



## PATIENT

Heidi Polizzi

## SPECIES

Canine

## BREED

Miniature Dachshund

## SEX

Spayed female

## AGE

11 years

## WEIGHT

14.4 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Danielle Shemanski,  
DVM, MA

## HOSPITAL NAME

Western New York  
Veterinary Services

## REFERRING VET

Dr. Lefler

## INVOICE

69131

## DATE

11/26/25

## PRESENTING CLINICAL SIGNS

History: RDVM REASON FOR REFERRAL: Patient presented on November 3rd for back issues; started prednisone 5 mg on a tapering dose, methocarbamol, and gabapentin. Patient went to urgent care on November 9th and doxycycline 50 mg twice a day was added. Patient had an elevated white cell count, neutrophilia, and monocytosis at that time. Patient presented on November 15th for open, oozing sores on the muzzle and feet. It was hypothesized that this was a reaction to the doxycycline. All medications were discontinued except for the gabapentin, and Clavamox was started. Patient presented on November 25th for anorexia and lethargy, but the sores were all healing. Patient had non-regenerative anemia and an elevated white cell count (neutrophilia, monocytosis, and eosinophilia). We are ruling out any cause for anemia, including neoplasia. CLINICAL SIGNS: - QAR, dull mentation during exam, has flaccid muscle tone, and is barely walking but does not seem to be painful. - Temp: Feels warm. Was reported as high normal yesterday. - Muzzle and ears have dried, crusted lesions from a previous allergic reaction. MEDICATIONS: Clavamox 62.5mg 1 PO BID, Gabapentin 75mg BID, Entyce 0.6ml SID Bone marrow aspirate to be performed if nothing discerning on ultrasound  
Abnormal PE/Chem/CBC/UA Results: 4dx=neg, no other hx CBC: RBC=4.91(5.65-8.87), Hct=31.7 (37.3-61.7), Hgb=11 (13.1-20.5), WBC=37.34(5.05-16.76), Neu=27.88(2.95-11.64), Mono=1.75 (0.16-1.12), Eos=3.27 (0.06-1.23) Chem:Ast=56 (0-50), Amyl=1535 (500-1500), Lipa=170(200-1800)

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction and appeared normal. 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** 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 4.7 cm. The right kidney measured 4.93 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 1.64 x 0.39 cm at the cranial pole and 0.44 cm at the caudal pole. The right adrenal gland measured 2.2 x 0.41 cm at the cranial pole and 0.48 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



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congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

### Liver

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. Comet tail lung pattern/B lines were noted through the diaphragm.

### Gastrointestinal

The **stomach** in this patient revealed minor mural thickening with hyperperistalsis. A minor amount of luminal chyme and anechoic luminal structure was noted. This is consistent with kibble or ingesta. The small intestines and colon were unremarkable with normal curvilinear mural patterns and content.

### Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

### Heart

Rapid view of the heart revealed no evidence of pathology in the right auricle or pericardium. The contractility appeared adequate. Minor lung consolidation was noted in the right thorax as well as diffuse alveolar pathology. One area in question may be accessible for FNA. This region measured 1.5 x 0.5 cm.

## ULTRASONOGRAPHIC FINDINGS

Benign abdomen with minor gastritis presentation.

Undefined lung consolidations. Thoracic neoplasia, pneumonitis, pulmonary thromboembolic episodes are all possible.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chest CT would be ideal and FNA of the lung consolidations can be considered at the time of the CT. Prognosis is guarded depending on cytology results of the lung fields. Bronchoalveolar lavage can also



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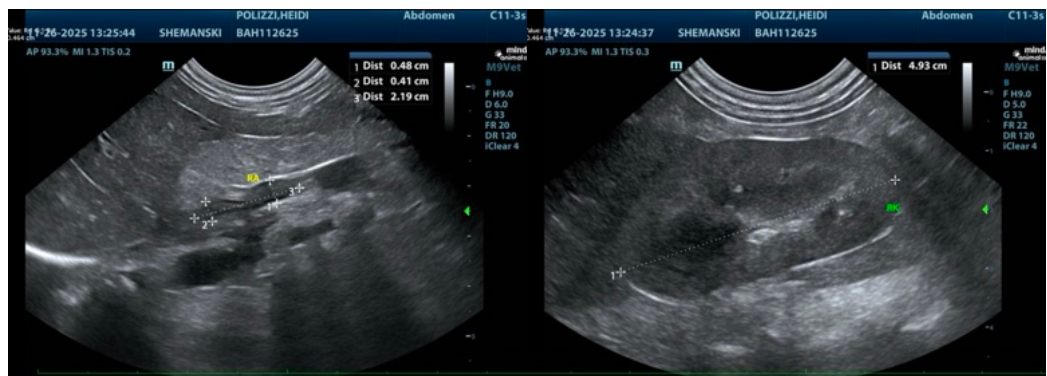
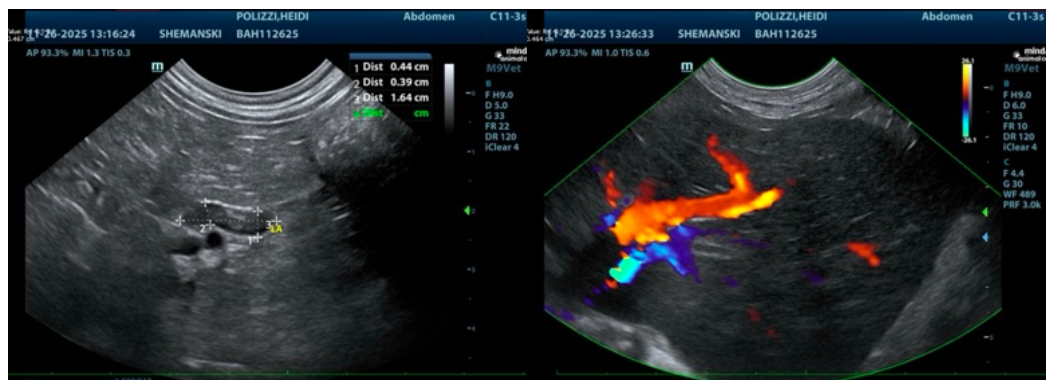
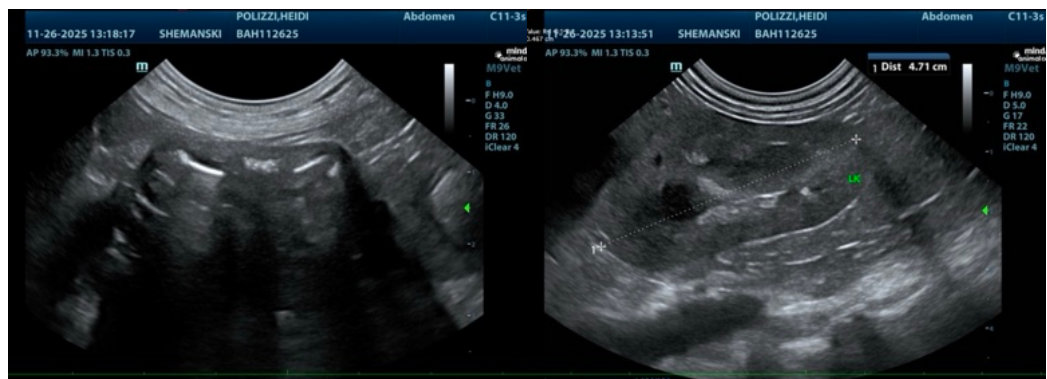
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be considered while the patient is under sedation, more targeted areas of lung consolidation adjacent to the thoracic body wall may allow for more direct diagnostic capacity. Cytology and culture of the lung consolidations are indicated.

**ABOUT SONOPATH CT SERVICES:**

**SonoPath CT Services** are offered at the SonoPath Imaging and Veterinary Education Center, 141 Main St (rt 206), Andover, New Jersey, a 20-minute drive west on route 80/206 North from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at <https://sonopath.com/services/vetimaging/>





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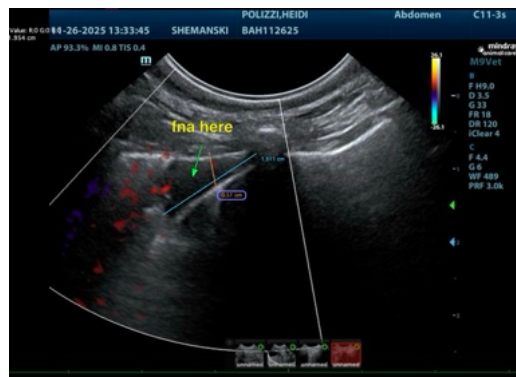
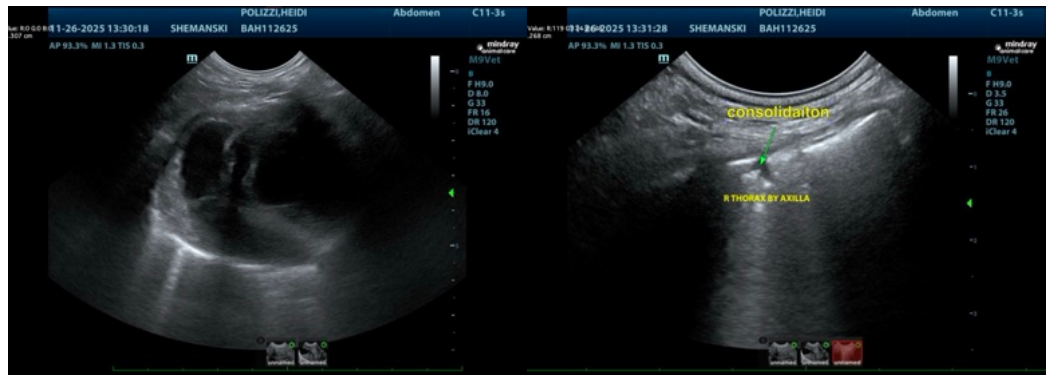
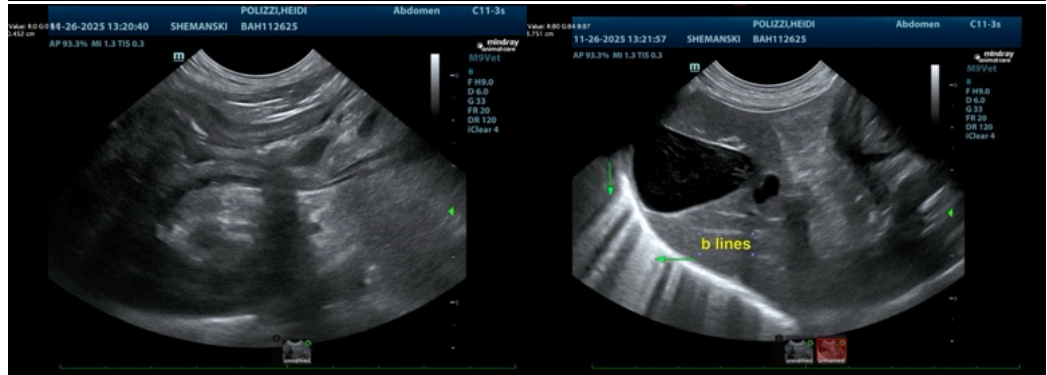
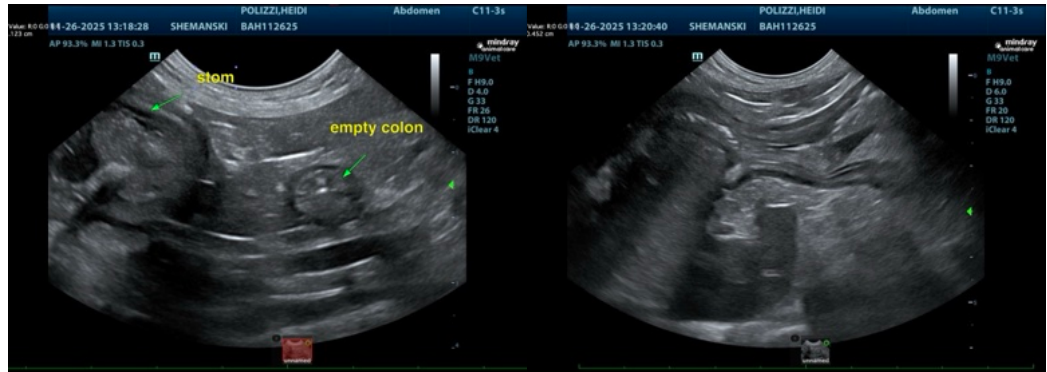
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

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