



**PATIENT**

Toby Browne

**SPECIES**

Canine

**BREED**

Dachshund

**SEX**

Neutered Male

**AGE**

15

**WEIGHT**

20 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Dorris

**HOSPITAL NAME**

County Line Vet Clinic

**REFERRING VET**

Dr. Dorris

**INVOICE**

44765

**DATE**

2/3/23

**PRESENTING CLINICAL SIGNS**

Pt presented for annual vet checkup, owner concerned with pt losing weight over time, in 2021 pt was 29 lbs. Preformed geriatrics bloodwork elevation were ALT 146, ALP 122 GGT 53 T.Bili 2.1 K+ 5.9 Chloride 101

Abnormal PE/Chem/CBC/UA Results: Blood work elevation were ALT 146, ALP 122 GGT 53 T.Bili 2.1 K+ 5.9 Chloride 101

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** revealed sand accumulation, a grouping of which measured 1.5 cm, non-obstructive at the time of the sonogram. Urethral sand also noted, non-obstructive.

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. Mineralization noted in both kidneys, non-obstructive.

The patient is likely passing calculi from the kidneys to the bladder periodically. The left kidney measured 4.7 cm. The right kidney measured 4.5 cm.

**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 0.40 cm.

The **right adrenal gland** was slightly heterogeneous, measuring 6.0 mm in width.

**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.

**Liver**

The **liver** revealed increased portal markings with coarse architecture and mild irregular contour. Multifocal nodular changes noted. The gallbladder was unremarkable.

**Gastrointestinal**

The **stomach** revealed minor shadowing material, possible medications, measuring up to 8.0 mm. The small intestine and colon were unremarkable.

**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.



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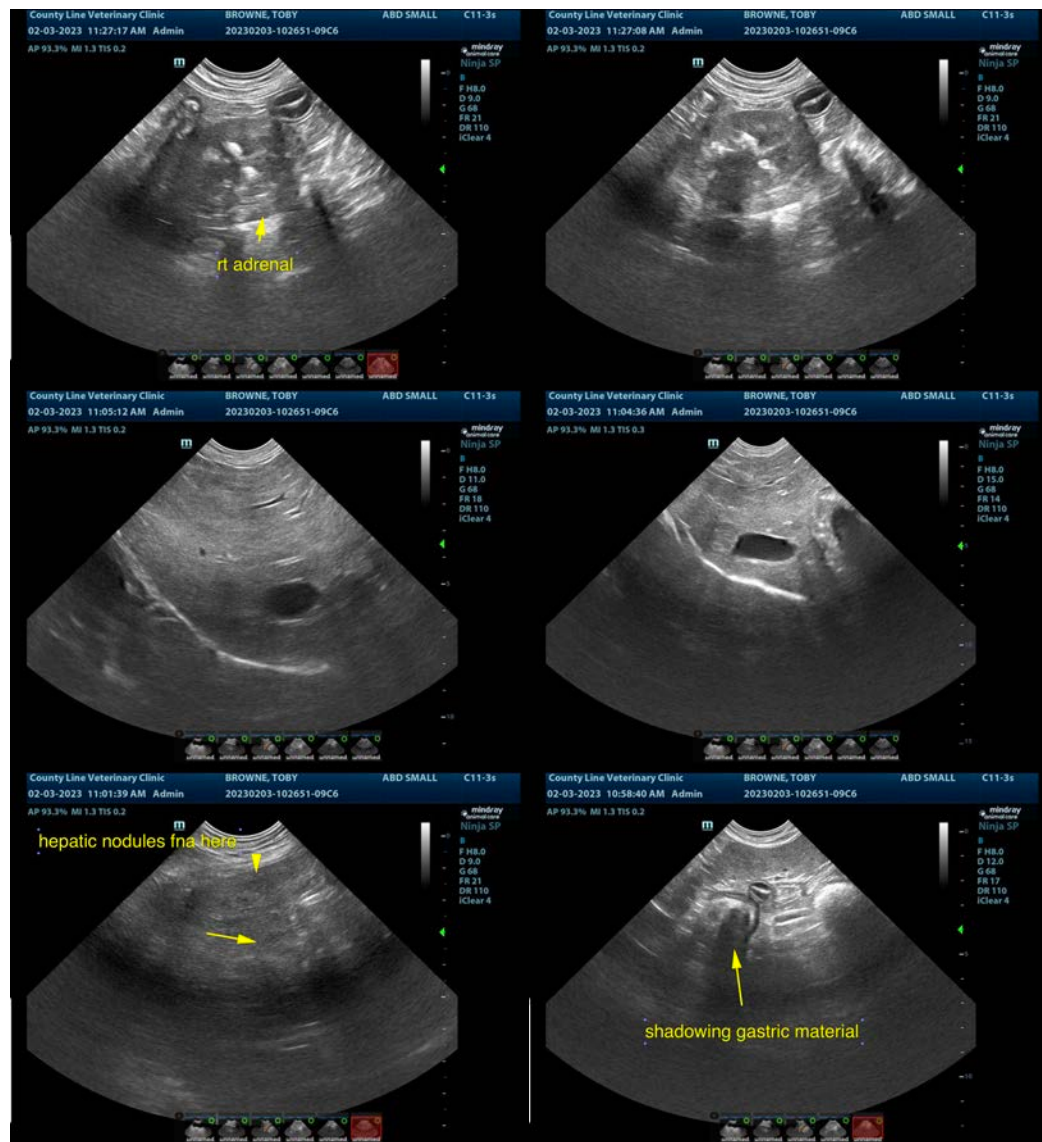
2/3/23

**ULTRASONOGRAPHIC FINDINGS**

- Hepatic remodeling/nodular hyperplasia pattern
- Bladder sand
- Non-obstructive nephrolithiasis
- Heterogeneous right adrenal gland
- Minor shadowing material in the stomach, possibly medications

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of post-hepatic obstruction. Assuming that hemolytic is not an issue, FNA of the liver indicated for further definition. Leptospirosis titers warranted if present in your region. If anemia is an issue, then hemolytic disease should be considered. Recommend ensuring that bilirubin is not artifactual.





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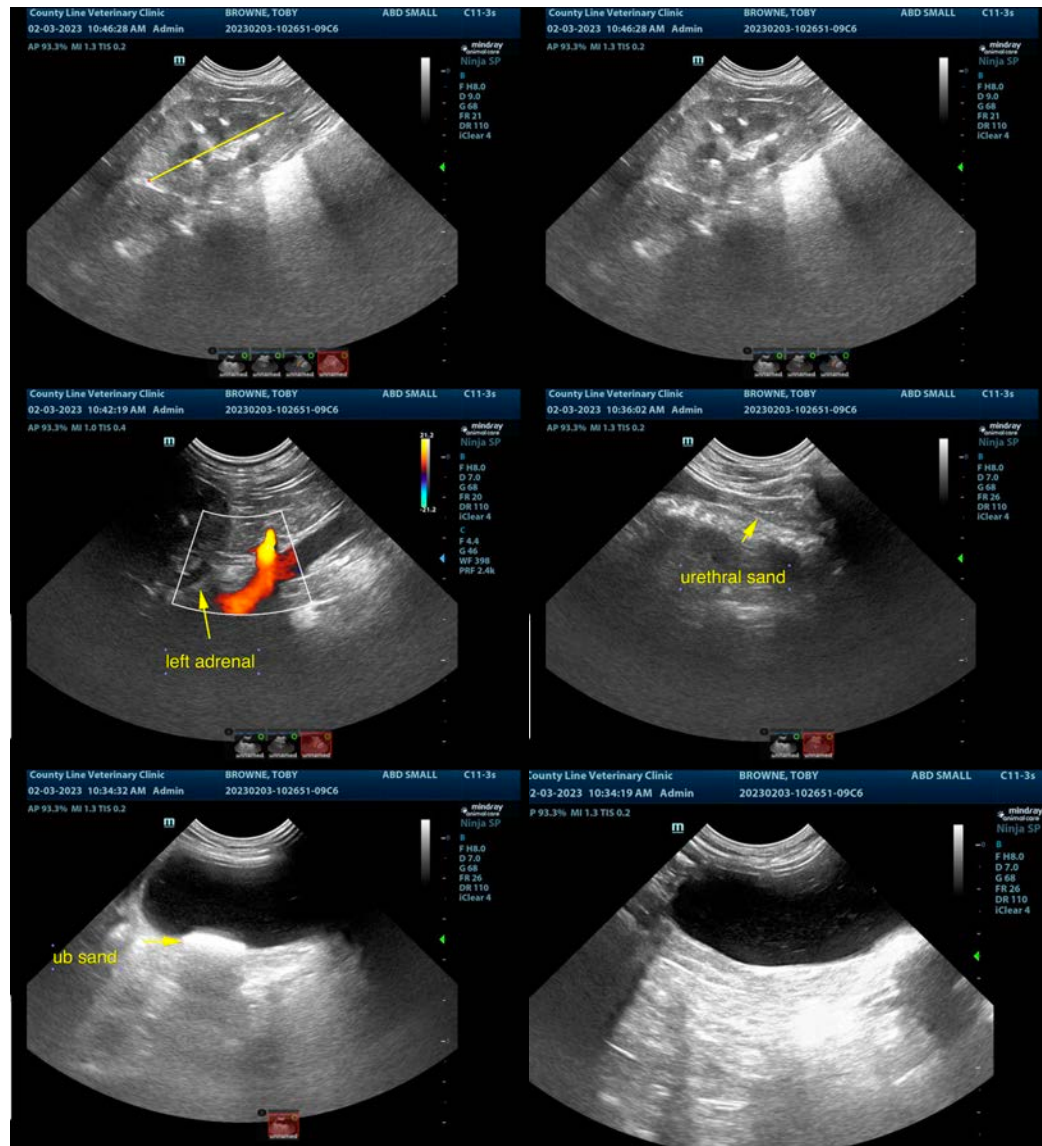
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

[info@SonoPath.com](mailto:info@SonoPath.com)