



PATIENT

Izzy Highsmith

SPECIES

Canine

BREED

Dachshund

SEX

Spayed Female

AGE

13 Years

WEIGHT

9.02 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Kelly O'Malley

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Kelly O'Malley

INVOICE

43070

DATE

12/1/22

PRESENTING CLINICAL SIGNS

chronic intermittent vomiting, anorexia x 1 d

Abnormal PE/Chem/CBC/UA Results: CBC: Neu 2.67, eos 0.01, pdw 8.3 Chem 17: ALP 953, GGT 12, amyl 494, lipa 115 EPOC: pco2 26.9, pO2 57.2, BE-6.9, sO2 90.5, cPL: <50 ug/dl (not consistent with panc)

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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

The **left kidney** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortex 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 capsule was acceptably uniform without significant irregularities. The left kidney measured approximately 3.0 cm.

The **right kidney** was not visualized.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The **spleen** presented discrete and diffuse hypoechoic micronodular parenchyma. The capsule was generally smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. These changes are consistent with age related benign nodular hyperplasia. However, early hemangiosarcoma, lymphoma or mast cell neoplasia could not be entirely ruled out. Fine needle aspirate or biopsy following coagulation panel would be ideal especially if any weight loss is an issue. Otherwise, follow up ultrasound in 3-4 weeks to track these changes would be a more conservative approach.

Liver

The **liver** revealed increased portal markings. The gallbladder was edematous with minor striating bile noted.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The colon was unremarkable.

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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ULTRASONOGRAPHIC FINDINGS

- Non-specific gastroenteritis
- Edematous gallbladder

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

History of cholangitis. The adrenals were not visualized. Screening for Addison's warranted with baseline cortisol. Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials.

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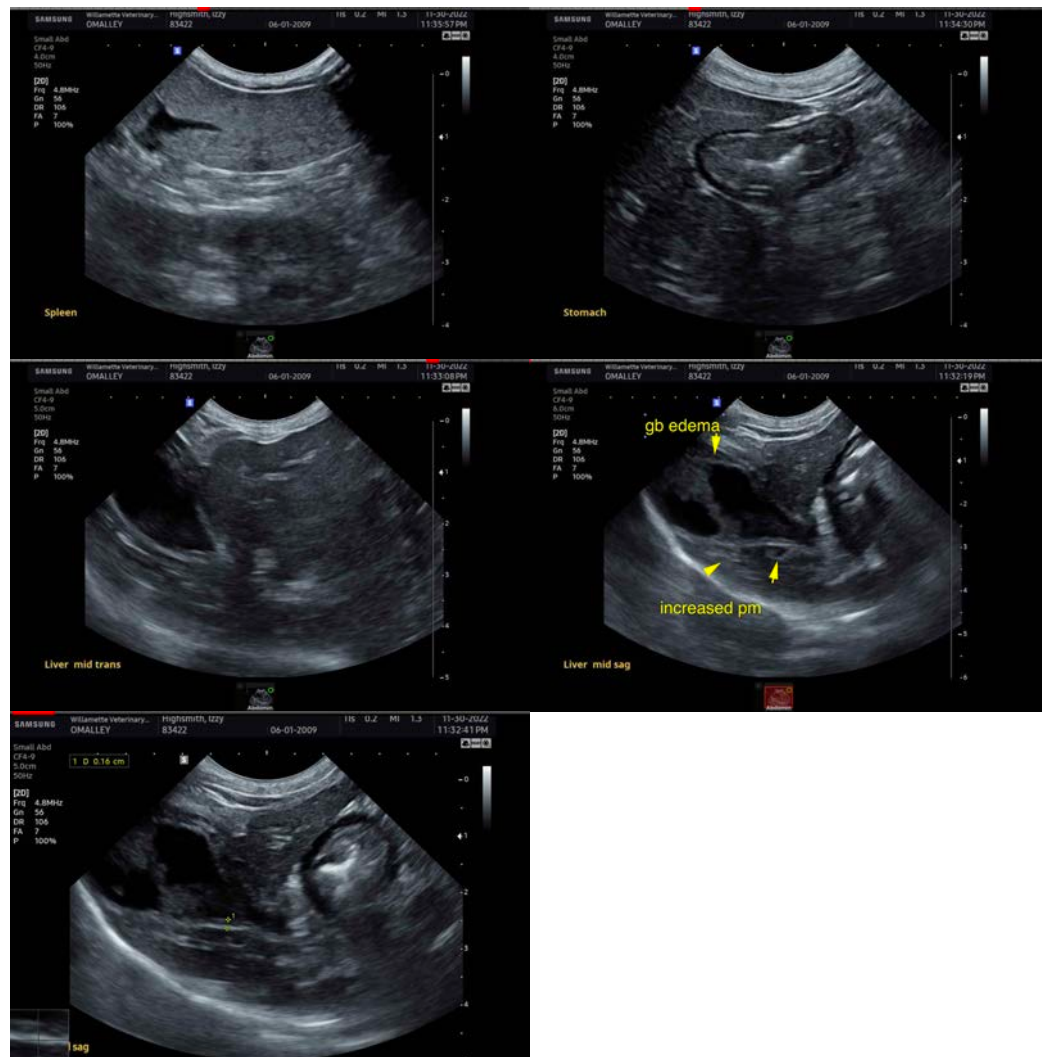
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

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