



PATIENT

Tye Sonh Hofer

SPECIES

Canine

BREED

Dachshund

SEX

Neutered male

AGE

19 years

WEIGHT

6.18 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Preston

HOSPITAL NAME

All Creatures AH South
Hill

REFERRING VET

Dr. Gonzalez

INVOICE

42368

DATE

11/7/22

PRESENTING CLINICAL SIGNS

History: Senior patient with a hx of renal and neurological disease. Recent decreased appetite. Tuesday (11/1) patient presented with hyphema in the anterior chamber of his R eye. On 11/4 he had pale gums and tarry stool. Lab work revealed a normal Pt/Aptt and anemia.

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 was noted. Ureteral papillae were normal.

The **left kidney** presented moderate degenerative changes. Moderate increased cortical echogenicity was noted. The left kidney measured 4.0 cm with cortical cysts and pyelectasia. The right kidney was not visualized.

Adrenal Glands

The **adrenal glands** were 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 was noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Occasional, anechoic parenchymal cyst was noted. The hepatic veins were mildly dilated. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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



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large intestine demonstrated normal luminal chyme and stool consistency respectively. The colon appeared mildly thickened in this patient. The colonic wall measured 0.6 cm with mild loss of mural detail. The colonic stool presented soft consistency.

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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.

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Free Abdomen

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The iliac lymph node were unremarkable.

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ULTRASONOGRAPHIC FINDINGS

Geriatric abdomen.

Moderate left renal changes with polycystic cortices.

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Mild colitis pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chest radiographs are warranted as well as assessment for thoracic disease that may be causing mild passive congestion such as right heart disease.

Further imaging of the right kidney and adrenal glands would be ideal. There is a minor potential for emerging colonic neoplasia. Fecal exam, broad spectrum anti-parasitic protocol and treatment for colitis is indicated. Given the tarry stool the anemia is likely deriving from colonic hemorrhage.

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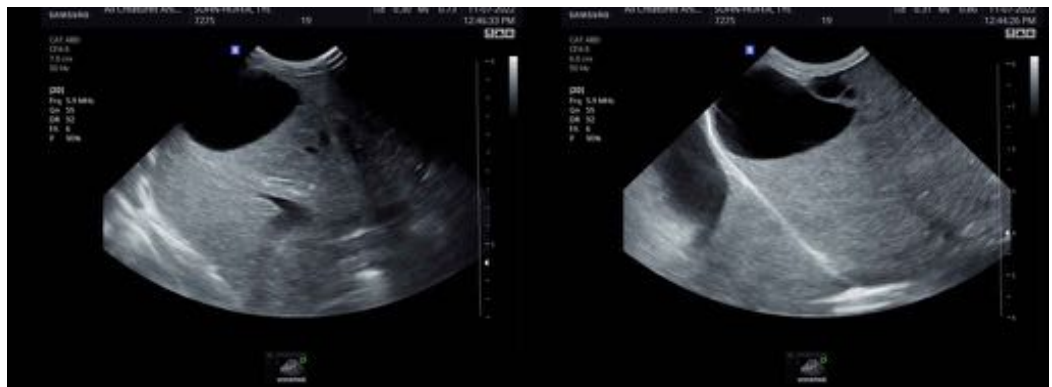
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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