



PATIENT

Cider Oblack

SPECIES

Canine

BREED

Dachshund Mix

SEX

Spayed Female

AGE

12

WEIGHT

6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Burns

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Sarah Burns

INVOICE

35643

DATE

11/24/25

PRESENTING CLINICAL SIGNS

History: Patient presents as a transfer from VCA NWVS. She was initially seen here on 11/23 for a perforated ulcer of the left eye. She was referred to VCA NWVS for an ophthalmology consultation. After consulting with an ophthalmologist, enucleation of the eye was recommended. A CBC performed today showed severe thrombocytopenia. A full diagnostic workup was recommended to try to rule potential possible underlying triggers for ITP. She was hospitalized for IVF, Unasyn and methadone injections.

Abnormal PE/Chem/CBC/UA Results: 12/24 VCA NWVS: CBC: PLT 0, PCV 46%, TS 7. Path review pending. 11/24 WilVet Salem: CBC: HCT 48%, WBC 10.7(N), Lym 0.98(L), PLT 0 Manual blood smear review: no platelets found, normal RBC morphology Overnight diagnostics: TFAST/AFAST: Presence of either hepatized lung tissue vs. hepatic tissue within the thoracic cavity. Concern for PPDH vs. severe lung consolidation. Subjectively thickened LV walls. Thoracic radiographs w/ radiology consult: Concern for severe bi-ventricular cardiomegaly and micro hepatica.

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. This is a moderate change. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. The iliac trifurcation was unremarkable.

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 left kidney measured 4.2 cm. The right kidney measured 4.9 cm.

Adrenal Glands

The region of the **left adrenal gland** was imaged and revealed no evident pathology.

The **right adrenal gland** was visualized in part, obscured by colonic artifact, measuring approximately 1.0 cm at the cranial pole and 0.5 cm at the caudal pole.

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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One view of the **liver** revealed potential herniation of the liver, hernia measuring 1.4 cm. Chest radiographs are warranted to confirm. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

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.

Pancreas

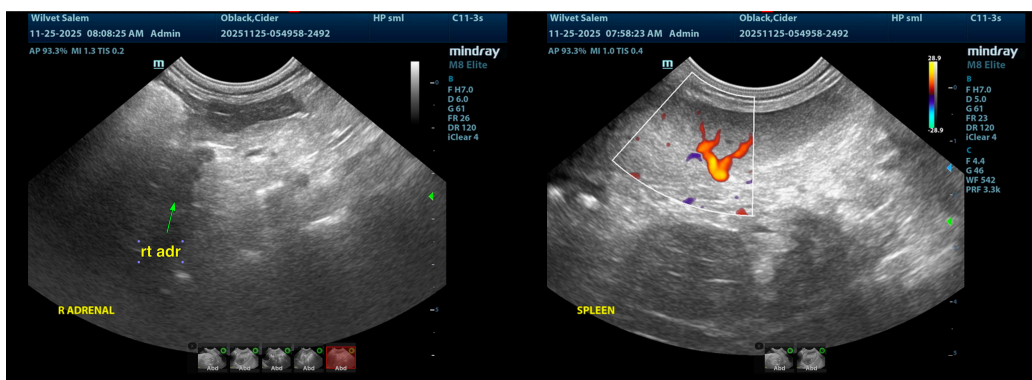
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

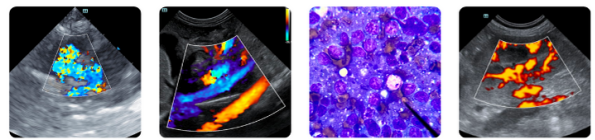
ULTRASONOGRAPHIC FINDINGS

- Suspect diaphragmatic hernia of the liver- this is likely a stable congenital issue. Chest radiographs are warranted to confirm.
- Urinary bladder debris
- Otherwise, no evidence of pathology

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urinary work up is warranted if not already performed to assess for any evidence of inflammatory Sediment or UTI.





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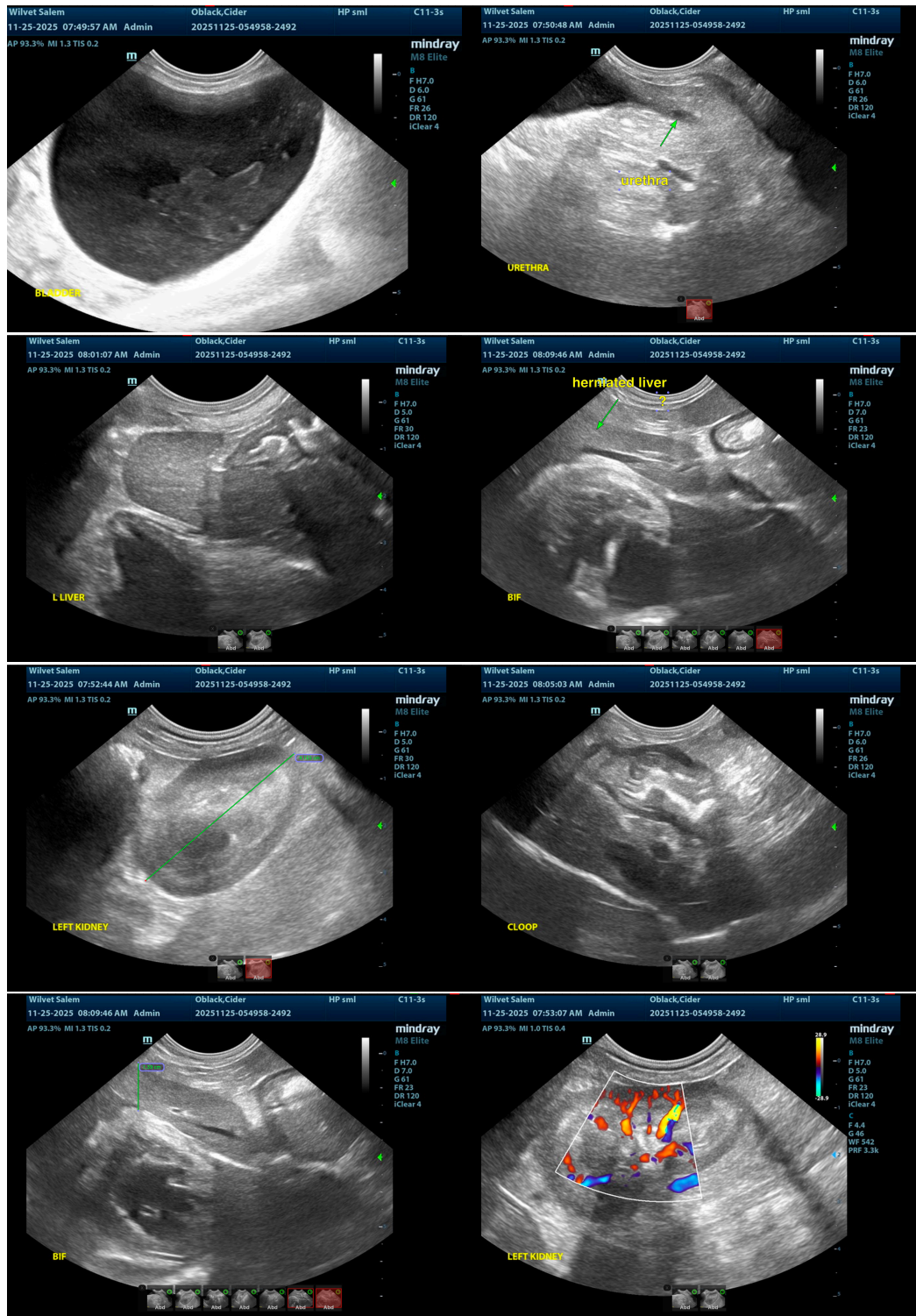
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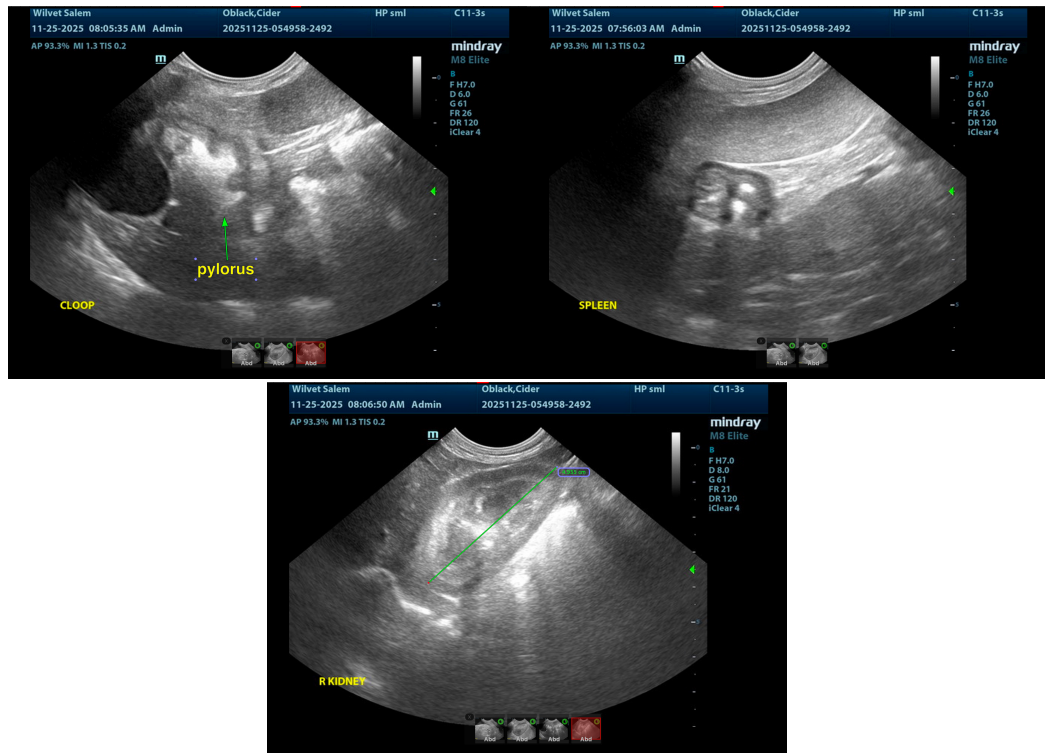
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(CFM), Cert. IVUSS,
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