



**PATIENT**

Dapper Usmiller

**SPECIES**

Canine

**BREED**

Dachshund

**SEX**

Neutered male

**AGE**

8 years

**WEIGHT**

17.9 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Gallick

**HOSPITAL NAME**

Magnolia Springs VC

**REFERRING VET**

Dr. Gallick

**INVOICE**

42211

**DATE**

12/19/22

**PRESENTING CLINICAL SIGNS**

History: Diagnosed with pancreatitis on 12/16/22 Last 24 hours not eating, vomiting, PU/PD, distended abdomen Pt is diabetic - on insulin

Lateral radiographs are unremarkable, likely mild hepatomegaly.

**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 **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.5 cm. The right kidney measured 5.0 cm.

**Adrenal Glands**

The left **adrenal gland** was visualized obliquely and measured 0.5 cm.

**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. Subtle micronodular changes were noted and non-disruptive. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. 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.



**PATIENT**

**Gastrointestinal**

Dapper Usmiller

The **stomach** was over distended with fluid, which is likely owing to ileus. Enteritis pattern was noted with edematous duodenal wall. There were minor areas of luminal chyme noted in the small intestine.

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**Pancreas**

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The **pancreas** revealed extensive, mixed hypoechoic parenchymal changes in the right and left limbs with slight surrounding free fluid and enhanced mesentery.

**SEX**

Neutered male

Age related abdominal changes.

**AGE**

8 years

Mild nodular hyperplasia, vacuolar hepatopathy liver pattern.

Gastroenteritis and pancreatitis with delayed outflow.

**WEIGHT**

17.9 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Promotility medications, IV fluid support and GI protectants are all indicated as well as broad spectrum antibiotics. IV fluid support should prove curative. There is a mild potential for pancreatic carcinoma. FNA of the hypoechoic portion of the pancreatic pathology is indicated for further definition, cytology and management. Recheck sonogram is recommended in a week to ensure adequate resolution.

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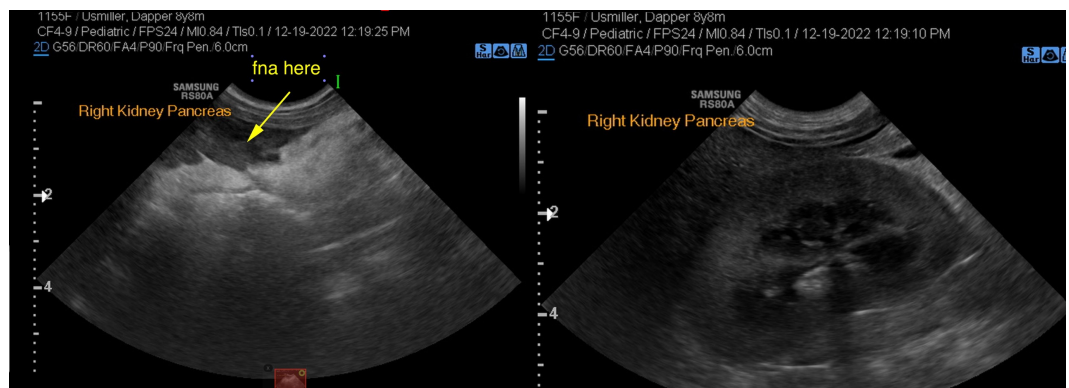
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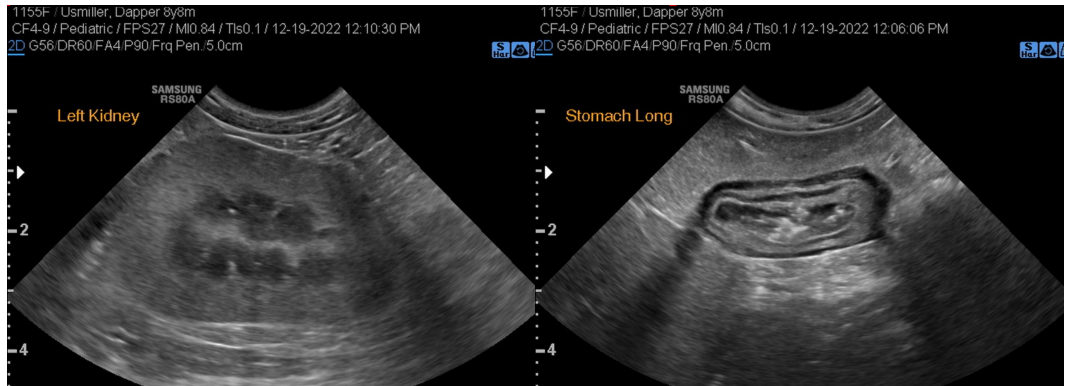
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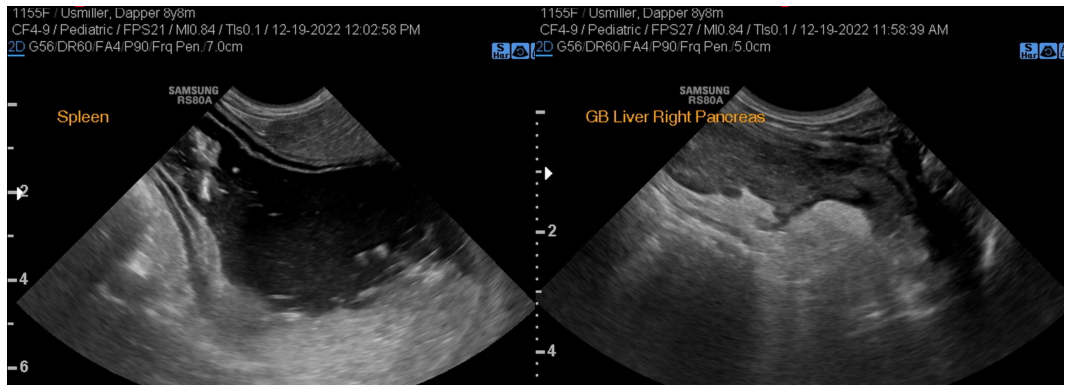
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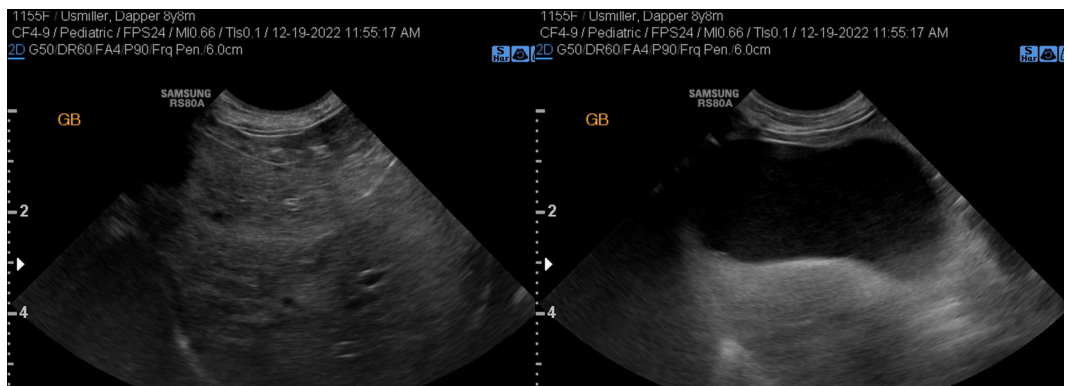
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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