



PATIENT

Dumbo Navarrete

PRESENTING CLINICAL SIGNS

trouble breathing, shaking, decreased appetite soft stools

SPECIES

Canine

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.

BREED

Dachshund

SEX

Neutered Male

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. The left kidney measured 5.25 cm. The right kidney measured 5.0 cm.

AGE

13 Years

Adrenal Glands

The **right adrenal gland** was heterogeneous and mildly irregular, measuring 0.80 cm. The **left adrenal gland** was not visualized.

WEIGHT

27 Pounds

Spleen

An undifferentiated mid caudal abdominal mass was noted in this patient measuring 10+ cm with areas of cavitation. It appears to be impinging upon or deriving from the **spleen**. However, the exact origin cannot be ascertained. The mass deviated surrounding structures. Some regional inflammation was present. This may represent a complication lipoma.

INTERPRETED BY

Eric Lindquist, DMV

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.

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

Gastrointestinal

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.

REFERRING VET

Dr. Bednar

INVOICE

36128

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.

DATE

3/12/22



PATIENT

Free Abdomen

Dumbo Navarrete

Trace amounts of free fluid noted in the abdomen.

SPECIES

Canine

Rapid view of the heart revealed no evident pathology.

BREED

Dachshund

ULTRASONOGRAPHIC FINDINGS

- Undefined caudal abdominal mass with slight free fluid and regional inflammation – likely splenic origin, yet could not be completely defined. Possible infarcted lipoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory surgery recommended after 3-view chest radiographs.

SEX

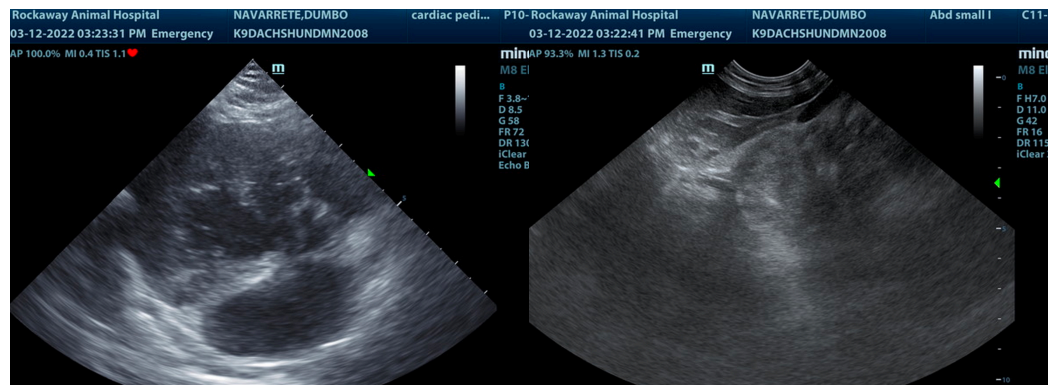
Neutered Male

AGE

13 Years

WEIGHT

27 Pounds



INTERPRETED BY

Eric Lindquist, DMV

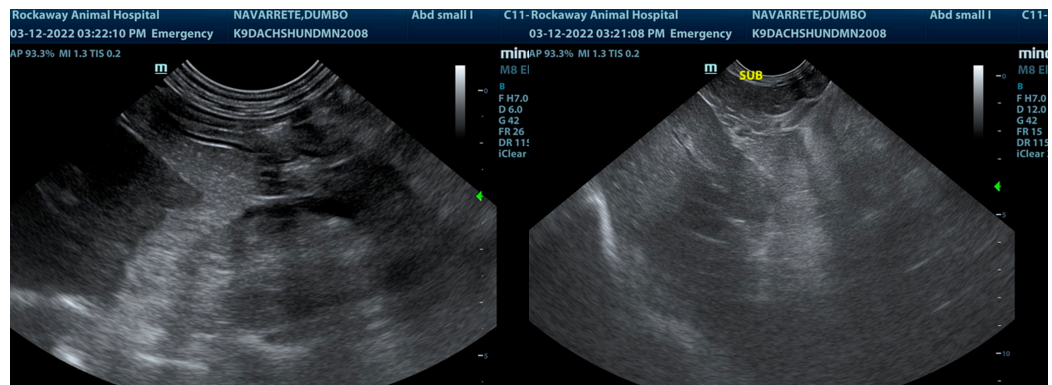
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REFERRING VET

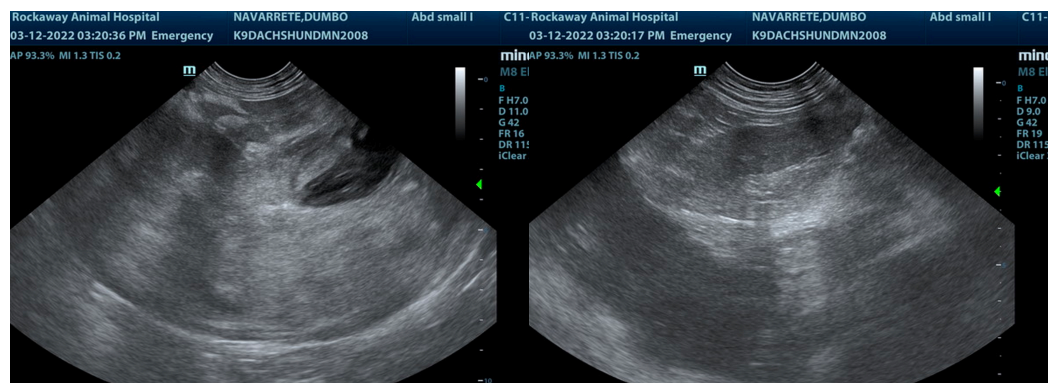
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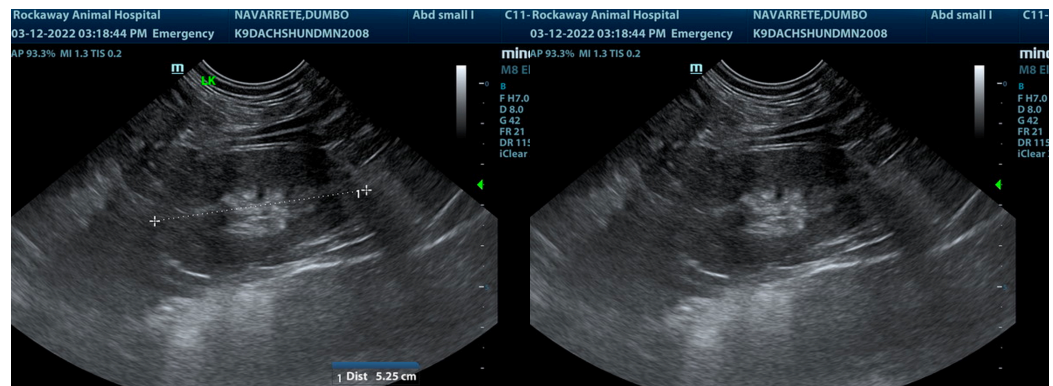
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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