



**PATIENT**

Kesha Vassilenko

**SPECIES**

Canine

**BREED**

Dachshund

**SEX**

Neutered male

**AGE**

3 years

**WEIGHT**

20.6 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Hewitt

**HOSPITAL NAME**

Pawsitive Wellness VC

**REFERRING VET**

Dr. Hewitt

**INVOICE**

42258

**DATE**

12/20/22

**PRESENTING CLINICAL SIGNS**

History: Patient is a 3 yo NM Doxie that presents for chronic diarrhea and periods of inappetence. Kesha responded well to Prescription GI high fiber diet for a week or so then developed soft stools and inappetence (suspect pancreatitis, unable to confirm with diagnostics due to finances) O elected hypoallergenic dietary trial. He did well for a week on this diet then developed inappetence and soft stool with hematochezia. No vomiting. It is unclear if the owners have been able to restrict diet appropriately to just hypoallergenic diet.

Abnormal PE/Chem/CBC/UA Results: GI Panel pending. Chem 17 unremarkable aside from mild hypophosphatemia (2.0 mg/dL) and mildly elevated lipase (2030 U/L). CBC unremarkable. electrolytes unremarkable. Fecals have been negative.

**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 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.

**Adrenal Glands**

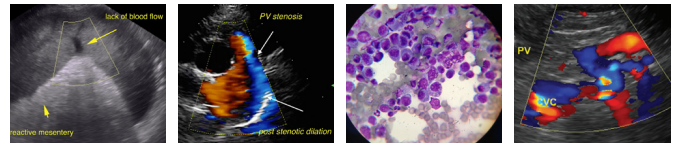
The left **adrenal gland** was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.5 cm. The right adrenal gland was not visualized.

**Spleen**

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself caudally. This is a positional variant and is not pathological. There was no evidence of significant disease.

**Liver**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



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**Gastrointestinal**

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The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. Intestinal wall thickness measured up to 0.64 cm lumen to serosa. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.

**Pancreas**

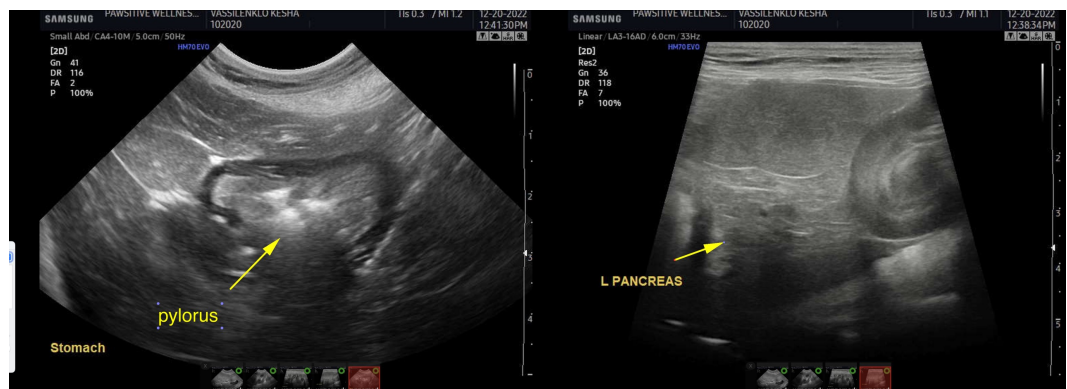
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

Minor intestinal thickening, non-specific. Underling inflammatory bowel, occult parasitism, dietary intolerance is all possible.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Screening for Addison's is indicated. Anti-parasitic protocol is warranted. I recommend to enforce a hydrolyzed diet, yet there was no evidence of significant structural disease.





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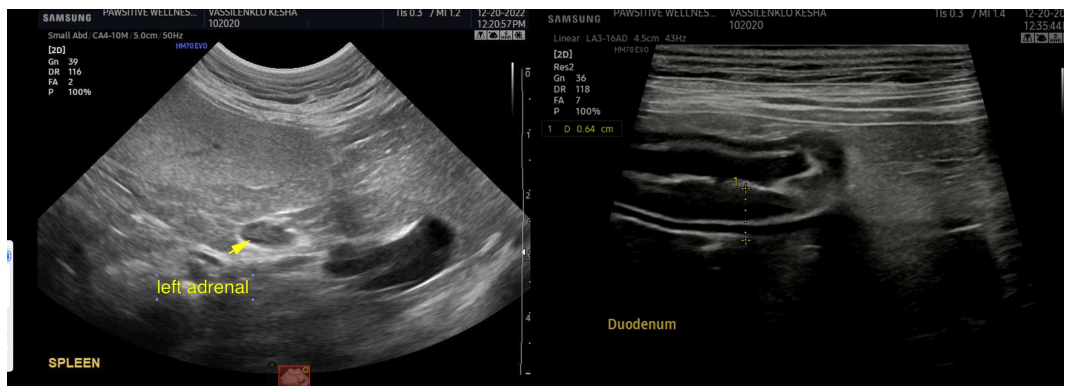
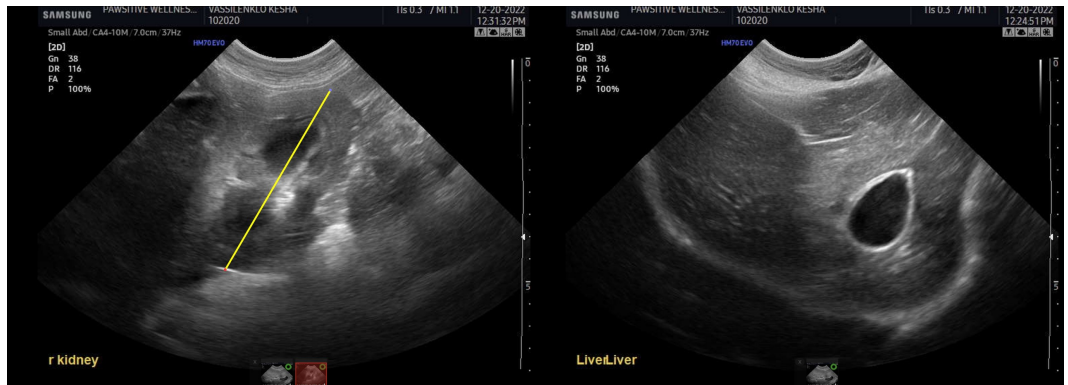
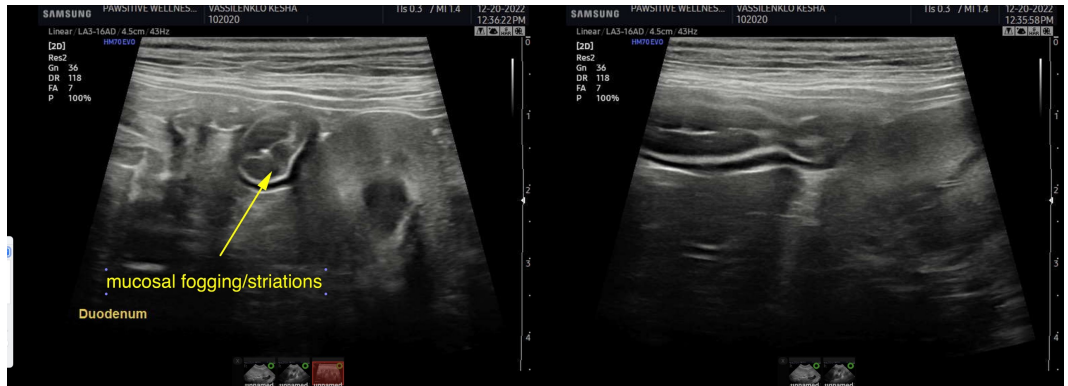
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Canine

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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Dachshund

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com

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