



PATIENT

Penny Brown

SPECIES

Canine

BREED

Longhair Dachshund

SEX

Spayed Female

AGE

8 Years 7 Months

WEIGHT

16.2 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Agnes Rupley

HOSPITAL NAME

All Pets Medical Center

REFERRING VET

Dr. Agnes Rupley

INVOICE

42734

DATE

11/15/22

PRESENTING CLINICAL SIGNS

PRESENTED FOR: lack of appetite, abnormal behavior and constipation. REPORTED SYMPTOM: Penny trembles and does not follow them around the house any more like she normally does. Owner notes that it is a big change in personality for her claiming that instead of following them around she laid on the couch by herself for an hour. Penny is also restless and moves a lot to get comfortable when trying to sleep. Owner reports that Penny just had her first bowel movement in the last 24 hours on the morning of today and it was normal. Owner also states that Penny will not eat her normal food since the morning of 11/14/2022 and has only eaten chicken broth and a few treats. Owner also noted that she typically scarfs her food down immediately. Had a bowel movement this morning. Consistency of stool looked normal. No foreign material or blood noticed in the stool. No diet changes, and did not get into garbage. Owners have been traveling a lot, which may be stressful for Penny. Penny also boarded recently VITALS: 16.2 pounds Temperature: 102.1 EXCITED Heart Rate: 80 bpm Respiratory Rate: 50 bpm EXCITED Mucous Membrane Color: pink, tacky Capillary Refill Time: <2 CURRENT MEDICATIONS: Trifexis Gentaved spray EXAM FINDINGS: Pain is apparent on abdominal palpation. Tacky mucous membranes. Mild pain on deep muscle palpation and increased panniculus of the cranial lumbar spine. Normal proprioception and gait. Increased respiratory rate Dental disease Obesity, body score 7/9. LAB RESULTS: CBC results indicate dehydration. Chemistry panel reveals slightly elevated glucose, low globulins, and dehydration. Urinalysis results reveal uro 4, protein 15, pH 7.0, and Specific Gravity: 1.040. The cPLI is normal. Hyperechoic left limb of the pancreas suspected on AFAST. Pancreatitis is suspected. ASSESSMENT AND PLAN: Treatment for possible pancreatitis begun: intravenous fluid therapy, pain relief, and low fat diet.

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 were noted. Ureteral papillae were normal.

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 right kidney measures 5.5 cm. The left kidney measures 4.7 cm.

Adrenal Glands

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 0.58 cm.

The **right adrenal gland** was not visualized.

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 were noted.

Liver



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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.

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.

Pancreas

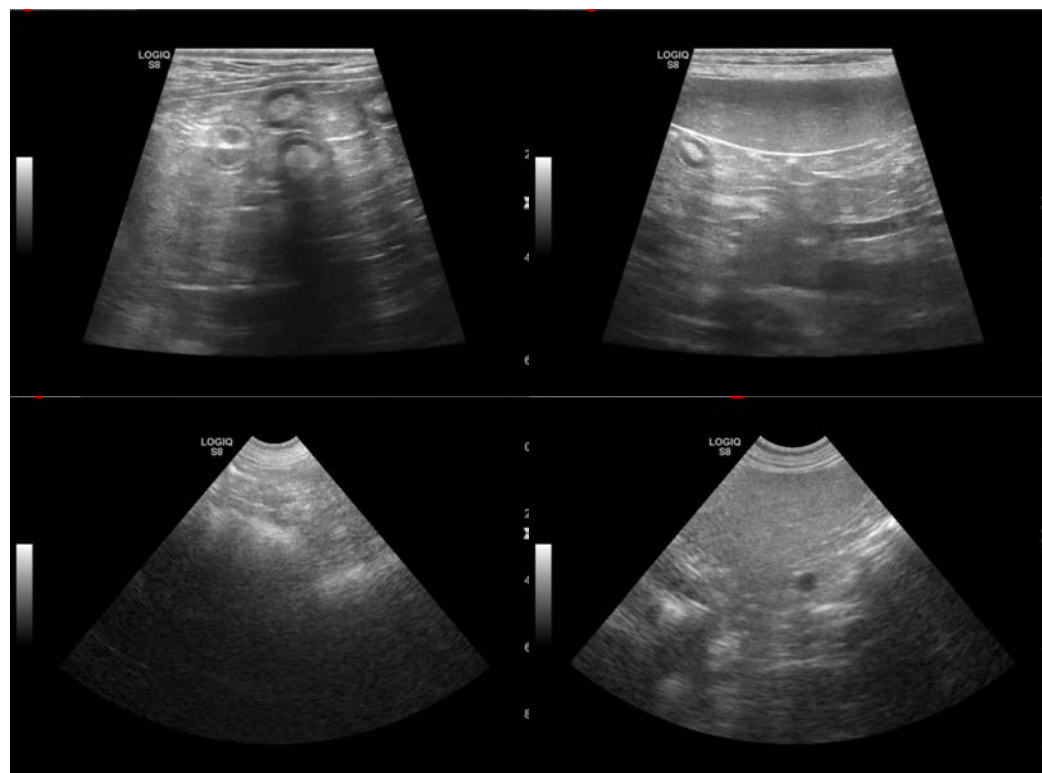
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of pathology. Assessment for spinal/orthopedic pain warranted, given the patient history. No evidence of visceral disease related to the clinical signs.





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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, Cert. IVUSS, CEO of SonoPath.com

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