



PATIENT

Peanut Halden

PRESENTING CLINICAL SIGNS

History: Check bladder stones, previous ultrasound performed on 6/9/21.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed persistent sand accumulation and small calculi. This is similar to the prior sonogram. Grouping of which measured approximately 1.0 cm. The largest calculus measured 0.77 cm.

BREED

Dachshund

The **kidneys** revealed moderate degenerative changes with cortical cysts. Blood flow to the kidneys appeared fairly adequate on power Doppler assessment.

SEX

Spayed Female

Adrenal Glands

AGE

14 years

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 1.27 x 0.29 cm at the caudal pole and 0.25 cm at the cranial pole. The right adrenal gland measured 1.16 x 0.29 cm at the caudal pole and 0.36 cm at the cranial pole.

WEIGHT

11 lbs

Spleen

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Kelly Vazquez, CVT

Liver

HOSPITAL NAME

Animal General on Hudson

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

REFERRING VET

Dr. Freedman

Gastrointestinal

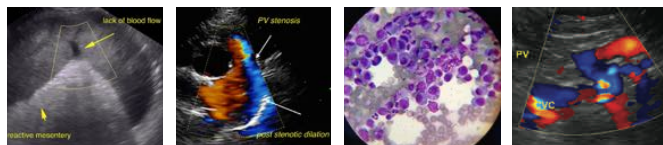
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Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

DATE

11/17/21



PATIENT

Pancreas

Peanut Halden

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.

SPECIES

Canine

BREED

ULTRASONOGRAPHIC FINDINGS

Dachshund

Persistent bladder and renal calculi similar to the prior sonogram, non-obstructive at the time of the sonogram.

SEX

Pancreatic fibrosis, similar to the prior sonogram.

Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

Cystostomy and stone analysis along with normal and retrograde flushing is indicated.

14 years

WEIGHT

11 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

Animal General on
Hudson

REFERRING VET

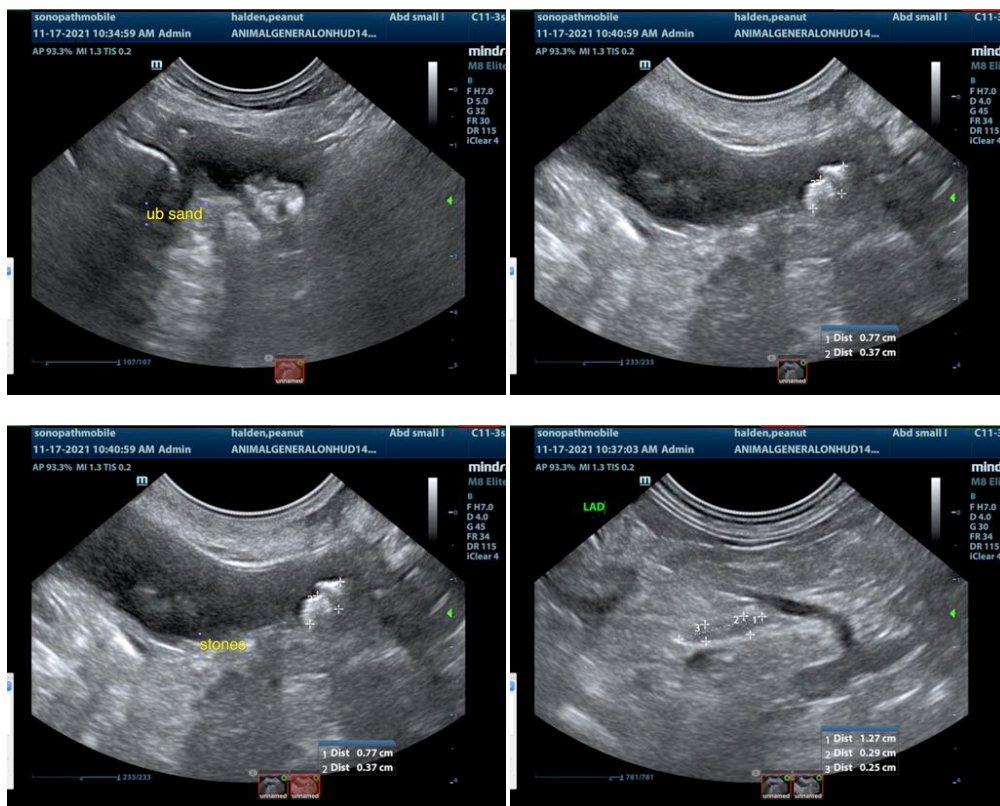
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SPECIES

Canine

BREED

Dachshund

SEX

Spayed Female

AGE

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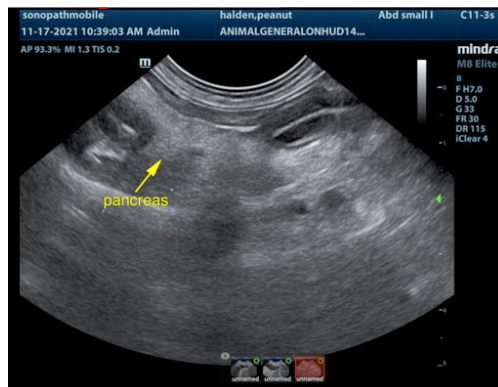
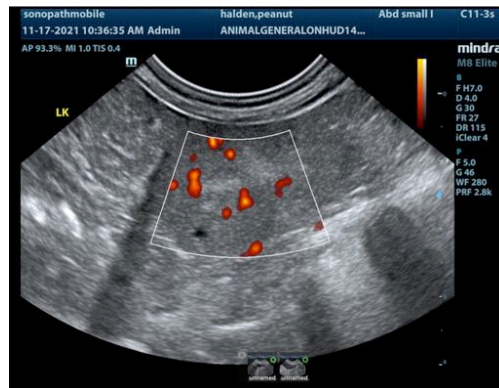
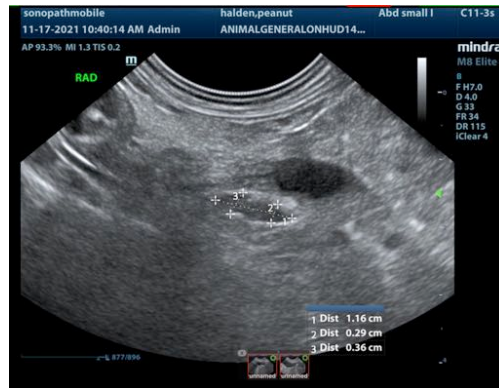
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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