



PATIENT

Tyrion Boyd

SPECIES

Canine

BREED

Miniature Dachsund

SEX

Neutered male

AGE

7 years

WEIGHT

11.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jazmin Munoz

HOSPITAL NAME

Oakridge VC

REFERRING VET

Dr. Munoz

INVOICE

69653

DATE

12/30/25

PRESENTING CLINICAL SIGNS

History: Pc: Had gastrotomy and enterotomy performed 12/4/25. P vomited small pieces of carrots and bile SID starting 12/26 but otherwise was eating, drinking, and defecating well. Yesterday he received a course of sucralfate AM and vomited entire AM meal around 2pm. He vomited at least 8 times after that. Had diarrhea and inappetence. Rad report revealed there is decreased serosal detail. The stomach contains a small volume of fluid and gas. The small intestine contains primarily fluid and gas. Some small intestinal walls appear thickened. Small intestinal overdistension is not seen. There is gas and granular material within the colon. The liver size is appropriate. The spleen is difficult to assess. The renal borders seen are appropriate. The urinary bladder is minimally distended.
Abnormal PE/Chem/CBC/UA Results: BW today revealed CBC WNL CHEM mildly elevated ALT at 171 (normal 10-125) Catalyst Pancreatic Lipase 891 (normal 0-200)

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 right kidney measured 4.1 cm. The left kidney measured 4.1 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 0.5 cm. The right adrenal gland measured 0.45 cm.

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** revealed slight, increased portal markings. The gallbladder and common bile duct were unremarkable.



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Gastrointestinal

The **gastric** wall was thickened with fluid filled lumen and enhanced surrounding mesentery. The upper duodenum was spastic and mildly thickened, yet there was no loss of mural detail. Areas of mucosal striations were noted. The small intestines were unremarkable. Some mucosal hyperechogenicity was noted in this patient potentially owing to ulcerative disease. Soft stool was noted in the colon. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The **pancreas** was mildly nebulous with mixed echogenic changes. This is suggestive for inflammation.

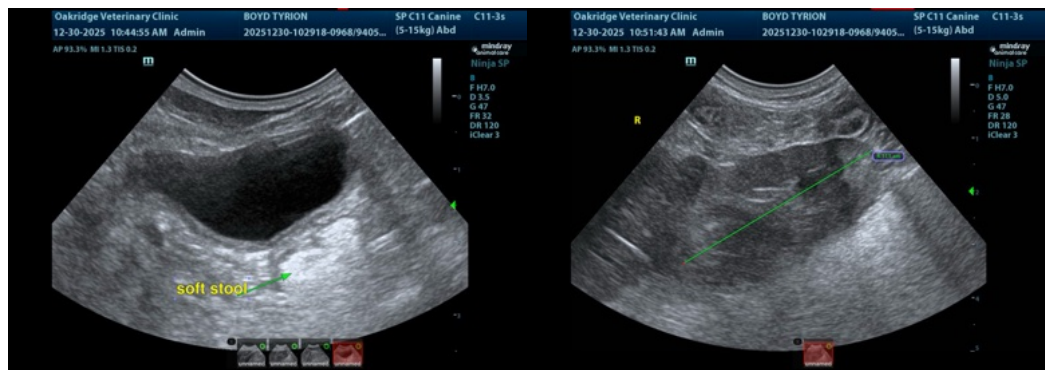
ULTRASONOGRAPHIC FINDINGS

Gastroenteritis, possible ulcerative changes.

Concurrent pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Lymphangectasia should be considered. The albumin level should be monitored carefully. There was no evidence of foreign bodies. I recommend aggressive medical management, coverage for Helicobacter, GI protectant protocol to manage for ulcerative gastritis as well as slurry feeding would be appropriate. 24-hour n.p.o. is likely in this patient's best interest with slurry feeding and canned feeding over the next 3-4 weeks. If the patient is making positive progress, then a routine recheck is recommended in 2-3 weeks is recommended. If the clinical signs are persisting then a recheck sonogram is warranted earlier.





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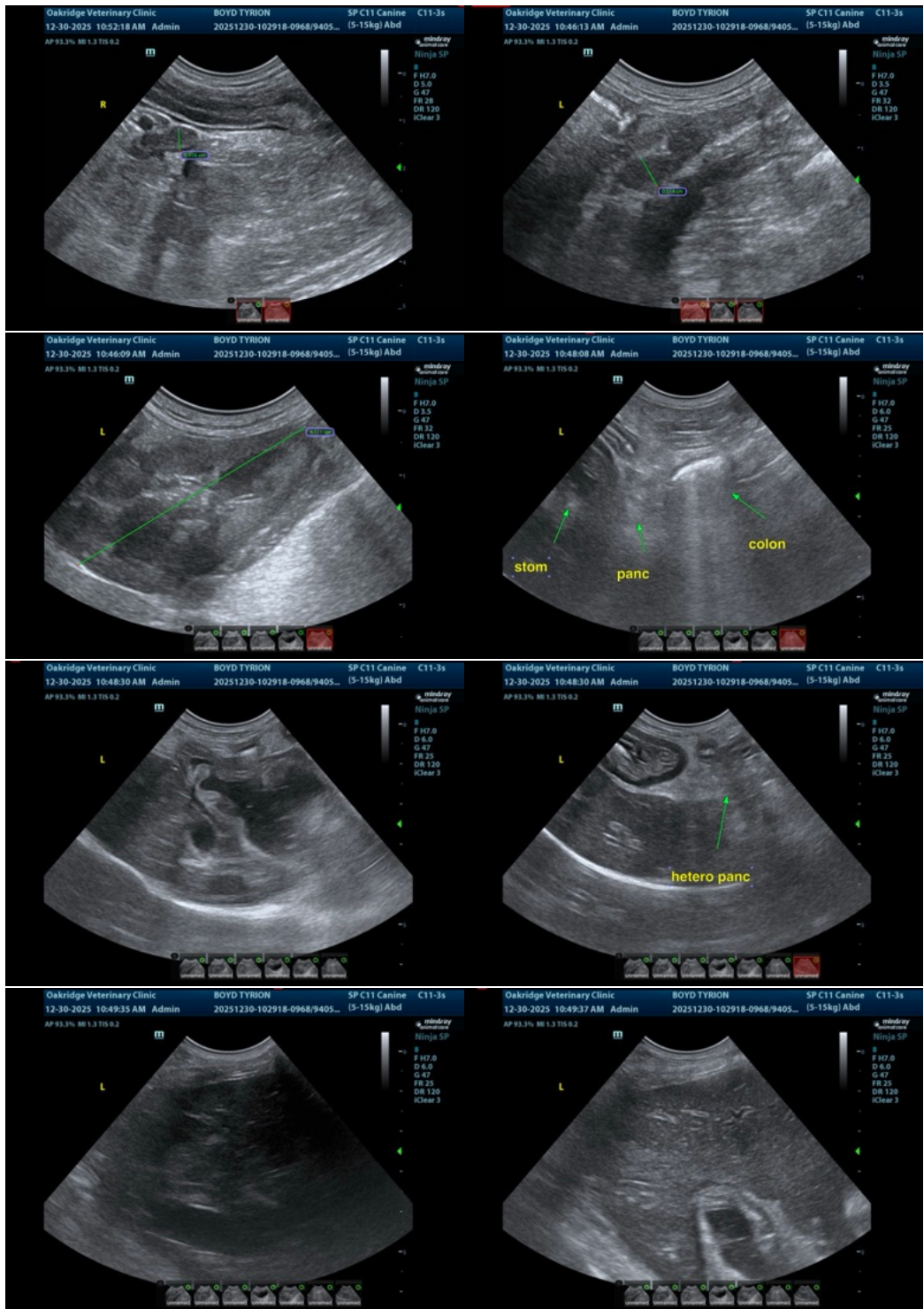
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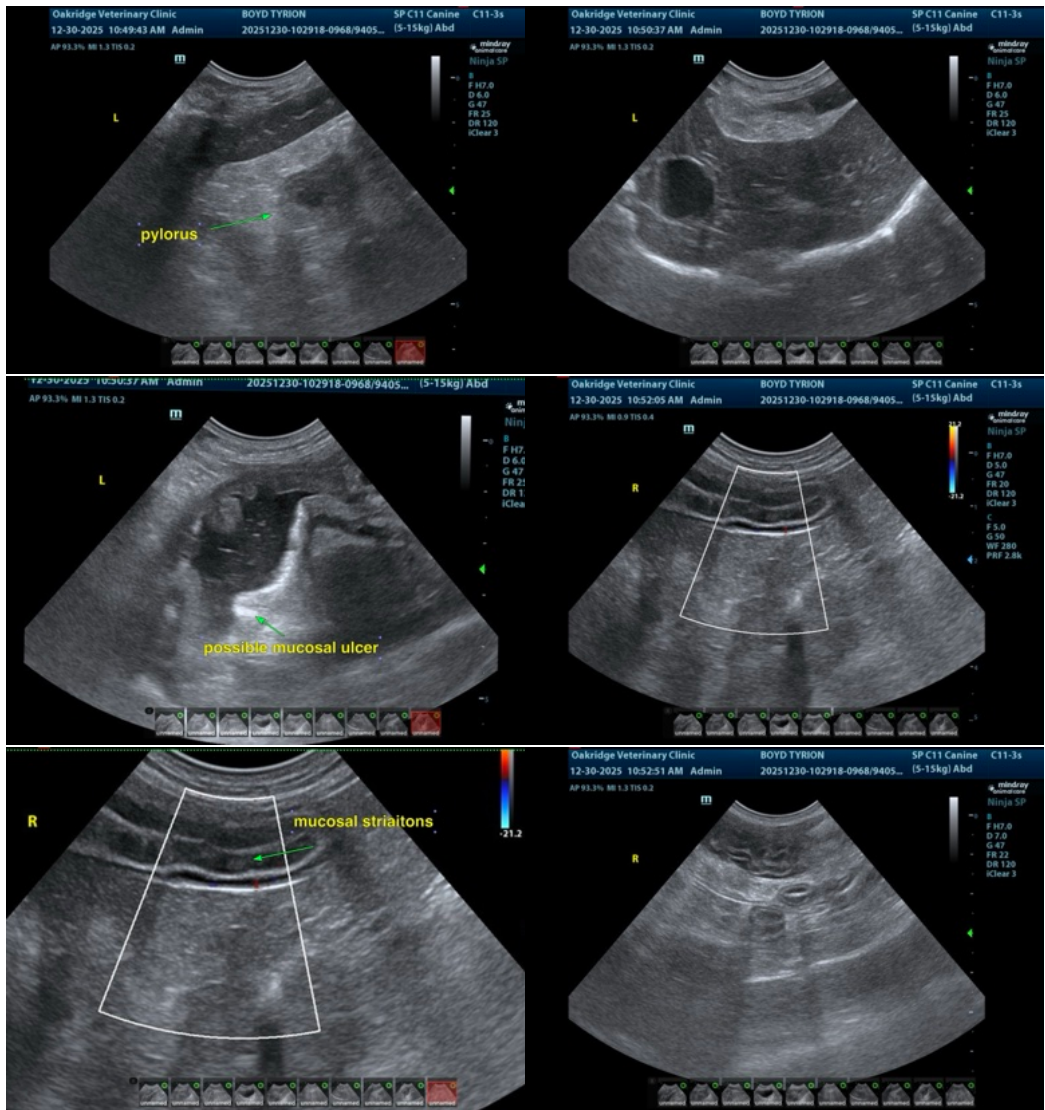
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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