



PATIENT PRESENTING CLINICAL SIGNS

Ming Mar History: Presented due to diarrhea 5 days duration, intermittent vomiting, variable appetite and paraparesis

SPECIES Abnormal PE/Chem/CBC/UA Results: weight loss (0.5 lbs. over 2 months), mild leukopenia/lymphopenia, mildly elevated BUN=33 (7-25) mg/dL, Cr, other biochemical parameters WNL. No ova or parasites seen on fecal analysis, Giardia negative

Canine

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Dachshund **Urinary System**

SEX 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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

Spayed Female

AGE The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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. Slight mineralization was noted.

16 Years

WEIGHT Occasional cortical cysts were noted. The left kidney measured 3.5 cm. The right kidney measured 3.5 cm.

12.1

Adrenal Glands

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS The **left 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 left adrenal gland measured 0.4 cm.

IMAGING PERFORMED BY

Sarah Green The **right adrenal gland** was slightly heterogeneous, measuring 9 mm at the cranial pole.

HOSPITAL NAME

Healing Spirit AW 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. Splenic fold was noted.

REFERRING VET

Sarah Green **Liver**

INVOICE

17545 The **liver** revealed multifocal hypoechoic nodular changes. Minor disrupted architecture and mild increased portal markings were noted. The gallbladder was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted. Minor polypoid changes were noted.

DATE

10/2/22 Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine



PATIENT demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Ming Mar

Pancreas

SPECIES The **pancreas** revealed hyperechoic pancreatic remodeling, consistent with fibrosis.

Canine

ULTRASONOGRAPHIC FINDINGS

BREED

- Nodular hyperplasia liver pattern
- Gallbladder sludge and polypoid changes
- Pancreatic remodeling and fibrosis
- Age-related renal changes with mineralization and occasional cortical cysts
- Slightly heterogeneous right adrenal gland
- Splenic fold

Dachshund

SEX

Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

A clinical trial of the following could be considered.

16 Years

Helicobacter/Gastritis protocol

WEIGHT

A clinical trial of **Zithromax** (*Dogs*: 5-10 mg/kg p.o. q24h. May increase dosing interval to q48h after 3-5 days of treatment), **Metronidazole** (10-20 mg/kg p.o. b.i.d.), **Pepcid** (0.5-1 mg/kg s.i.d.) and **Sucralfate** (0.5-2 g/dog PO) or **Omeprazole** (1 mg/kg p.o. s.i.d.) over the next 3 weeks along with a **novel-protein or hydrolyzed diet** with slurry feeding b.i.d./t.i.d. over the next 2-4 days and then increase to canned diet bid. Dry food should be avoided over the next 4 weeks. A recheck sonogram to assess GI improvement or progression would be ideal in 4 weeks.

12.1

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PATIENT

Ming Mar

SPECIES

Canine

BREED

Dachshund

SEX

Spayed Female

AGE

16 Years

WEIGHT

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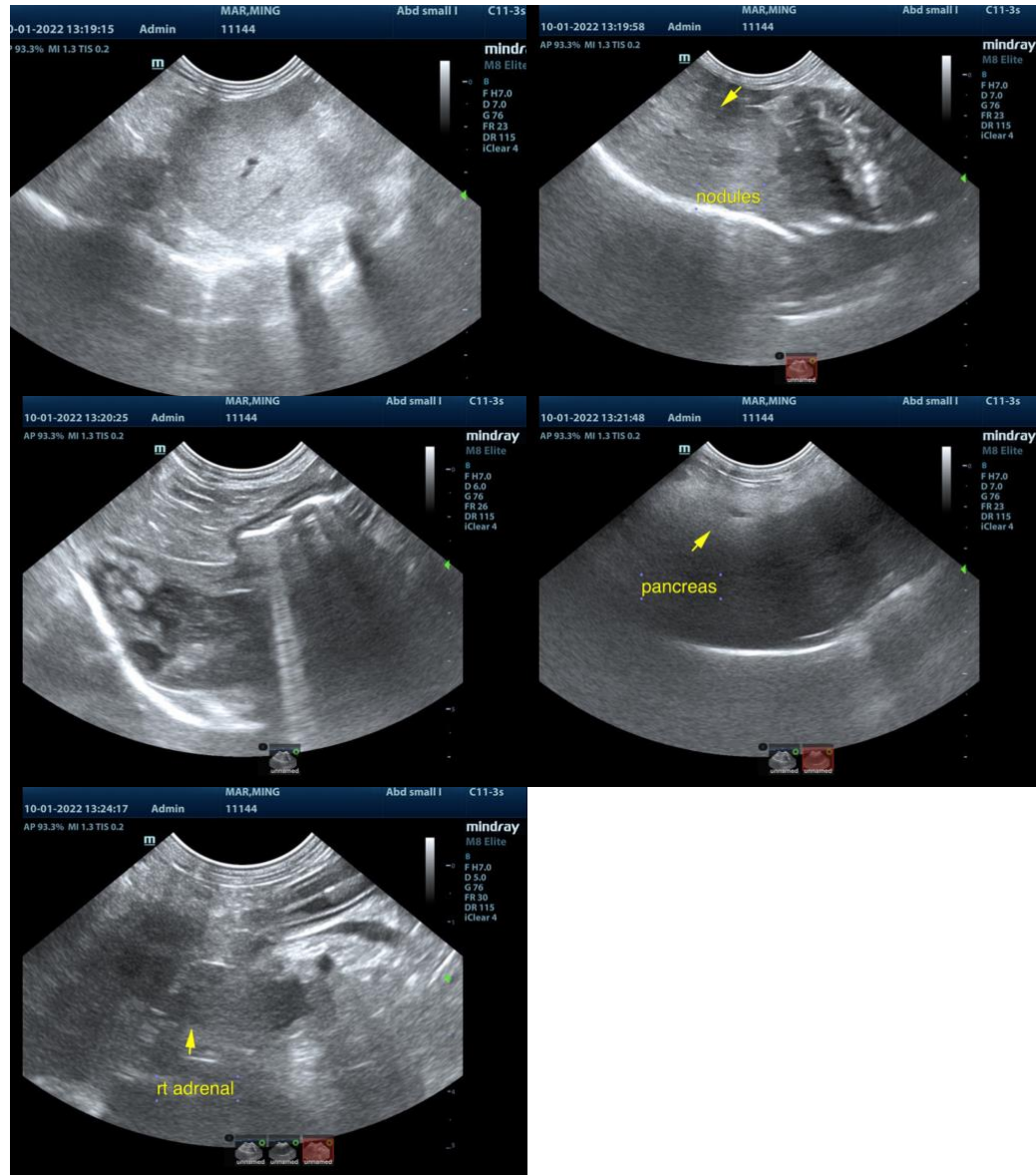
Sarah Green

INVOICE

17545

DATE

10/2/22



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.

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