



PATIENT

Snarly Karl Wichman

SPECIES

Canine

BREED

Dachshund

SEX

Neutered Male

AGE

13 Years

WEIGHT

16

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Tessa Maggiulli, DVM

HOSPITAL NAME

Willamette VH

REFERRING VET

Tessa Maggiulli, DVM

INVOICE

20263

DATE

12/26/22

PRESENTING CLINICAL SIGNS

History: In hospital 48 hours on analgesics, and fluids. Appetite improved Most recent liver values: ALT: 171U/L ALKP: >2000 GGT: 29U/L TBIL: 303mg/dL *****RESUBMISSION per Dr. Lindquist request for re-evaluation

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 **kidneys** were normal in size and contour, similar to the prior sonogram. Minor increased cortical echogenicity was noted in the right kidney. The right kidney measured 4.4 cm. The left kidney measured 4.4 cm.

Adrenal Glands

The **right adrenal gland** was unremarkable.

The region of the **left adrenal gland** was visualized and revealed 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. Caudal folding of the spleen was noted.

Liver

The **liver** was slightly swollen with irregular contour and increased portal markings. The gallbladder was somewhat turgid. The common bile duct measured 0.33 cm. A hyperechoic inflammatory pattern was noted around the portal hilus. No overt posthepatic obstruction was noted. The bilirubin elevation is likely owing to parenchymal disease given the increased portal markings and cholangitis.

Gastrointestinal

The **stomach** was filled with ingesta and gas accumulation, obscuring some visibility in the cranial abdomen. A hyperechoic inflammatory pattern was noted around the pylorus.

Pancreas

The **pancreas** revealed persistent undifferentiated heterogenous parenchymal changes in the right base with enhanced surrounding omentum. This appears somewhat improved compared to the prior sonogram.

Free Abdomen

The **free fluid** has resorbed.



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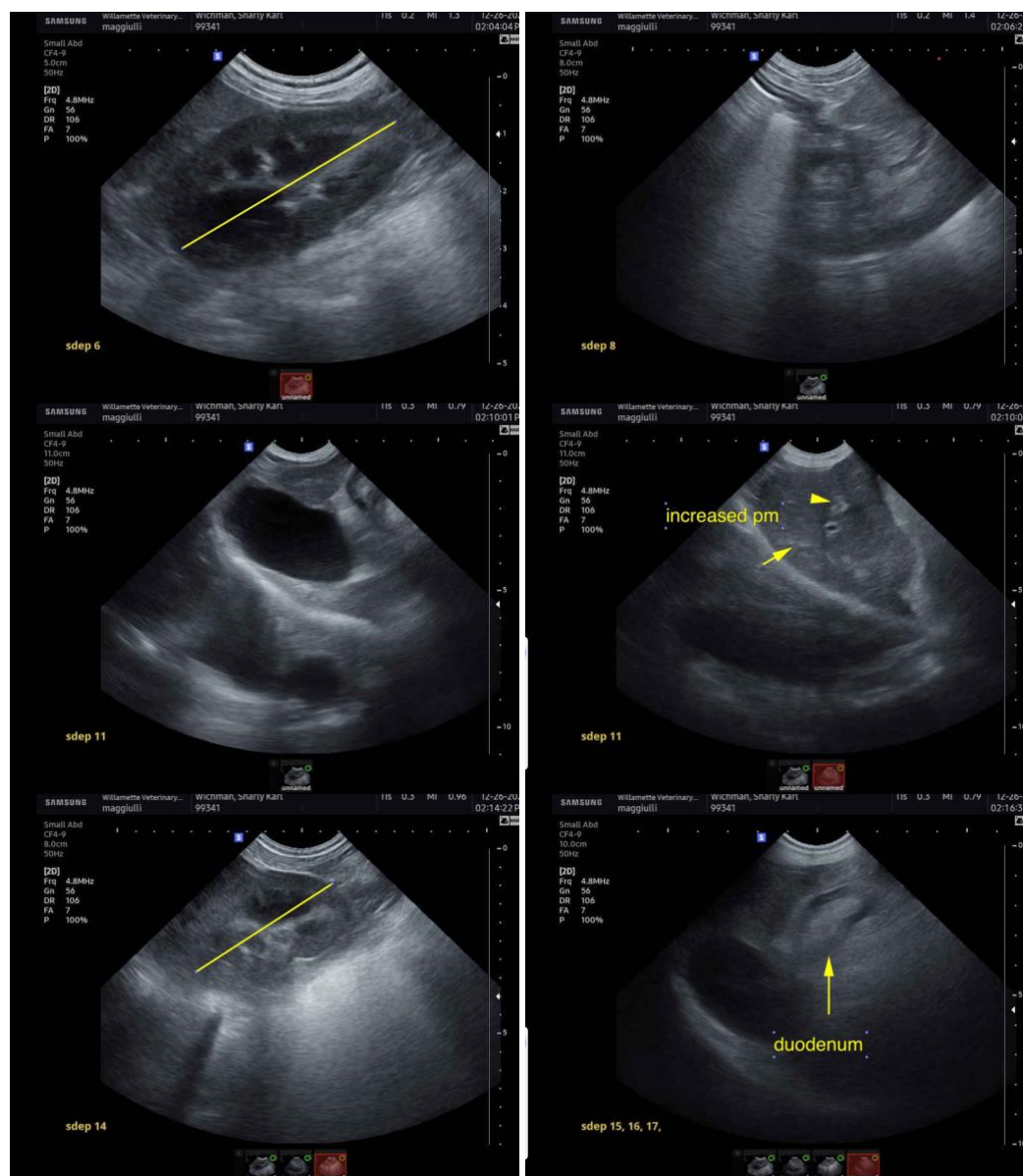
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ULTRASONOGRAPHIC FINDINGS

- Right limb pancreatitis cholangitis liver pattern- somewhat improved from the prior sonogram
- Resorbed free fluid
- Ingesta and gas accumulation in the stomach
- Minor increased cortical echogenicity in the right kidney
- Splenic fold

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend continuation of therapy. I'm diminishing the potential for underlying pancreatic neoplasia. FNA of the liver is indicated. Leptospirosis titers is indicated. Bilirubin should be monitored carefully in this patient. Recheck sonogram in 3-5 days, if the patient is improving, or earlier if clinical decline occurs.





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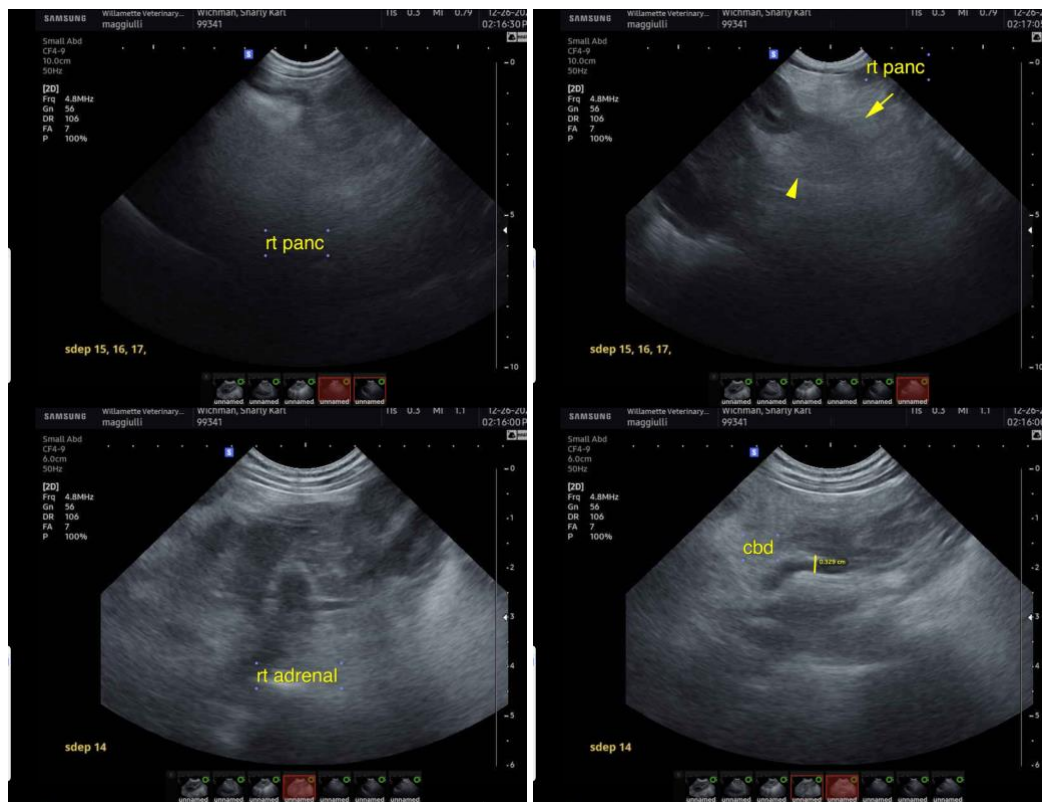
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com