



PATIENT

Peanut Barrett

SPECIES

Canine

BREED

Dachshund Mix

SEX

Spayed Female

AGE

14 Years

WEIGHT

10.7 Lbs.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Newton Vet

REFERRING VET

Dr. Verhalen

INVOICE

13350

DATE

1/10/22

PRESENTING CLINICAL SIGNS

History: Not eating, elevated ALT, ALP, GGT, cortisol. Hx of Cushings. Current meds: Vetoryl (hasn't had it in 2 days), Unasyn, Denamarin, Metronidazole

Abnormal PE/Chem/CBC/UA Results: ALT 863, ALP >2000, GGT 84, TBili 3, Cortisol >30

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 **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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 4.07 cm. The right kidney measured 4.06 cm.

Adrenal Glands

The **right adrenal gland** was 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 2.22 cm x 0.66 cm at the cranial pole and 0.7 cm at the caudal pole.

The **left adrenal gland** was mildly enlarged, uniform, measuring 2.27 cm x 0.82 cm at the cranial pole and 0.91 cm at the caudal pole.

Spleen

The **spleen** revealed mild irregular contour and was volume contracted with hyperechoic nodular changes.

Liver

The **hepatic** parenchyma surrounding the gallbladder was nodular. The gallbladder was overdistended with enhanced surrounding mesentery. The gallbladder measured approximately 4 cm, rounded and partially collapsed.

Gastrointestinal

The **upper gastrointestinal tract** presented variable thickness without evidence of foreign matter. The small intestine and colon were unremarkable.

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.



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Free Abdomen

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A moderate amount of echogenic free fluid was noted in the **abdomen**. Reactive mesentery was noted throughout the cranial abdomen associated with the upper gastrointestinal tract.

SPECIES

Other

Canine

A rapid view of the **heart** revealed no evident pathology.

BREED

ULTRASONOGRAPHIC FINDINGS

Dachshund Mix

- Inflamed gallbladder mucocoele with free fluid- suspect bile peritonitis
- Heterogeneous hepatic changes
- Mildly enlarged left adrenal gland
- Variable thickening in the upper gastrointestinal tract
- Volume contracted spleen
- Geriatric abdomen otherwise

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

14 Years

Immediate exploratory surgery recommended with expectations of cholecystectomy, liver biopsy and common bile duct lavage.

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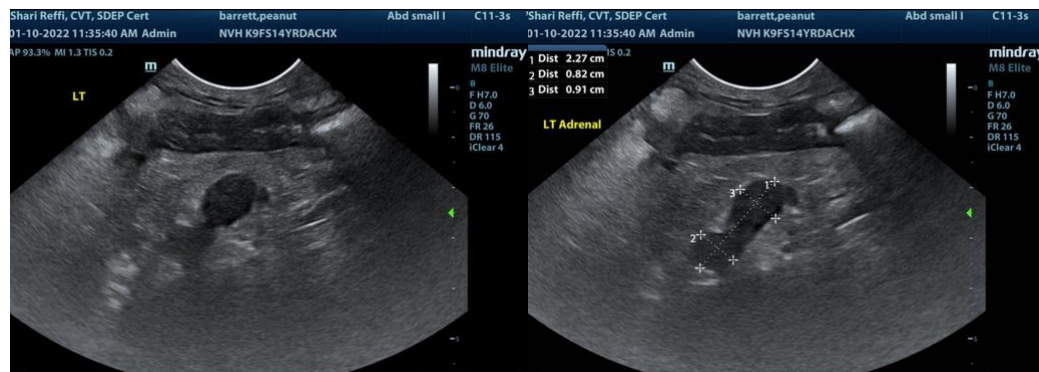
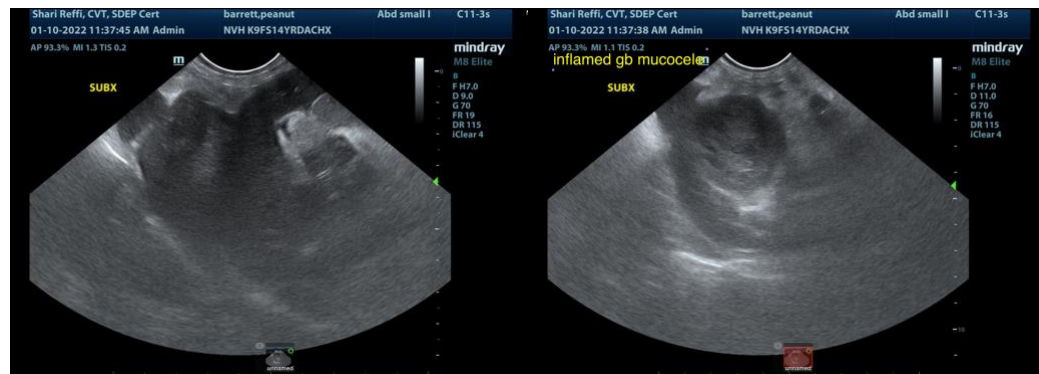
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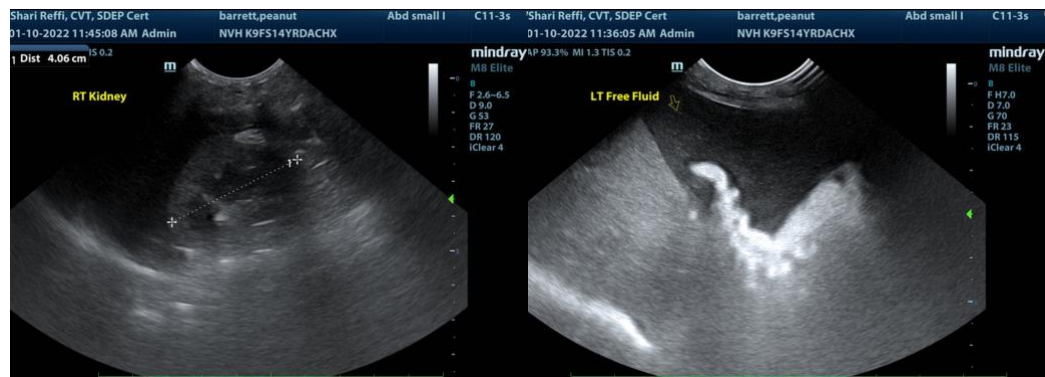
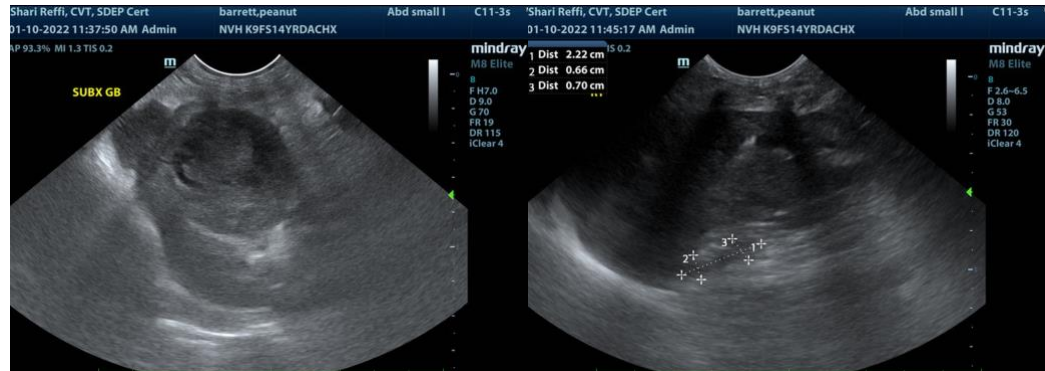
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com