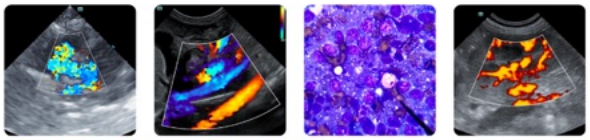

PATIENT

Barry Mummert

SPECIES

Canine

BREED

Dachshund

SEX

Netuered male

AGE

5 years

WEIGHT

18.6 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kevin Moon, DVM

HOSPITAL NAME

Shiloh VH

REFERRING VET

Dr. Craig

INVOICE

73790

DATE

3/24/26

PRESENTING CLINICAL SIGNS

- BCS 7/9
- Acutely uncomfortable this AM with decreased appetite
- Chronic mild-moderate elevated of ALP
- Extraction of 108 due to dental abscess 1 month ago
- ALP- 721 on 3/17/26, 317 on 10/26/25, 345 on 11/27/2024, 454 on 10/22/2024

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** 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 4.2 cm.

The residual prostate measured 0.73 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 0.57 cm at the caudal pole and 0.45 cm at the cranial pole.

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 was 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 thin walls with

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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.

Gastrointestinal

The **stomach** revealed a large amount of shadowing structures, each of which measured 1.3 cm. This is consistent with bone or similar material. The material occupied the pyloric antrum. Grouping of which measured 4.0 cm. The small intestines and colon were unremarkable with normal curvilinear mural patterns and content.

Pancreas

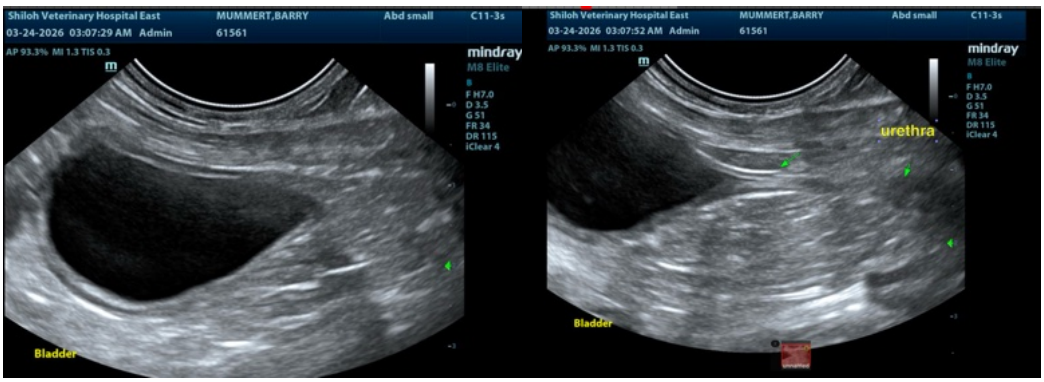
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Repleted stomach with shadowing material, not overtly obstructive. However, some delayed outflow may be occurring. Consistent with bone material or similar.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the patient was n.p.o. at the time of the sonogram then gastrotomy would be appropriate with evacuation of the stomach. Consideration for orthopedic given the breed with referred back pain causing a tense abdomen should also be considered.



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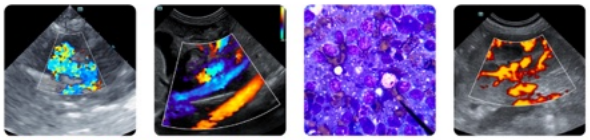

Clinical Sonography & Telecytology
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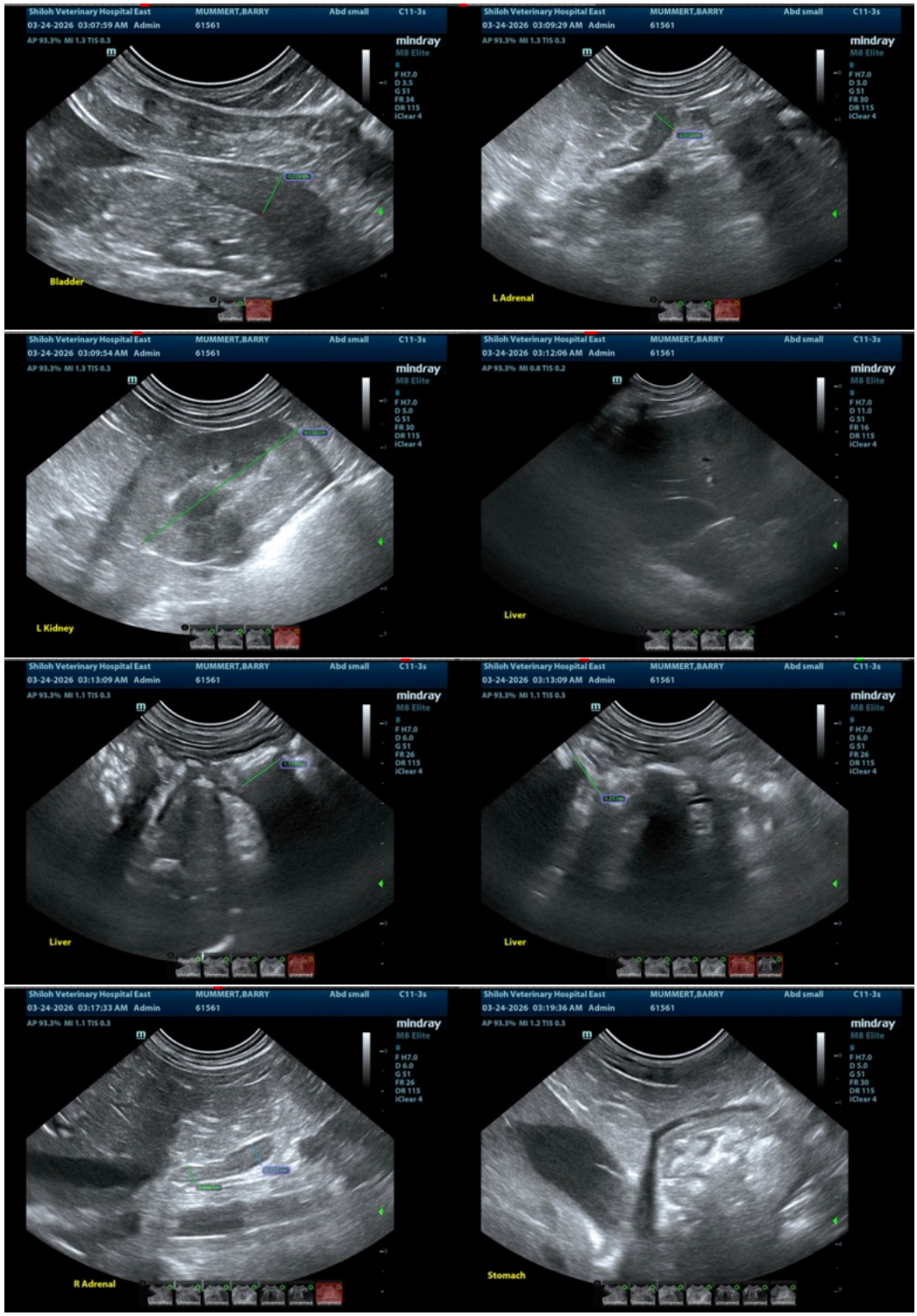

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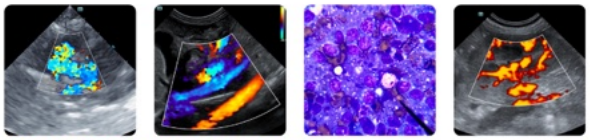

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

info@SonoPath.com