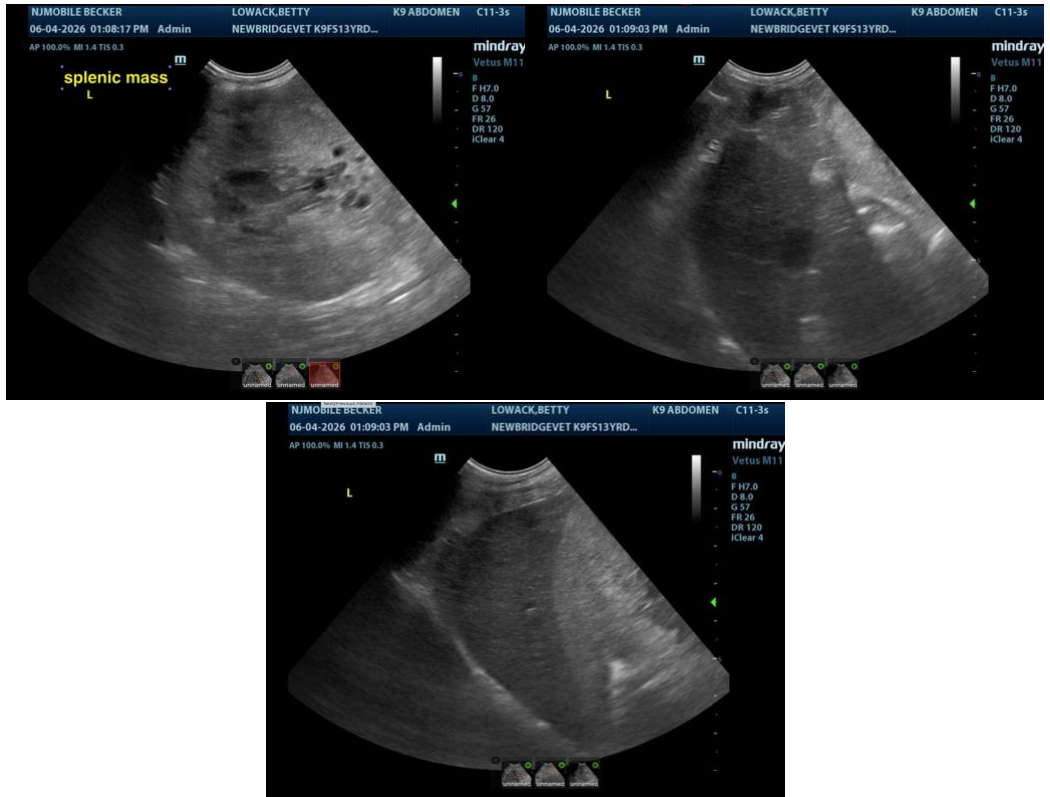
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,

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