



PATIENT

Pepper Castellanos

SPECIES

Canine

BREED

Dachshund

SEX

Spayed Female

AGE

21 months

WEIGHT

13.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jazmin Munoz
Gonzalez

HOSPITAL NAME

Oakridge Veterinary
Clinic

REFERRING VET

Dr. Jazmin Munoz
Gonzalez

INVOICE

10985

DATE

12/18/2025

PRESENTING CLINICAL SIGNS

Clinically doing well at home. In Oct her ALT came back elevated at 189 that resolved after course of Denamarin. Recent bile acids test abnormal Bile Acids Preprandial 58.4 H Bile Acids Postprandial 54.2 H.

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 2.0 cm beyond the cystourethral junction.

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. Left kidney measures 4.5 cm and the right kidney measures 5.3 cm.

Adrenal Glands

Region of the left adrenal image had no evident pathology. Region of the right adrenal image had no evident pathology.

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. The spleen was folded upon itself caudally.

Liver

The **liver** was normal in size, and volume. Uniform parenchyma and normal vascularity. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

Examination of the **stomach** revealed minor gastric hypertrophy was noted in this patient with minor excessive gastric gas noted. 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



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- No evidence of portosystemic shunting.
- Non-specific inflammatory hepatopathy.
- Mild gastritis pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given bile acid elevations a subacute insult is suspected. If bile acids remain elevated then core biopsy is indicated to rule out copper storage disease given the age of the patient, yet no evidence of macroscopic shunting. There's a mild potential for underlying microvascular dysplasia and portal vein hypoplasia.

Hepatic Support for Bile Acid Elevation +/- Hepatic Encephalopathy

Royal Canin Hepatic Support diet or Hills L/D, Metronidazole (7.5 mg/kg PO bid) over the next 14 days, Lactulose (Oral: 3.1-3.7 g/5 ml lactulose in a syrup base) long term to target 2-3 soft stools/day, with a high-quality protein supplement of minor amount of yogurt or cheddar cheese. Monitor bile acids, with attention paid to dropping albumin, BUN or cholesterol. SAME and nutraceuticals as needed. **Ursodiol (10-15 mg/kg p.o. q24h)** can be considered as hepatoprotectant and to enhance bile flow. **Zinc** serum level keep between 200–500 ug/dl. If deficient then Tx zinc acetate 1-3 mg/kg/day. Gastrointestinal protectants are recommended if the patient is anorexic.

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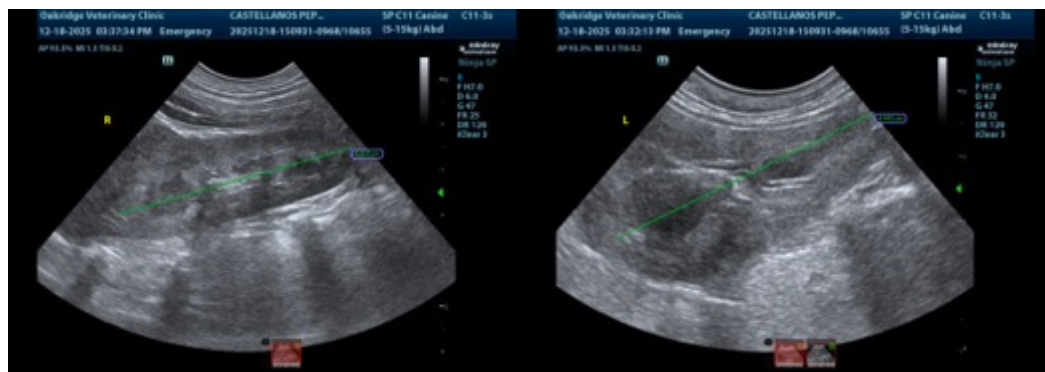
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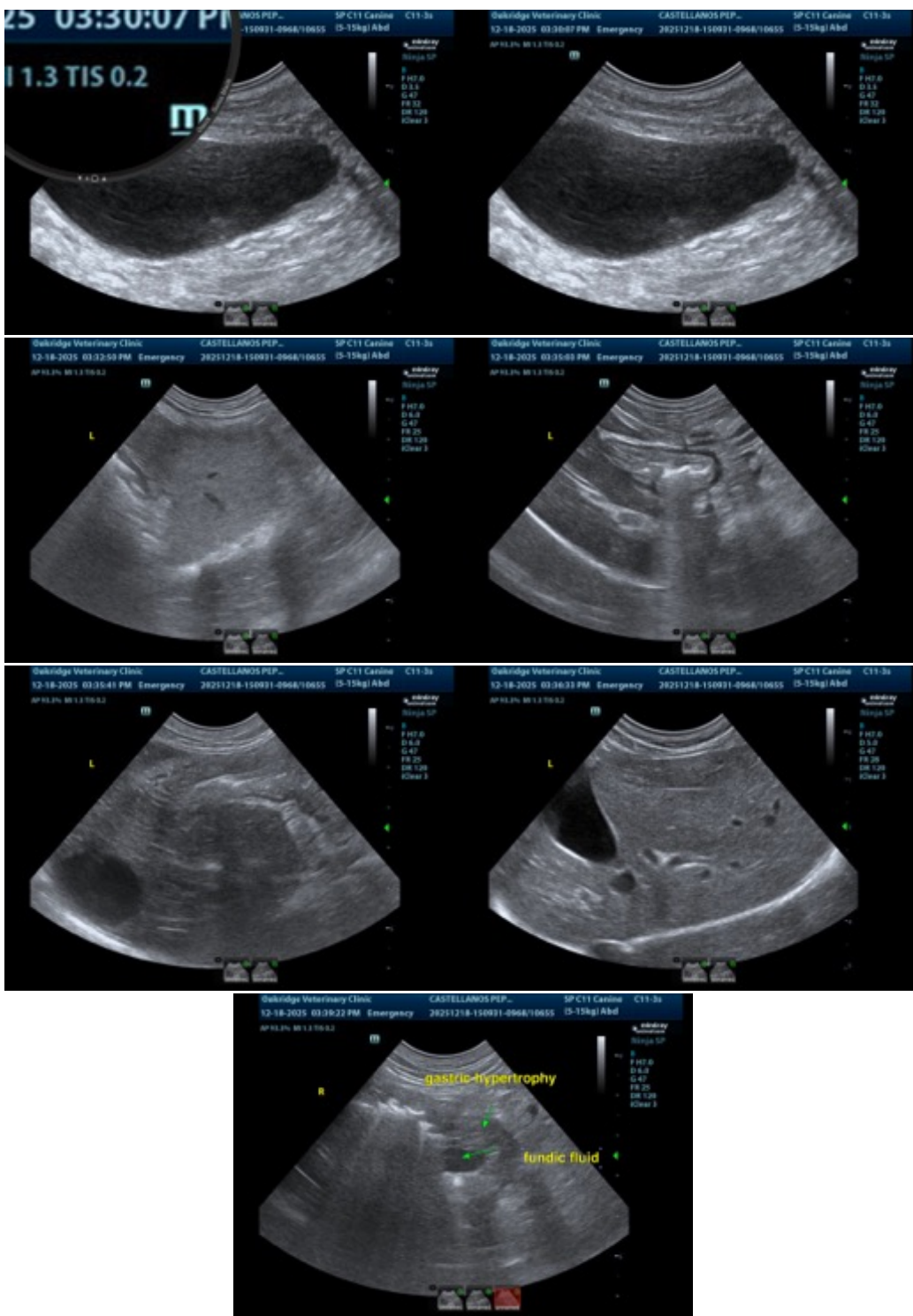
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



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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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