

## PATIENT

Ginger Chandler

## SPECIES

Canine

## BREED

Dachshund

## SEX

Spayed Female

## AGE

11 Years

## WEIGHT

10.36

## INTERPRETED BY

Eric Lindquist, DMV,  
DABVP(CFM), Cert.  
IVUSS

## IMAGING PERFORMED BY

Dr. Annette Anleu

## HOSPITAL NAME

Ellwood Animal  
Hospital

## REFERRING VET

Dr. Annette Anleu

## INVOICE

14437

## DATE

03/18/26

## PRESENTING CLINICAL SIGNS

- Pet has been vomiting undigested food since November.
- Pet will keep food down for about 5 hours.
- X-rays taken 3/16/26 showed a slightly displaced opacity mass effect of the caudal aspect of the liver.
- Pet has already been on Sulfasalazine 500mg, Metoclopramide oral suspension, Entyce, Methylpredisone 4mg, Cerenia 16mg, Clavacillin 62.5mg, Doxycycline 50mg, and Maropitant citrate 24mg.
- None of the medications above helped with the vomiting.

## 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 **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 left kidney measured 4.3 cm in length. The right kidney measured 3.9 cm in length.

### *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 0.50 cm width. The right adrenal gland measured 0.30 cm width.

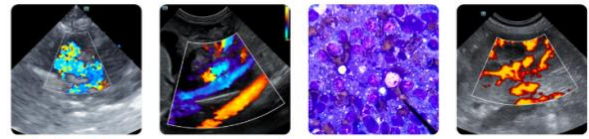
### *Spleen*

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** was uniformly swollen with moderate, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

### *Gastrointestinal*



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The **stomach** was over distended with chyme. The small intestine and colon were unremarkable. The pylorus itself appears unremarkable. There is a significant amount of gastric ingesta present.

**Pancreas**

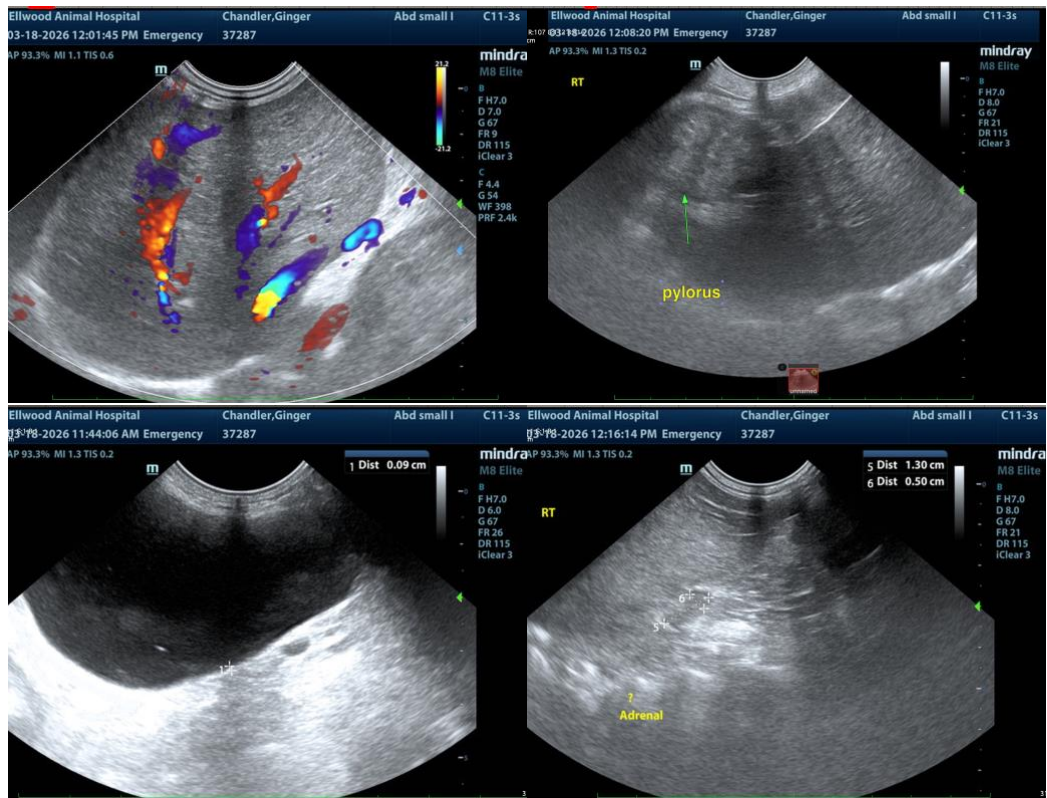
The right pancreatic base revealed a region of approximately 3.0 cm of heterogenous mixed echogenic changes and appears to be entrapping the upper duodenum (which was empty).

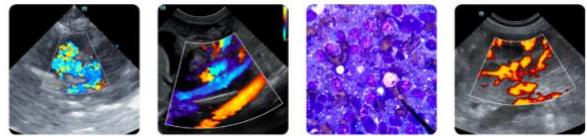
**ULTRASONOGRAPHIC FINDINGS**

- Delayed outflow pattern with chronic pancreatitis pattern at the right base.
- Benign vacuolar hepatopathy pattern.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

24-hour NPO, IV fluid support and GI protectants are all indicated. The prednisone may be suppressing a more significant presentation. A slurry feeding is recommended. No overt cause of obstruction other than the pancreatic changes enveloping the upper duodenum yet changes appear fairly mild.





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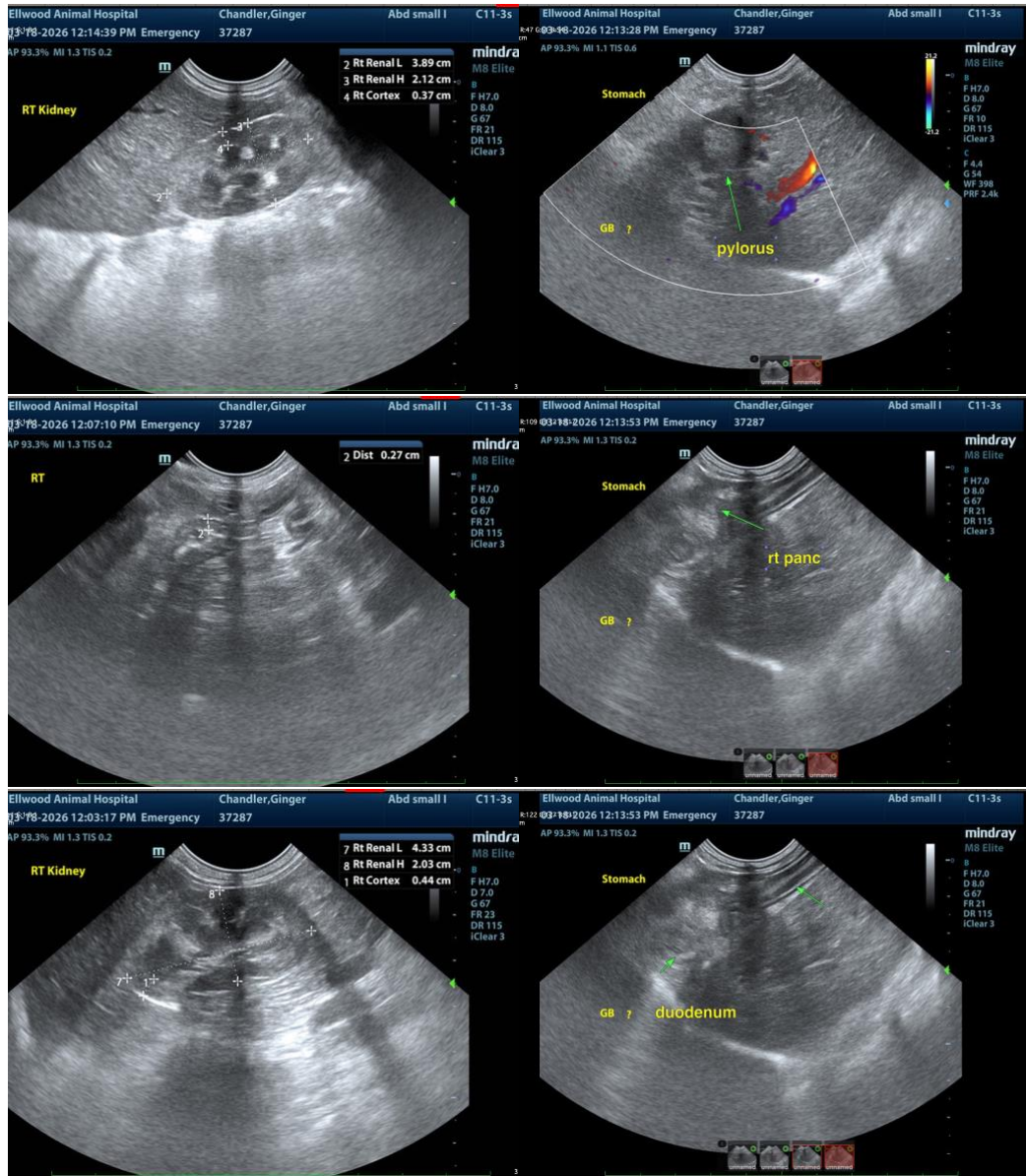
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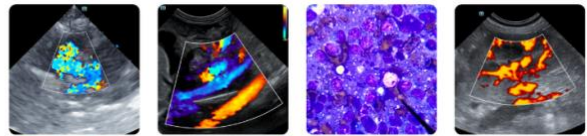
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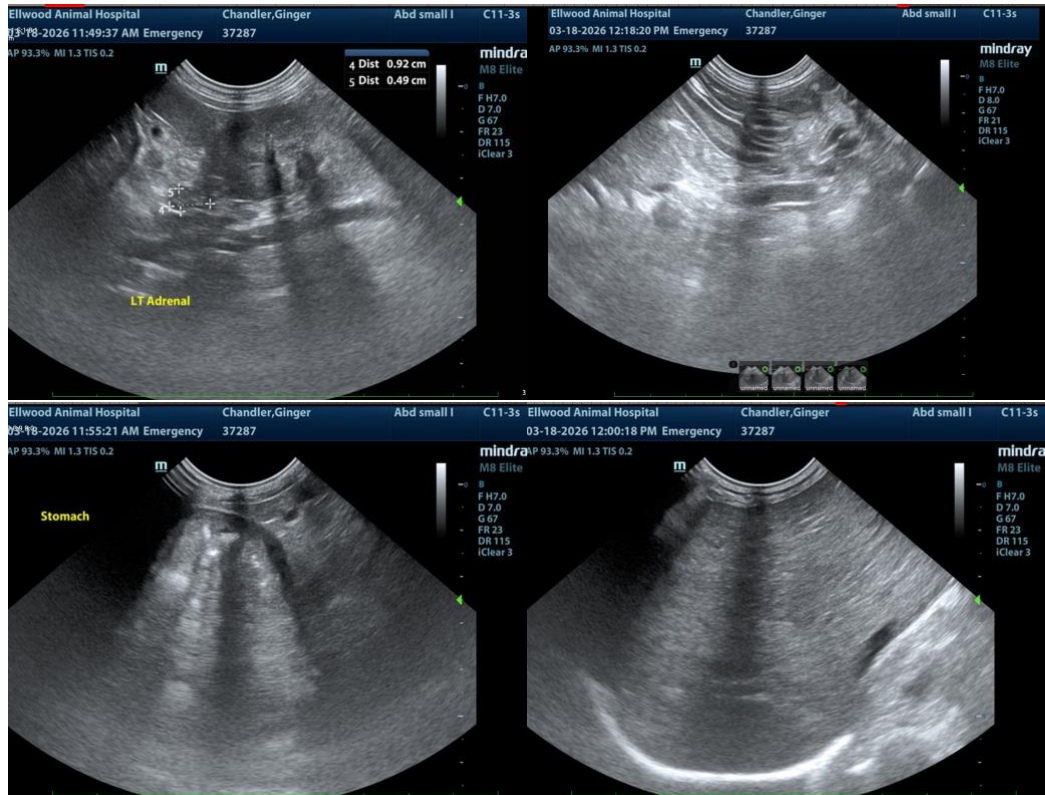
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,**

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