



## PATIENT

Tucker Vu

## SPECIES

Canine

## BREED

Dachshund

## SEX

Neutered Male

## AGE

14

## WEIGHT

12.5

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dyer

## HOSPITAL NAME

Countryside VC  
Richmond

## REFERRING VET

Dr. Dyer

## INVOICE

35281

## DATE

1/8/26

## PRESENTING CLINICAL SIGNS

History: Presenting w/ acute vomiting/diarrhea of 48 hour duration. Patient was very lethargic, painful, dehydrated, and shocky. Stool and vomitus is brown liquid. Fb ingestion possible (childs socks) Moderate abdominal pain present in upper quadrant. No know toxin ingestion. Azotemia present and suspected to be pre-renal. Urine could not be obtained.

Abnormal PE/Chem/CBC/UA Results: WBC 8600 w/ monocytosis (2600), and low normal neuts. Chem: shows hypoglycemia (50), mild azotemia (ctn 2.4, bun 66), and hyperphosphatemia 10.6, mild decreased K at 3.5 anc Cl at 99. ALKP at 390s.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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, and no evidence of pelvic dilation was present. Slight pinpoint mineralizations were noted. The left kidney measured 4.65 cm. The right kidney measured 4.7 cm.

### Adrenal Glands

Both **adrenal glands** were enlarged. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The left adrenal gland was moderately enlarged, measuring 0.97 cm. The right adrenal gland measured 2.0 cm x 0.8 cm.

### Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are mild and consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

### Liver



**PATIENT**

Tucker Vu

**SPECIES**

Canine

**BREED**

Dachshund

**SEX**

Neutered Male

**AGE**

14

**WEIGHT**

12.5

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dyer

**HOSPITAL NAME**

Countryside VC  
Richmond

**REFERRING VET**

Dr. Dyer

**INVOICE**

35281

**DATE**

1/8/26

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular tracts were of normal volume with no evidence of congestion. The gallbladder revealed coalesced bile with areas of sand and mineralization.

**Gastrointestinal**

The **stomach** presented hypertrophied mucosa and empty lumen. Mucosal hypertrophy was noted in the pylorus with echogenic mucosal remodeling. The pyloric wall measured 1.4 cm. The small intestine was dilated with fluid. Hyperperistalsis was noted. Reactive mesentery was noted. Dilated small intestine was followed by empty small intestine. Areas of mural thickening were noted with some loss of detail present. Regional intestinal dysfunction is likely. No overt evidence of neoplasia, however, cannot rule out an emerging GI neoplastic event.

**Pancreas**

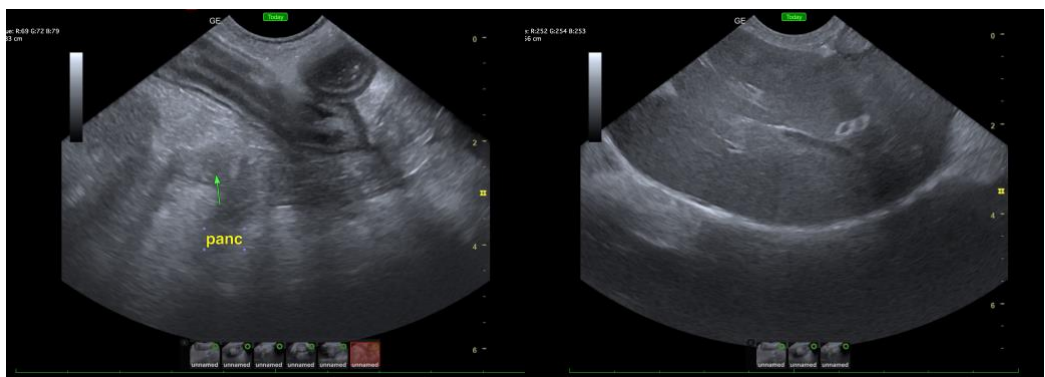
The **pancreas** revealed hypoechoic parenchyma with hyperechoic enhanced surrounding fat, suggestive for inflammation.

**ULTRASONOGRAPHIC FINDINGS**

- Chronic gastroenteritis/pancreatitis pattern
- Urinary bladder debris
- Bilateral adrenal hypertrophy
- Coalesced gallbladder bile with areas of sand and mineralization
- Age-related renal changes with mineralization
- Age-related splenic changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Management for acute on chronic inflammatory bowel and pancreatitis is recommended, with plasma expanders, GI protectants, broad spectrum antibiotics, and potential pain management. Hypoglycemia and sepsis owing to translocation of bacteria should be considered as a potential. There is no overt foreign body, however, some areas were obscured by reactive mesentery. Recommend rechecking sonogram in 24-48 hours after empirical medical management, as visibility should improve sonographically.





**PATIENT**

Tucker Vu

**SPECIES**

Canine

**BREED**

Dachshund

**SEX**

Neutered Male

**AGE**

14

**WEIGHT**

12.5

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dyer

**HOSPITAL NAME**

Countryside VC  
Richmond

**REFERRING VET**

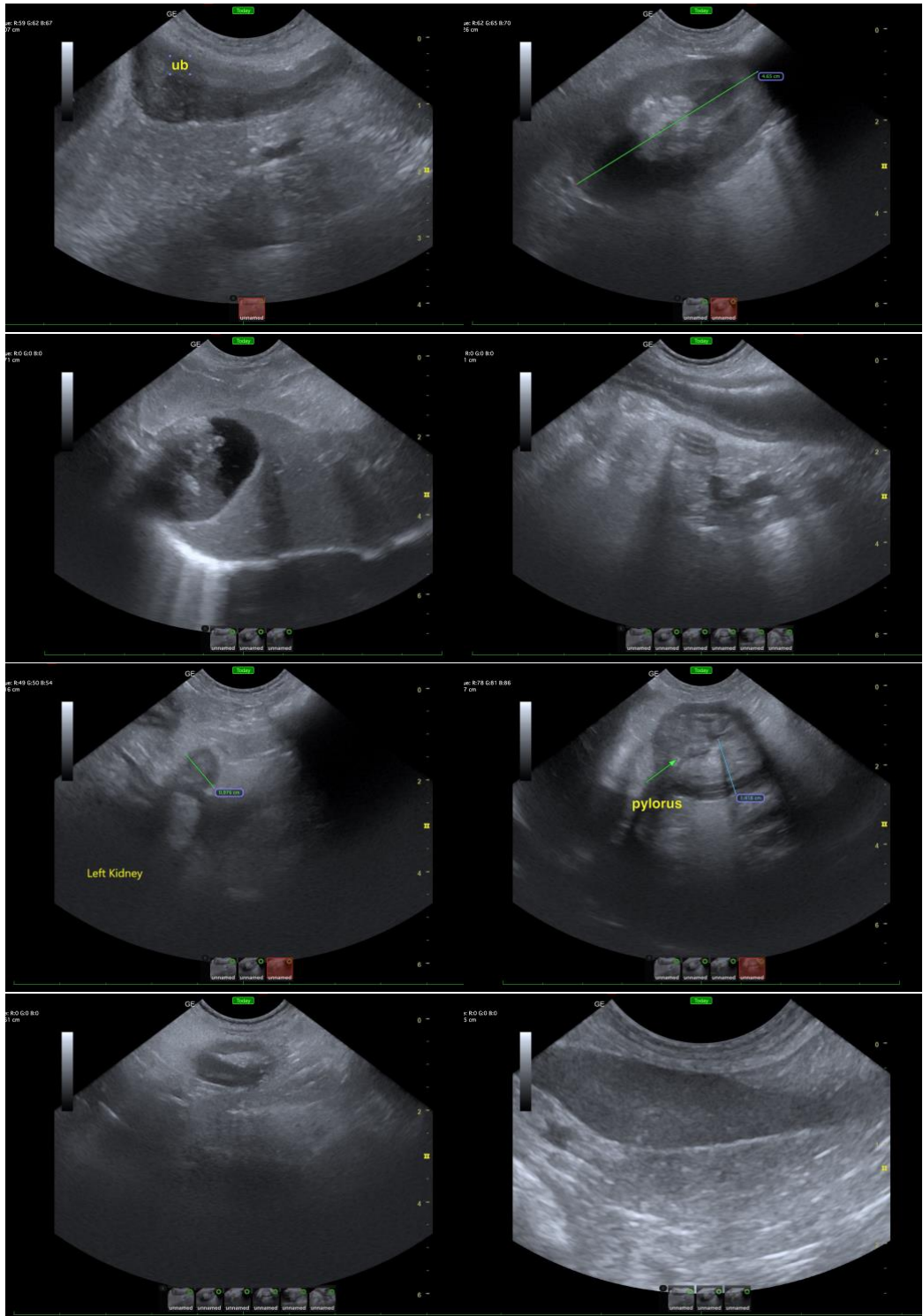
Dr. Dyer

**INVOICE**

35281

**DATE**

1/8/26





## PATIENT

Tucker Vu

## SPECIES

Canine

## BREED

Dachshund

## SEX

Neutered Male

## AGE

14

## WEIGHT

12.5

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dyer

## HOSPITAL NAME

Countryside VC  
Richmond

## REFERRING VET

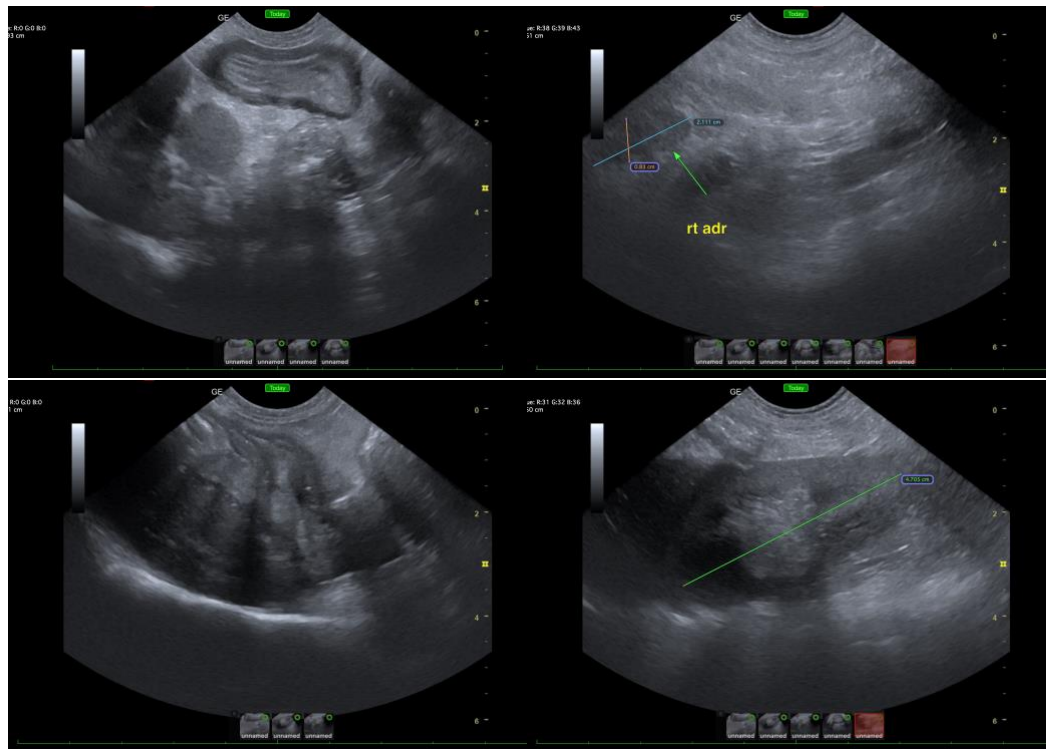
Dr. Dyer

## INVOICE

35281

## DATE

1/8/26



**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](mailto:info@SonoPath.com)