



**PATIENT**

Sydney Sonnema

**SPECIES**

Canine

**BREED**

Dachshund

**SEX**

Spayed female

**AGE**

14 years

**WEIGHT**

15.9 lbs

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS,  
CEO of SonoPath.com

**IMAGING PERFORMED BY**

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DABVP, Cert. IVUSS,  
CEO of SonoPath.com

**HOSPITAL NAME**

Franklin Lakes AH

**REFERRING VET**

Dr. Ward

**INVOICE**

69838

**DATE**

1/6/26

**PRESENTING CLINICAL SIGNS**

Elevated ALT > ALP. Vomiting and diarrhea

ALT 1210, ALP 761, AST 180, albumin 2.5

**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. Pinpoint mineralization was noted with slight pyelectasia. A slight infarct was noted at the caudal pole of the left kidney. The left kidney measured 4.3 cm. The right kidney measured 5.0 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 left adrenal gland measured 2.06 x 0.24 cm. The right adrenal gland measured 2.13 x 0.93 cm at the cranial pole and 0.5 cm at the caudal pole.

**Spleen**

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

**Liver**

The **liver** had coarsen architecture with heterogenous hypoechoic to isoechoic nodular changes with increased portal markings and irregular contour. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. The hepatic lymph nodes were enlarged, hypoechoic, rounded and peripherally inflamed measuring 3.0 x 1.8 cm. This is strongly consistent with neoplastic event.



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**Gastrointestinal**

The **gastric** wall revealed a polyp in the cranial aspect of the pyloric antrum measuring 1.2 cm. The intestines appeared unremarkable. The colon revealed diffuse thickening up to 1.4 cm.

**Pancreas**

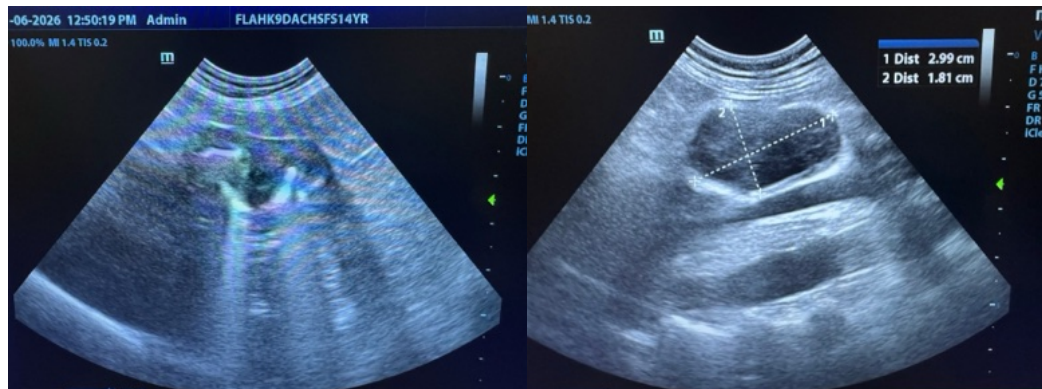
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Hepatic lymphadenopathy.
- Hepatic remodeling and undefined nodular changes.
- Colonic thickening.
- Gastric polyp.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I recommend ultrasound-guided FNA of the hepatic lymph nodes and liver under heavy sedation for further definition. The prognosis is very guarded. There is a strong concern for multi-centric round cell neoplasia.





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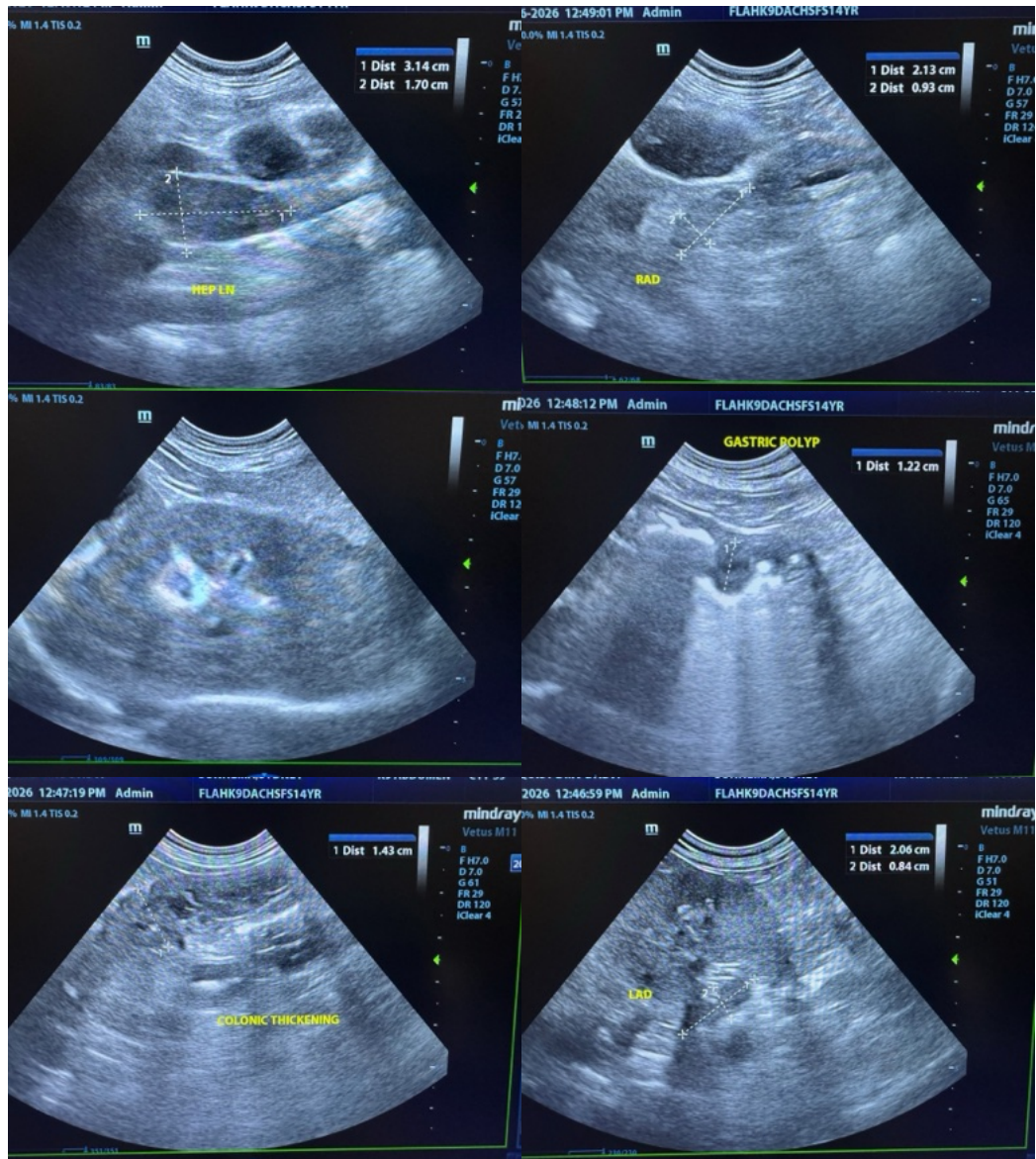
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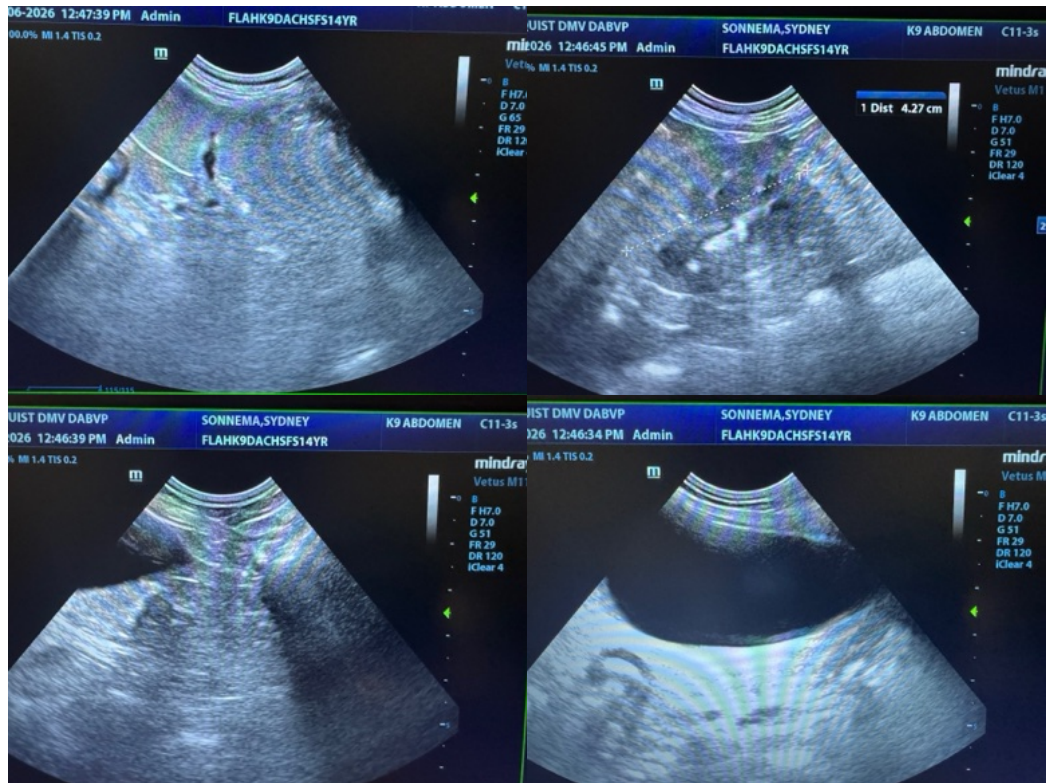
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

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