



**PATIENT**

Rosalita Kutner

**SPECIES**

Canine

**BREED**

Miniature Dachshund

**SEX**

Spayed female

**AGE**

14 years

**WEIGHT**

18.98 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Vazquez, CVT

**HOSPITAL NAME**

Animal General on  
Hudson

**REFERRING VET**

Dr. Freedman

**INVOICE**

43050

**DATE**

3/1/23

**PRESENTING CLINICAL SIGNS**

History: Intermittent decreased appetite, occasional vomiting and diarrhea with occasional dark stool. Current meds: Pepcid and Cerenia.

Abnormal PE/Chem/CBC/UA Results: Alk. Phos 269, BUN 105, creat. 4.3, SDMA 25, Ca. 11.7, phos. 7.2, PSL 309. U/A: bacteria in urine - treated with Convenia, USG 1.013.

**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** presented moderate degenerative changes. Pyelectasia was noted in the left kidney measuring 1.29 x 0.38 cm. The left kidney measured 3.8 cm and was subnormal in size. The right kidney revealed moderate degenerative changes with corticomedullary calculus that measured 0.38 cm. the calculus was non-obstructive. The right kidney measured 3.89 cm.

**Adrenal Glands**

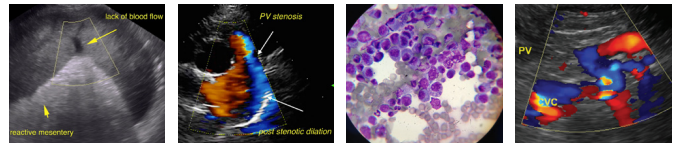
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 0.65 cm at the caudal pole and 0.55 cm at the cranial pole. The left adrenal gland measured 1.75 x 0.54 cm at the caudal pole and 0.49 cm at the cranial pole.

**Spleen**

The **spleen** revealed a hypoechoic nodule that measured 1.03 x 0.68 cm. Blood flow to the splenic nodule was positive on Power Doppler assessment. Minor, heterogenous parenchymal changes were noted throughout the spleen.

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.



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**Gastrointestinal**

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Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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**Pancreas**

Miniature Dachshund

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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Spayed female

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**ULTRASONOGRAPHIC FINDINGS**

Splenic nodule.

Moderate degenerative renal changes, subjectively did not appear end stage.

**WEIGHT**

18.98 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

The patient may have recently passed a calculus causing the immediate insult. 72-hour IV fluid protocol is warranted. Leptospirosis titers, assessment for renal toxin or other cause of acute on chronic renal failure. I recommend reassessment of the clinical signs. Urine culture and sensitivity and treatment for chronic pyelonephritis is warranted given the patient's history and pyelectasia of the left kidney. Blood pressure measurements are also indicated. Renal oriented diet is recommended if the patient is able to stabilize. Prognosis is guarded.

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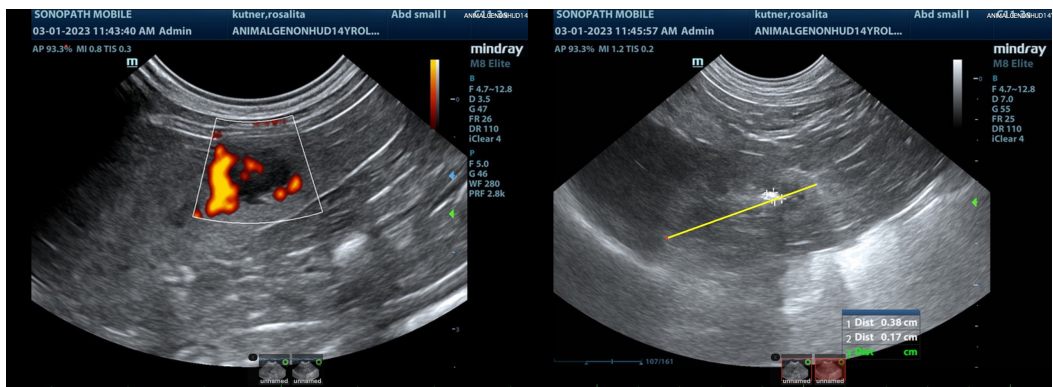
Dr. Freedman

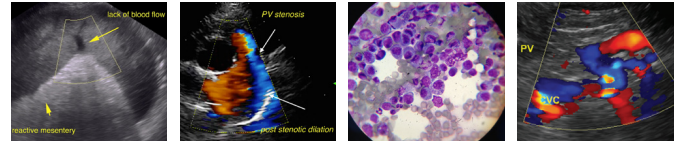
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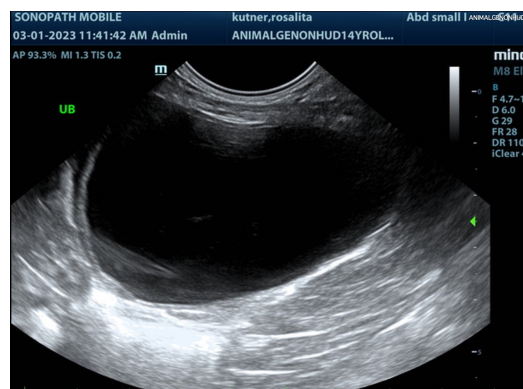
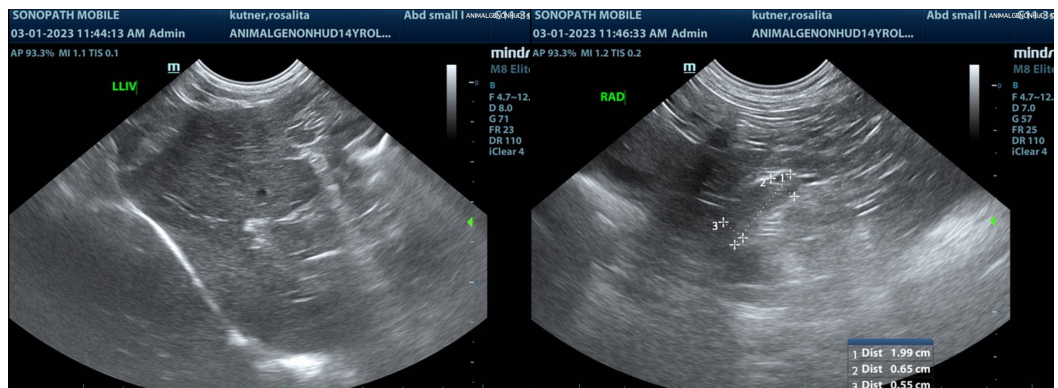
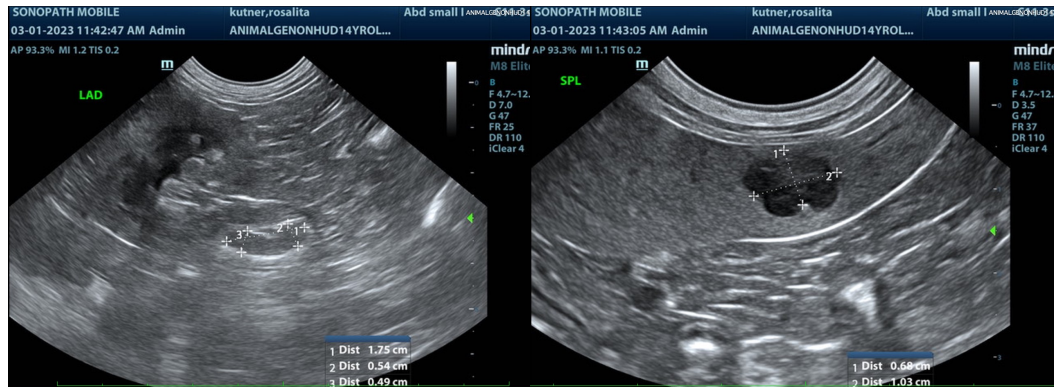
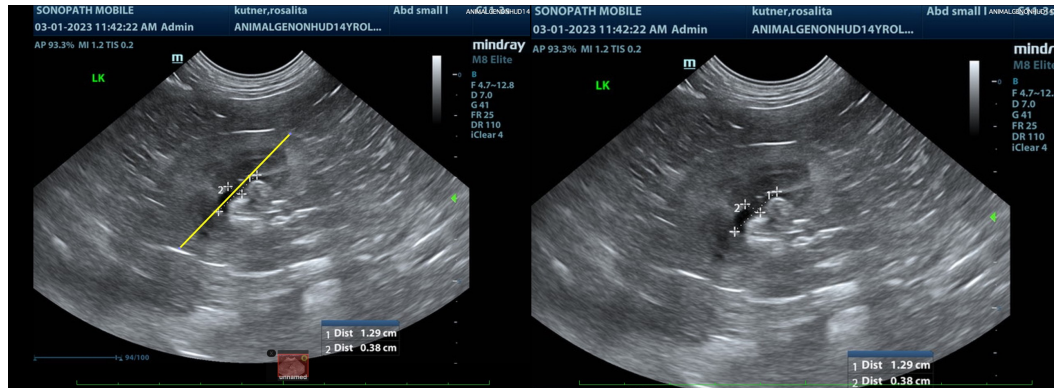
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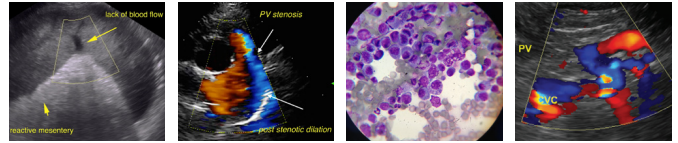
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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

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