



**PATIENT**

Lola Deighan

**SPECIES**

Canine

**BREED**

Dachshund

**SEX**

Spayed female

**AGE**

14 years

**WEIGHT**

10 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Chelsea Pastor

**HOSPITAL NAME**

Fredon AH

**REFERRING VET**

Dr. Grau

**INVOICE**

40106

**DATE**

10/17/22

**PRESENTING CLINICAL SIGNS**

History: Seen 10/10 for inappetence, weakness, has a history of pancreatitis; has had intermittent nausea/inappetence since although spacey behavior and weakness seems to have resolved, Abnormal PE/Chem/CBC/UA Results: on 10/10 seemed a little neurologically dull, CPs slow, less mentally engaged, slow reflexes, had fever of 103, sig improvement with meloxicam, CBC/Chem unremarkable, has returned without neuro weakness etc for intermittent inappetence vomiting and nsf on exams, rad was not consistent with anorexia, temp normal today

**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** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. Slight pinpoint mineralization was noted. The left kidney measured 3.1 cm with trace pyelectasia and cortical infarct at the cranial pole. The right kidney measured 3.75 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 1.02 x 0.53 cm.

*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** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some 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. Minor gallbladder polyps were noted. The cystic and common bile ducts were normal. No overt



**PATIENT**

Lola Deighan

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.

**SPECIES**

Canine

**Gastrointestinal**

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

**BREED**

Dachshund

**SEX**

Spayed female

**Pancreas**

Diffuse hyperechoic changes were present in the area of the **pancreas**. The pancreatic remodeling was evident with multifocal to diffuse hyperechoic changes. These changes are consistent with fibrosis, amyloid, saponification of fat and may contain areas of low-grade chronic active inflammation especially if pain on imaging (+ Murphy sign) was present +/- focal subxiphoid palpation reveals pain response. No overt masses were noted.

**AGE**

14 years

**WEIGHT**

10 lbs

**ULTRASONOGRAPHIC FINDINGS**

Geriatric abdominal changes, full stomach.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There was no evidence of primary abdominal disease responsible for the clinical signs. Given the patient's history skull CT would be indicated.

**IMAGING PERFORMED BY**

Chelsea Pastor

**ABOUT SONOPATH CT SERVICES:**

**HOSPITAL NAME**

Fredon AH

**SonoPath CT Services** are offered at the [Blairstown Animal Hospital](#). Blairstown animal hospital is just a 30-minute drive west on route 80 from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at

**REFERRING VET**

Dr. Grau

<https://sonopath.com/resources/sonopaths-teleconsultation-services-and-sdep-certification/sonopath-ct-services>

**INVOICE**

40106

**DATE**

10/17/22



**PATIENT**

Lola Deighan

**SPECIES**

Canine

**BREED**

Dachshund

**SEX**

Spayed female

**AGE**

14 years

**WEIGHT**

10 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Chelsea Pastor

**HOSPITAL NAME**

Fredon AH

**REFERRING VET**

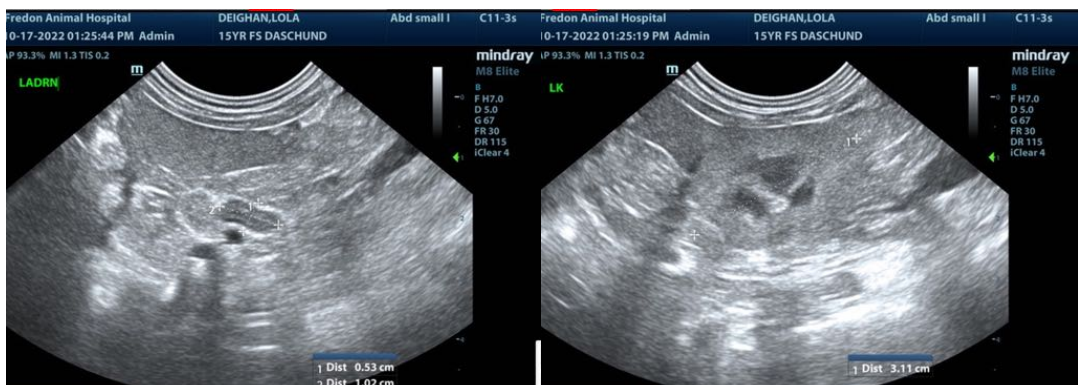
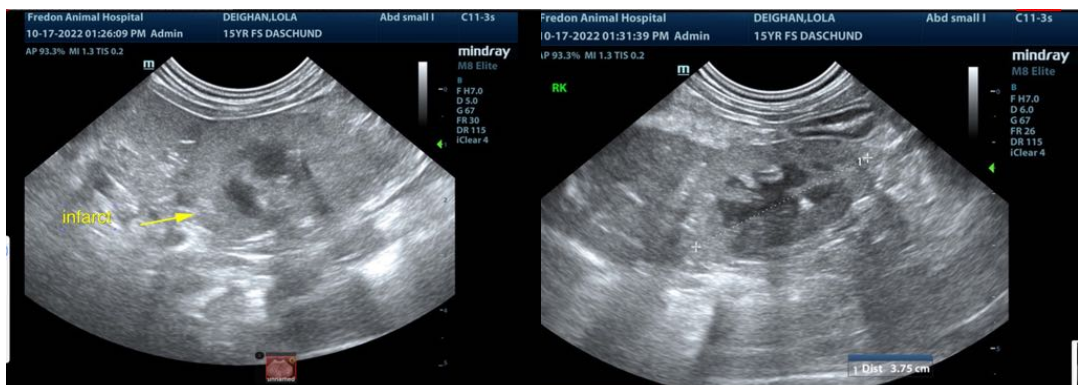
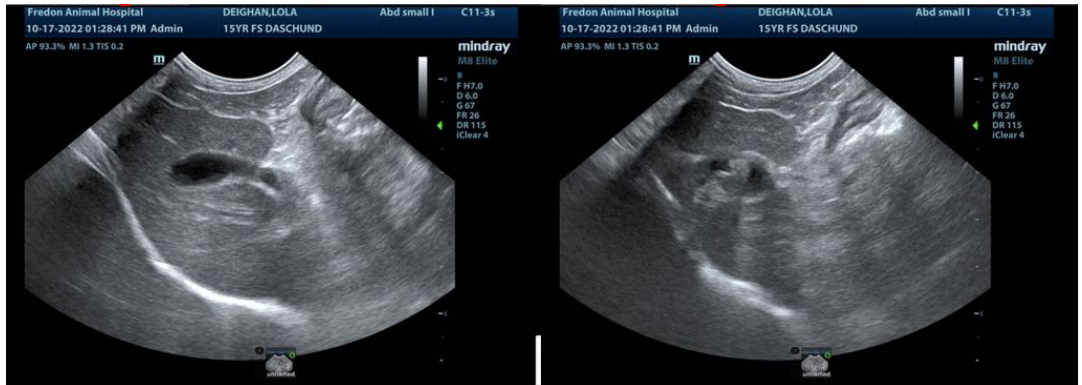
Dr. Grau

**INVOICE**

40106

**DATE**

10/17/22





**PATIENT**

Lola Deighan

**SPECIES**

Canine

**BREED**

Dachshund

**SEX**

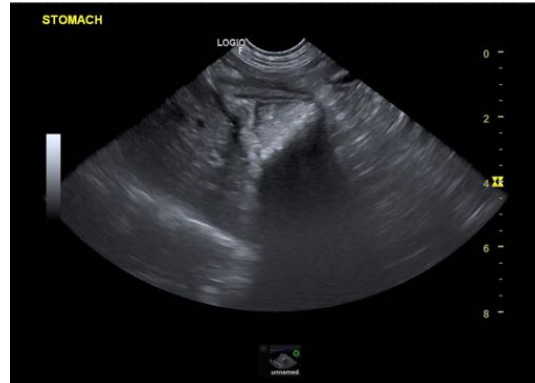
Spayed female

**AGE**

14 years

**WEIGHT**

10 lbs



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.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

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

**IMAGING PERFORMED BY**

Chelsea Pastor

**HOSPITAL NAME**

Fredon AH

**REFERRING VET**

Dr. Grau

**INVOICE**

40106

**DATE**

10/17/22