



PATIENT

PeeWee Ingram

SPECIES

Canine

BREED

Dachshund

SEX

Male

AGE

10

WEIGHT

16

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Shaffer

HOSPITAL NAME

Emergency Animal
Hospital of Crystal
Falls

REFERRING VET

Dr. Bre Demaline

INVOICE

13283

DATE

01/21/26

PRESENTING CLINICAL SIGNS

- Started vomiting last night. Has vomited over 5 times. No diarrhea seen. Still eating. O says seems very lethargic.

Abnormal PE/Chem/CBC/UA Results: Discussed significant dehydration and nausea. Discussed low grade heart murmur and heart disease in small breed dogs with mitral valve disease being most common. Discussed PeeWee appears much older than 8 years old, found on the road and his age is estimated. I believe he is likely over 10 years old. Recommended bloodwork, POCUS, and abdominal imaging to start. Recc hosp Diagnostics Performed: - CBC: WBC 21.96, Neuts 21.17, Lymphs 0.25 - PCV/TS: - Chem/Lytes: Ca 8.8, Glu 138, K 3.3 R/o gastroenteritis (parasitism, infectious, dietary indiscretion), hypoadrenocorticism, GI FB, pancreatitis, renal disease, hepatobiliary disease, endocrinopathy, neoplasia Suspect GI ileus and possible pancreatitis vs. GI FB. vs other

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 1.0 cm 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 iliac trifurcation was unremarkable.

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 4.4 cm in length. The right kidney measured 4.9 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 0.50 cm width at the caudal pole and 0.50 cm width at the cranial pole. The right adrenal gland measured 0.90 cm width at the cranial pole and 0.65 cm width at the caudal pole.

Spleen

The **spleen** was folded upon itself caudally with a uniform parenchyma.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



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Gastrointestinal

The gastrointestinal tract revealed gastric stasis and a patent pylorus. A portion of small intestine revealed soft shadowing material extending for approximately 3.0 cm to 4.0 cm preceded by dilated intestine and followed by empty small intestine creating an obstructive pattern. Variable intestinal thickening was noted along with reactive mesentery.

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

- Gastroenteritis with obstructive pattern.
- Folded spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory surgery with GI biopsies and inspection of cause of stasis/luminal material is recommended. The echotexture of the luminal material would suggest a fabric type foreign matter, hair, grass or similar echotexture.



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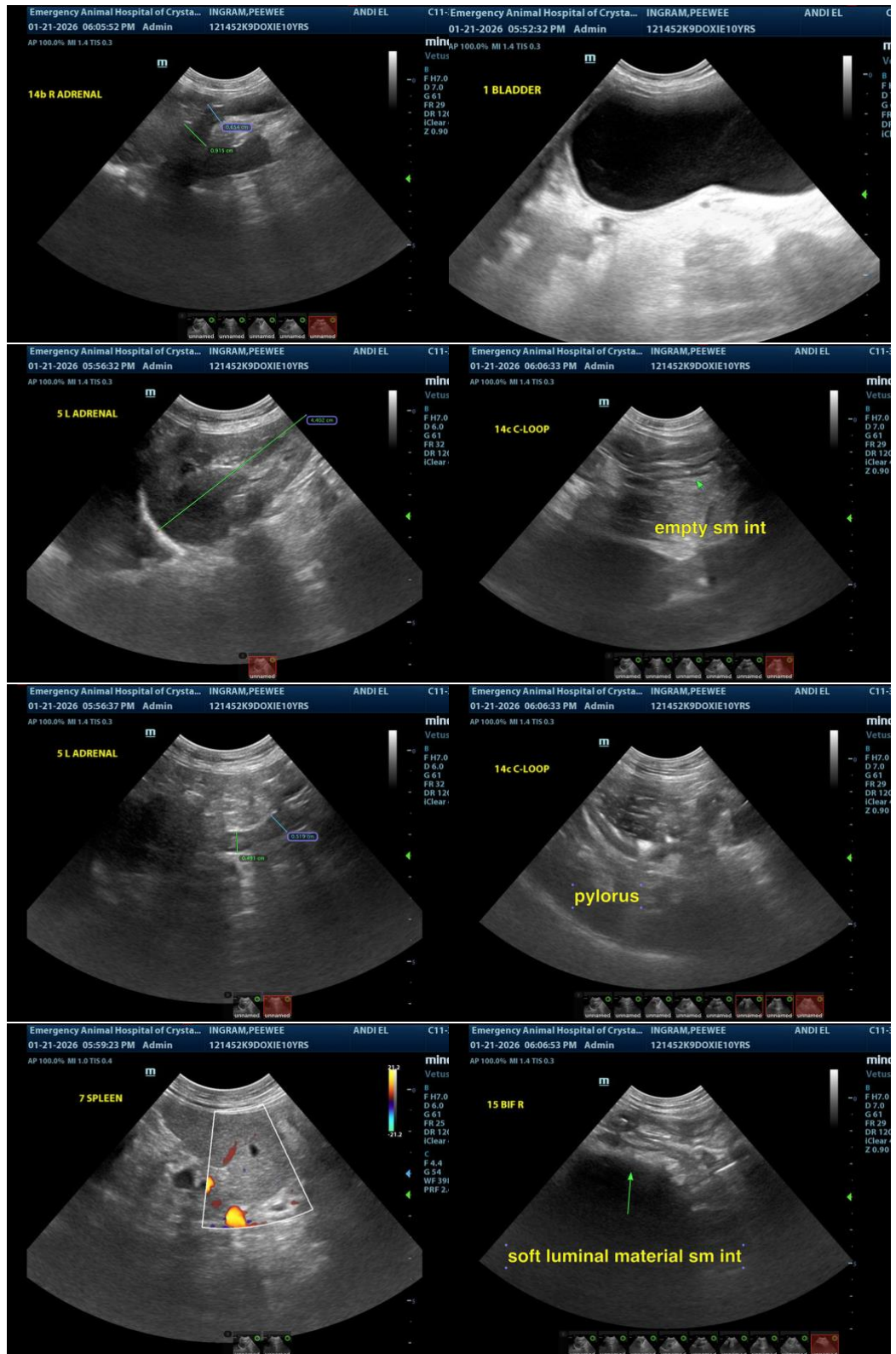
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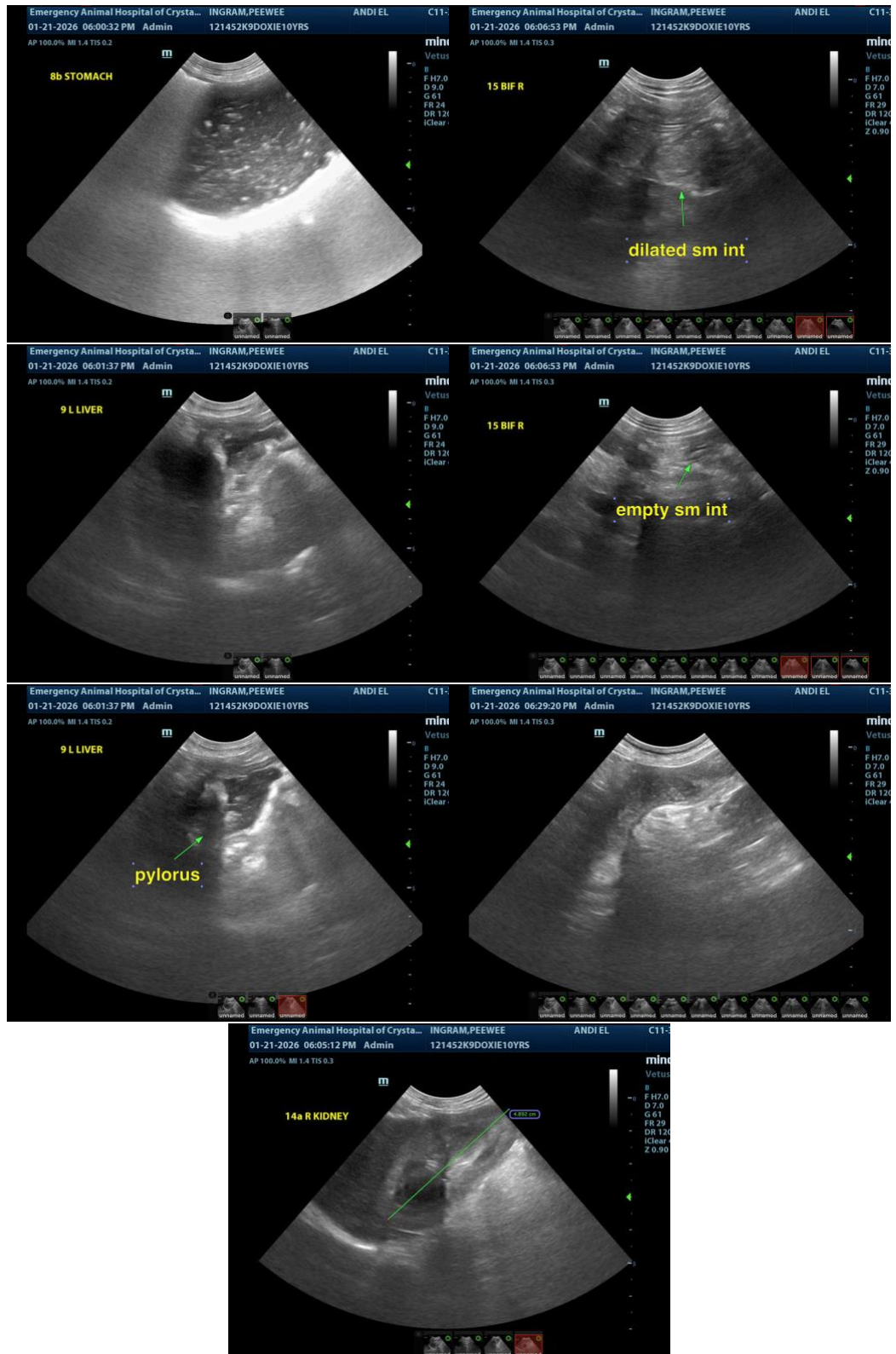
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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