



PATIENT

Bentley Marich

SPECIES

Canine

BREED

Miniature Dachshund

SEX

Neutered Male

AGE

11 Years

WEIGHT

5.19 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Jolee Stegemoller,
DVM

HOSPITAL NAME

North Idaho AH

REFERRING VET

Jolee Stegemoller,
DVM

INVOICE

14373

DATE

3/18/22

PRESENTING CLINICAL SIGNS

History: Since December has had 3 episodes of acute vomiting and diarrhea. Used to have an "iron gut" and could eat anything and was never bothered by anything. Really has a good appetite except in last 24 hours where appetite is reduced. Does have exposure to fenced yard. Owner has 3 other dogs, all of which are normal. Owner reports has been drinking more water in last 3 days but over the last few months, does seem to have days where he drinks more water. Owner concerned there could be more than acute gastritis.

Abnormal PE/Chem/CBC/UA Results: November 2021 (wellness bloodwork) - WNL December 2021 - Slight neutrophilia, chem WNL Owner wanted to do ultrasound before rechecking labwork again as things have been normal in the past. On physical exam, patient has moderate ptyalism, somewhat lethargic, and very tense on abdominal palpation.

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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. Multifocal cortical pinpoint mineralizations noted in the kidney cortices. Power doppler assessment was unremarkable. The right kidney measured 4.6 cm. The left kidney measured 4.5 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 0.55 cm at maximum width. The right adrenal gland measured 0.6 cm at maximum 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** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably



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thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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Gastrointestinal

The **stomach** was overdistended with chyme. The upper duodenum and small intestine were unremarkable.

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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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Free Abdomen

The mesenteric **lymph nodes** (up to 1.5 cm x 0.7 cm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

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ULTRASONOGRAPHIC FINDINGS

WEIGHT

5.19 kg

- Delayed outflow gastric pattern
- Minor mesenteric lymphadenopathy
- Age-related renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

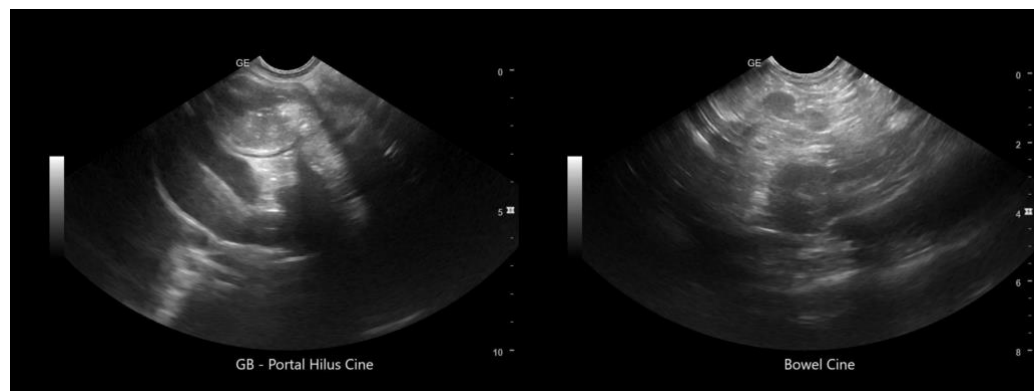
Visibility was poor in the pyloric outflow with gas interference. I recommend 24-hour NPO for gastrointestinal inflammation/gastroenteritis and recheck sonogram.

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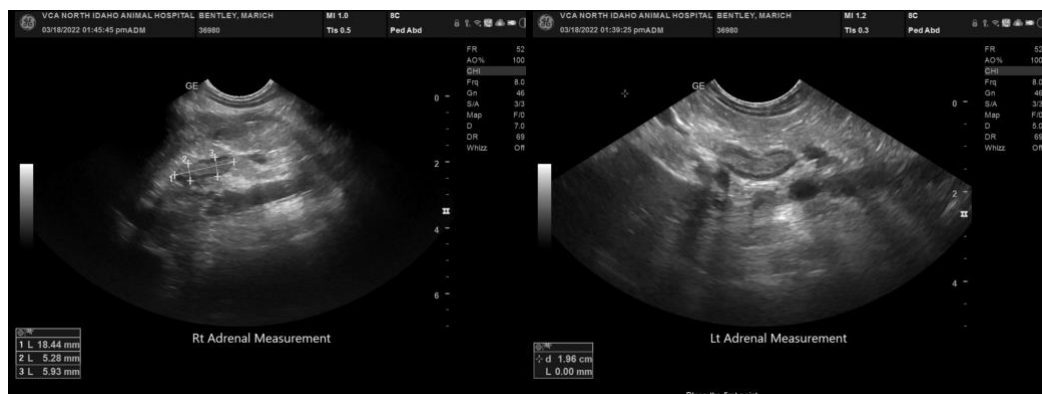
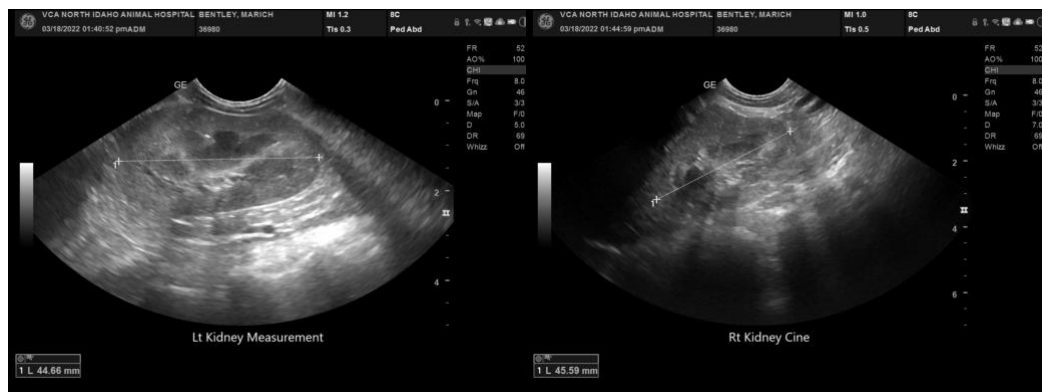
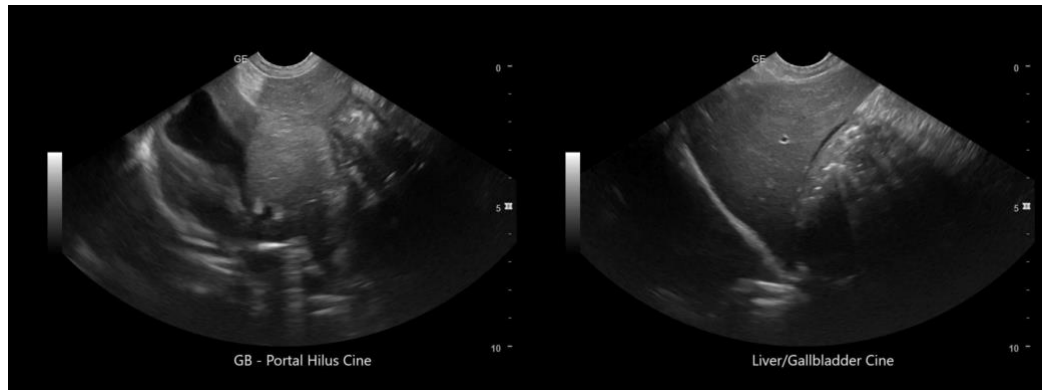
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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