



## PATIENT

Cooper Corning

## SPECIES

Canine

## BREED

Dachshund

## SEX

Neutered male

## AGE

8 years

## WEIGHT

14.6 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Carissa Hayden

## HOSPITAL NAME

Elizabeth AH

## REFERRING VET

Dr. Anderson

## INVOICE

72111

## DATE

3/2/26

## PRESENTING CLINICAL SIGNS

- Vomiting and lower appetite for 2 weeks.
- Episodes like this on and off for a few months.
- 2# weight loss in 1 year.
- PE: Temp. 102.9F Typical Senior exam otherwise. Labs: - RBC 10.89 M/uL, HCT 60.8%, Hgb 22.4 g/dL, MCV 56 fL, MCH 20.6 pg, RDW 19.1%, Retic Hgb 22.7 pg - WBC 5.4 K/uL, Lymphocytes 0.74 K/uL - ALT 1169 U/L, AST 192 U/L, ALP 336 U/L, Total Bili 0.4 mg/dL, Unconj. Bili 0.3 mg/dL, Chol 387 mg/dL, Lipase 521 U/L, Creatine Kinase 307 U/L, Spec cPL 200 ug/L - Bilirubinuria 6, urine specific gravity >1.050 - T4 and Free T4 normal, Negative blood parasite screen and fecal screen

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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** 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 right kidney measured 3.75 cm. The left kidney measured 4.82 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 1.8 x 0.65 cm at the caudal pole and 0.59 cm at the cranial pole. The right adrenal gland measured 1.42 x 0.66 cm at the caudal pole and 0.65 cm at the cranial pole.

### Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

### Liver



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The **liver** revealed slight, heterogenous parenchymal changes with mildly increased portal markings. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder and common bile duct were unremarkable. There was no evidence of post hepatic obstruction.

## 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. A trace amount of ingesta was noted in the stomach. 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.

## 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.

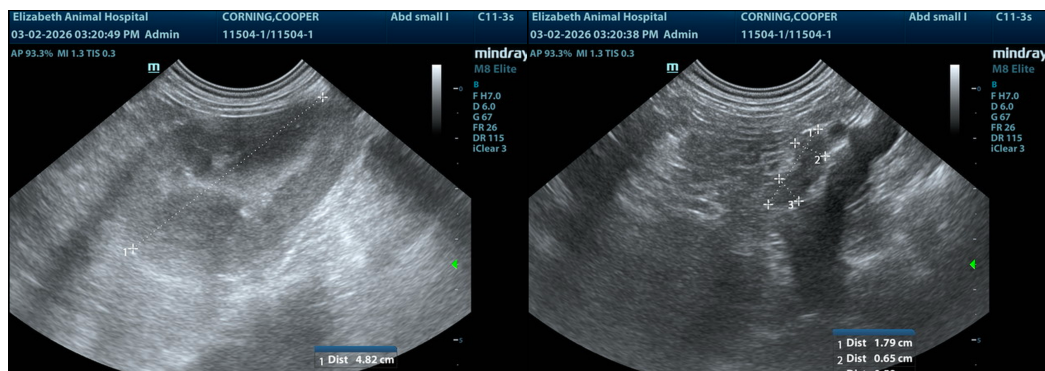
## ULTRASONOGRAPHIC FINDINGS

Non-specific, subacute inflammatory hepatopathy. Underlying hepatic insult is suspected.

Ingesta in the stomach, post prandial presentation.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Leptospirosis titers are indicated. There was no evidence of neoplasia or surgical disease. FNA of the liver, Leptospirosis titers are warranted, IV Ampicillin, and nutraceuticals are all indicated. Recheck sonogram is recommended in 2-3 weeks if liver enzymes are still elevated.





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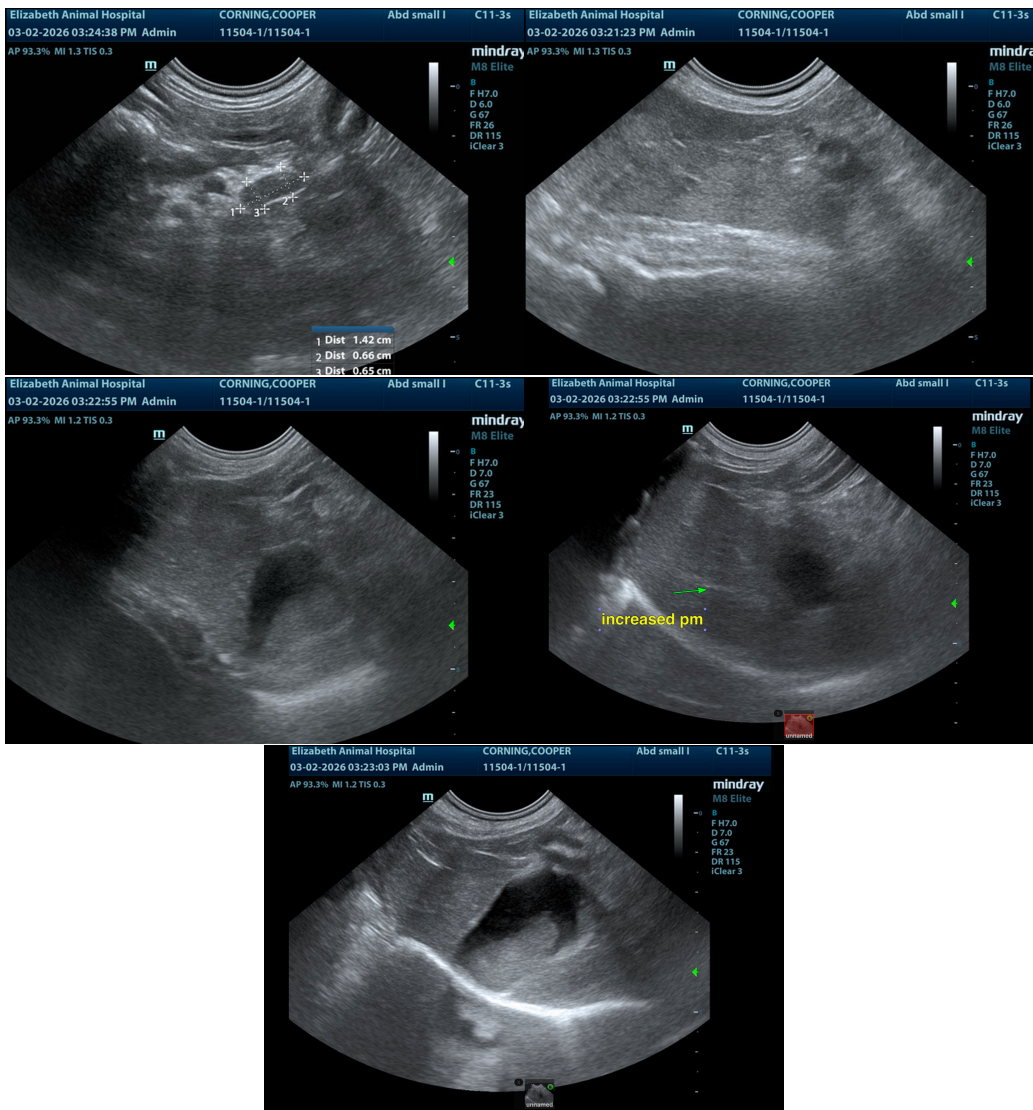
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

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