



PATIENT

Tyrion Boyd

SPECIES

Canine

BREED

Dachshund

SEX

Neutered male

AGE

7 years

WEIGHT

11.9 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Leanna Boyd

HOSPITAL NAME

Oakridge VC

REFERRING VET

Dr. Boyd

INVOICE

69496

DATE

12/22/25

PRESENTING CLINICAL SIGNS

History: Patient presents for ultrasound 3 weeks after foreign body surgery (gastrotomy and enterotomy blanket material) and pancreatitis. Also had hemilaminectomy two months ago and on MRI there was concern for a nodule in the spleen. During laparotomy there was two small 2 cm spots of hemosiderin like lesion with no other nodules or thickening. Has been a slower recovery with picky eating but pancreatitis resolved on recent bloodwork on 12/12/25 with no other abnormalities. Eating more consistently now but still picky (only eating low fat cottage cheese, boiled chicken and some kibble of I/D low fat). Past AFAST scans showed some hypoechoic regions in the liver/stomach region and was started on famotidine (has been on it for 1 week) for suspect gastric ulcer. R/o: gastric ulceration vs chronic pancreatitis vs liver lesion.

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. The left kidney measured 4.06 cm. The right kidney measured 5.0 cm.

The residual prostate measured 0.5 cm.

Adrenal Glands

Both **adrenal glands** were 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 1.5 x 0.5 cm. The right adrenal gland measured 0.6 cm at the cranial pole and 0.4 cm at the caudal pole.

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.



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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.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with post prandial presentation. Transit of chyme into the small intestine was normal. Distal small intestine revealed a variable thickening without neoplastic criteria. The colon was unremarkable.

Pancreas

The right limb of the **pancreas** revealed hyperechoic omental changes with spastic upper duodenum. Some level of adhesions may be present depending upon surgical site. The base of the pancreas also presented heterogenous omental changes suggestive for inflammation.

ULTRASONOGRAPHIC FINDINGS

Duodenitis.

Delayed gastric outflow.

Reactive mesentery.

Pancreatitis pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Underlying inflammatory bowel may be playing a role in this patient. There is a possibility of necessity for laparotomy and liberation of adhesions depending upon patient feeding history. Recheck sonogram is recommended at complete n.p.o. status and management for delayed outflow. Slurry feeding, GI protectants, broad spectrum antibiotics +/- IV fluid support would all be indicated in this patient. Recheck sonogram is recommended in 48-72 hours at complete n.p.o. status depending upon clinical progression. My suspicion is an underlying inflammatory bowel type presentation complicating the recovery of this patient with acute on chronic type inflammation/presentation with potential of some level of adhesions around the upper duodenum.



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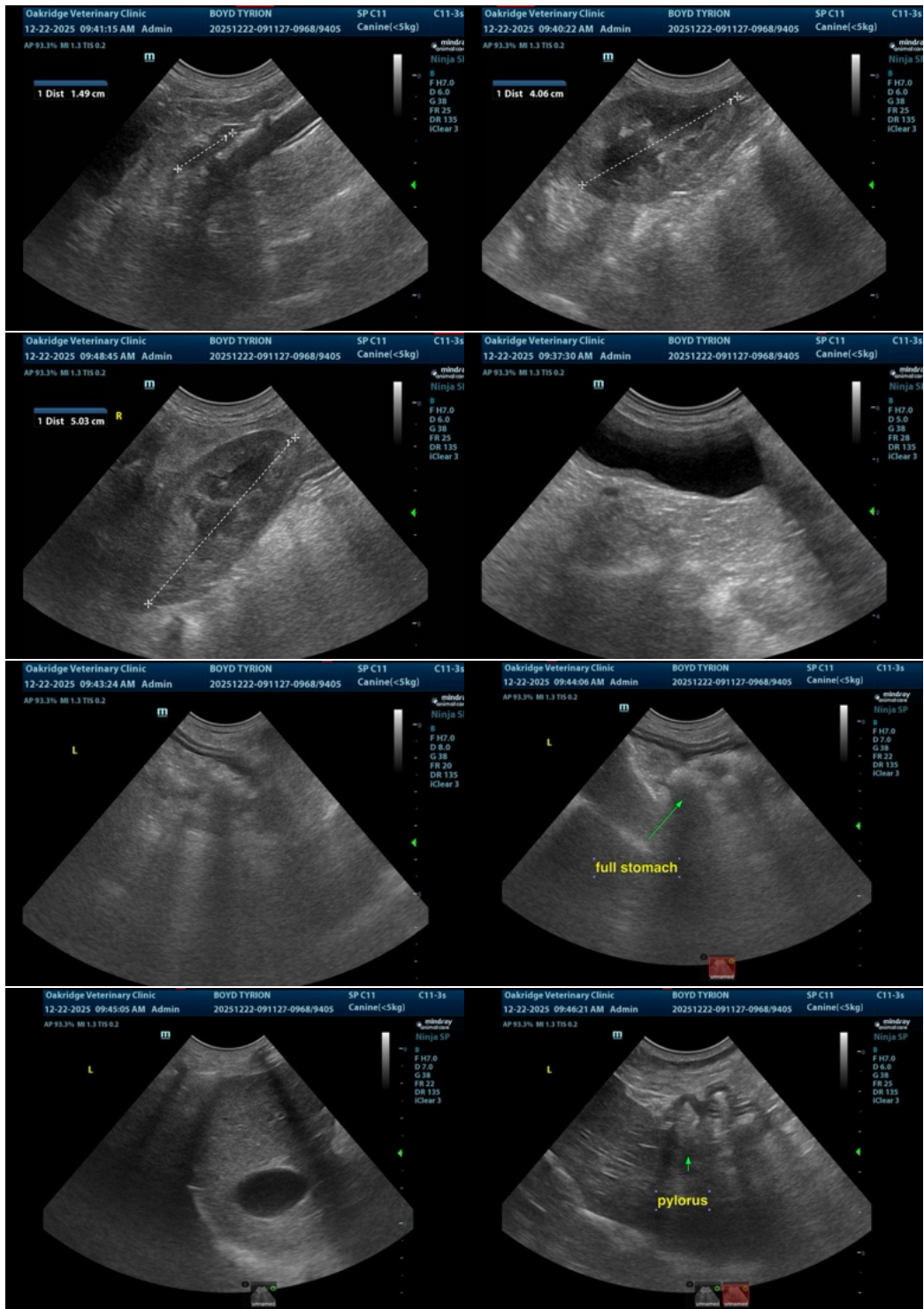
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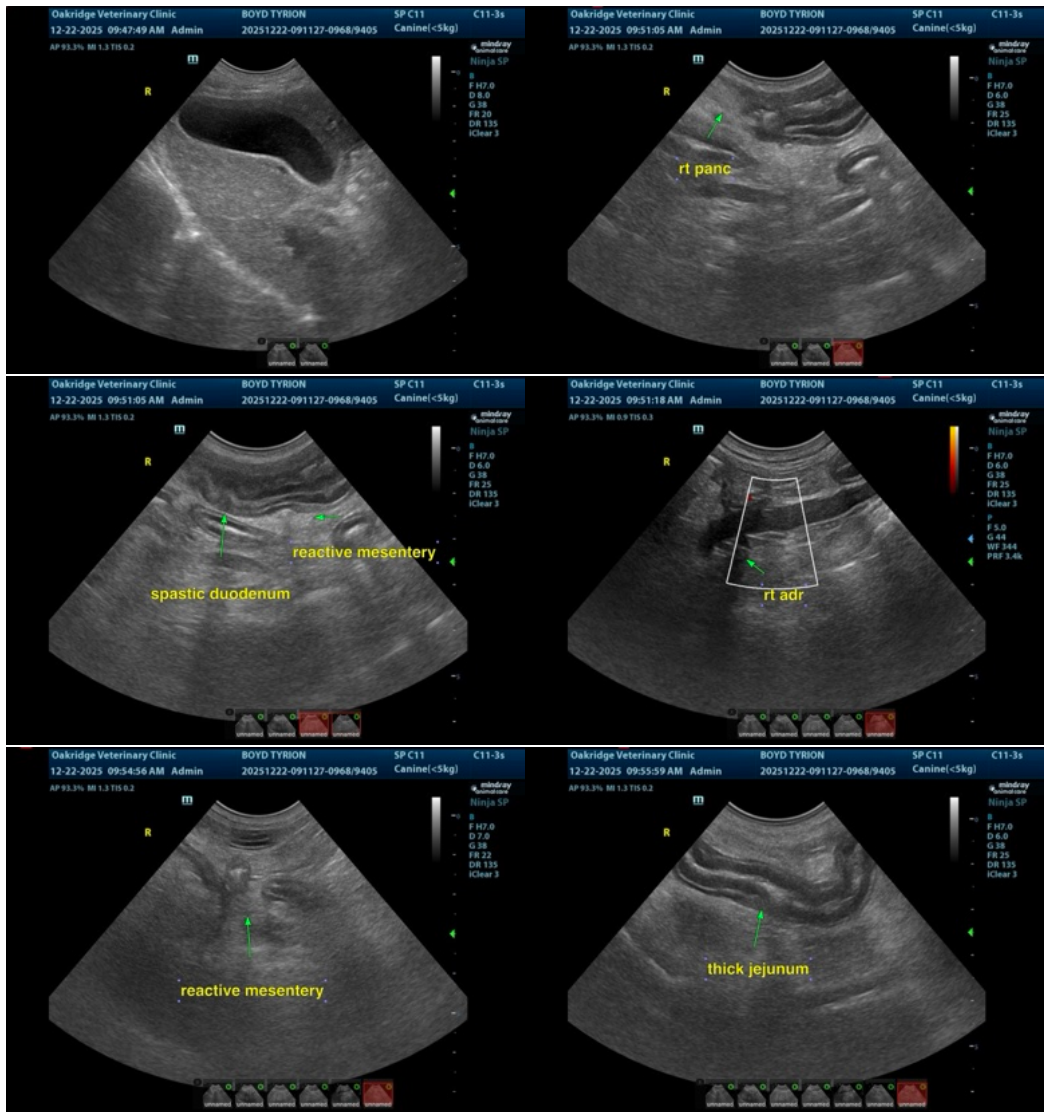
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com