

PATIENT PRESENTING CLINICAL SIGNS

- PATIENT** Lily Dixon
- Jan 13 - initial presentation: off food, vomiting, ADR -> ddx chronic pancreatitis; sent home with buprenorphine and cerenia; pli 382
- SPECIES** Canine
- -Jan 19 - represented: not improving; increase gabapentin, low fat diet
 - -Jan 21 - represented, now not eating, not improving, put on IV fluids in hospital (during day time hours), USG 1.020, BUN >46, pli 638. ALT 285, lymphocytes 0.9
 - -Jan 23 - re-eval, pooped once last night, urinated once, clinically stable, though not eating other than liver treats; USG 1.030, BUN 27, pli 451, lymphocytes 0.5, alpk 314
- BREED** Dachshund
- Current Medications: buprenorphine, methadone, maropitant, potassium supplementation, IV fluids

SEX Abnormal PE/Chem/CBC/UA Results: Lab work attached Primary Question to Be Answered in This Exam appearance of pancreatitis, other ddx not considered; prognostic thoughts

Spayed Female

AGE ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

14 Years **Urinary System**

WEIGHT The **urinary bladder**, trigone, and pelvic urethra to a depth of 2.0 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.

5.5 kg

INTERPRETED BY

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

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. Slight mineralizations were noted. The left kidney measured 3.91 cm in length. The right kidney measured 3.27 cm in length. Occasional microcystic cortical change was noted bilaterally.

IMAGING PERFORMED BY

Amanda Stewart

Adrenal Glands

HOSPITAL NAME

Acton VC

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 1.7 cm x 0.55 cm width at the caudal pole and 0.39 cm width at the cranial pole. The right adrenal gland measured 2.03 cm x 1.05 cm width at the cranial pole and 0.64 cm width at the caudal pole.

REFERRING VET

Dr. Best

Spleen

INVOICE

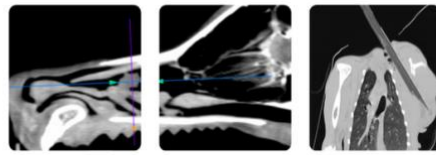
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The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated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

DATE

01/23/26

Liver



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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. Portal vein vena cava ratio was 1:1. No evidence of portosystemic shunting.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. Empty small intestinal tract with hyperperistalsis. The stomach presented with a fluid-filled lumen. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The colon was fluid filled.

Pancreas

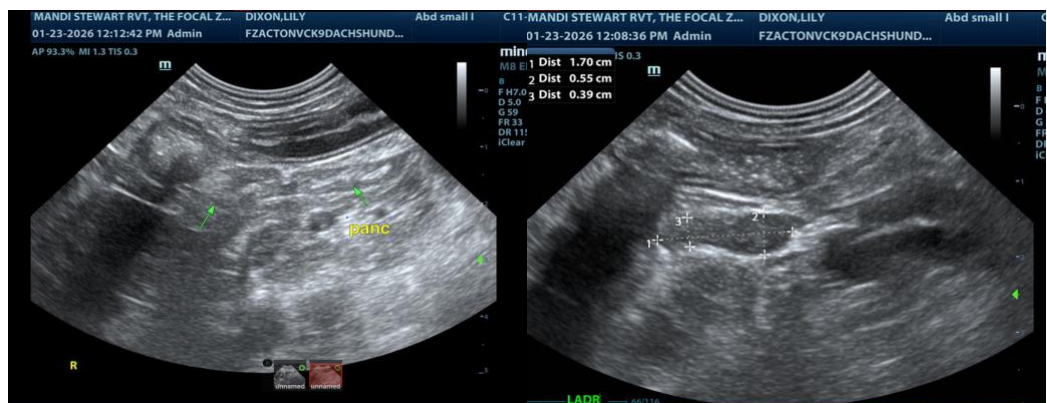
The **pancreas** presented with minor heterogenous parenchymal changes.

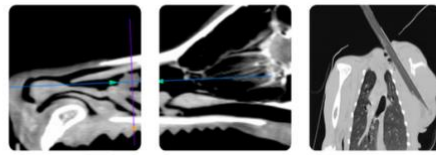
ULTRASONOGRAPHIC FINDINGS

- Nonspecific gastroenteritis.
- Possible low-grade pancreatitis yet the gastrointestinal tract is a primary culpable organ.
- Age-related abdominal changes.
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials.





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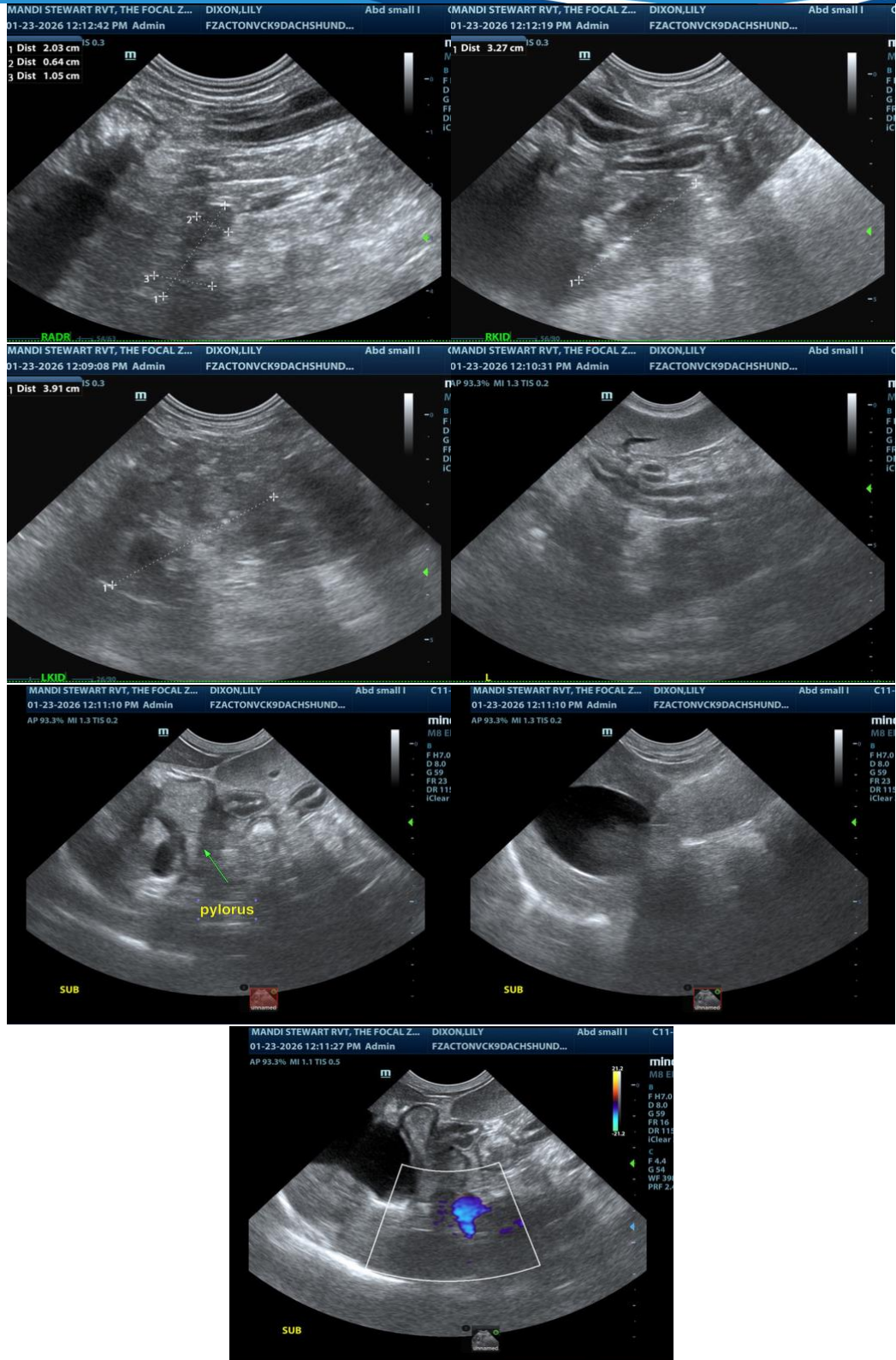
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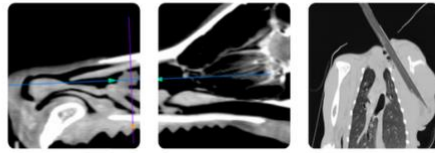
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,

CEO, Owner, Founder -- SonoPath.com

info@SonoPath.com