



PATIENT

Lego Milletics

SPECIES

Canine

BREED

Dachshund

SEX

Neutered male

AGE

4 years

WEIGHT

11.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Brandon

HOSPITAL NAME

Dillsburg VC

REFERRING VET

Dr. Amber

INVOICE

72244

DATE

3/5/26

PRESENTING CLINICAL SIGNS

- ALT continues to trend upwards and is now 4x upper normal at 440 (vs 118); alb and BUN are also sitting at low normal. I am suspicious of a potential microvascular dysplasia or micro-shunting within the liver.
- ALT 440, CREA 0.4, BUN 6, ALB 3.0

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 3.0 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** were mildly swollen with mild, ill-defined, corticomedullary definition. Slight mineralization was noted in both kidneys. The left kidney measured 5.14 cm and the right kidney 5.33 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 1.2 x 0.49 cm at the cranial pole and 0.34 cm at the caudal pole. The right adrenal gland measured 1.6 x 1.36 cm at the cranial pole and 0.3 cm at the caudal 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** was significantly subnormal in size with increased portal markings and parenchymal remodeling. The portal vein appeared subjectively small at 0.3 cm. There was no overt extrahepatic shunt was found; however, there was interfering artifact from the upper gastrointestinal tract. The gallbladder was over distended and static.



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Gastrointestinal

A minor amount of non-shadowing, non-obstructive ingesta was noted in the stomach. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

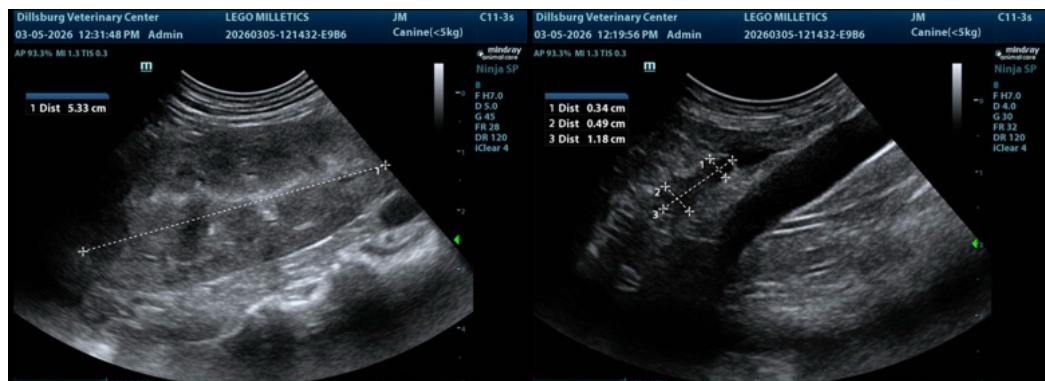
ULTRASONOGRAPHIC FINDINGS

Suspect portosystemic shunting with microhepatica, yet this could not be defined owing to interfering artifact within the stomach.

Significant hepatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT evaluation with contrast is recommended or further imaging of the portal hilus at complete n.p.o. status. SDEP 11-14 position should be emphasized. Bile acid profile is indicated. Leptospirosis titers are warranted to ensure that underlying disease is not an issue.





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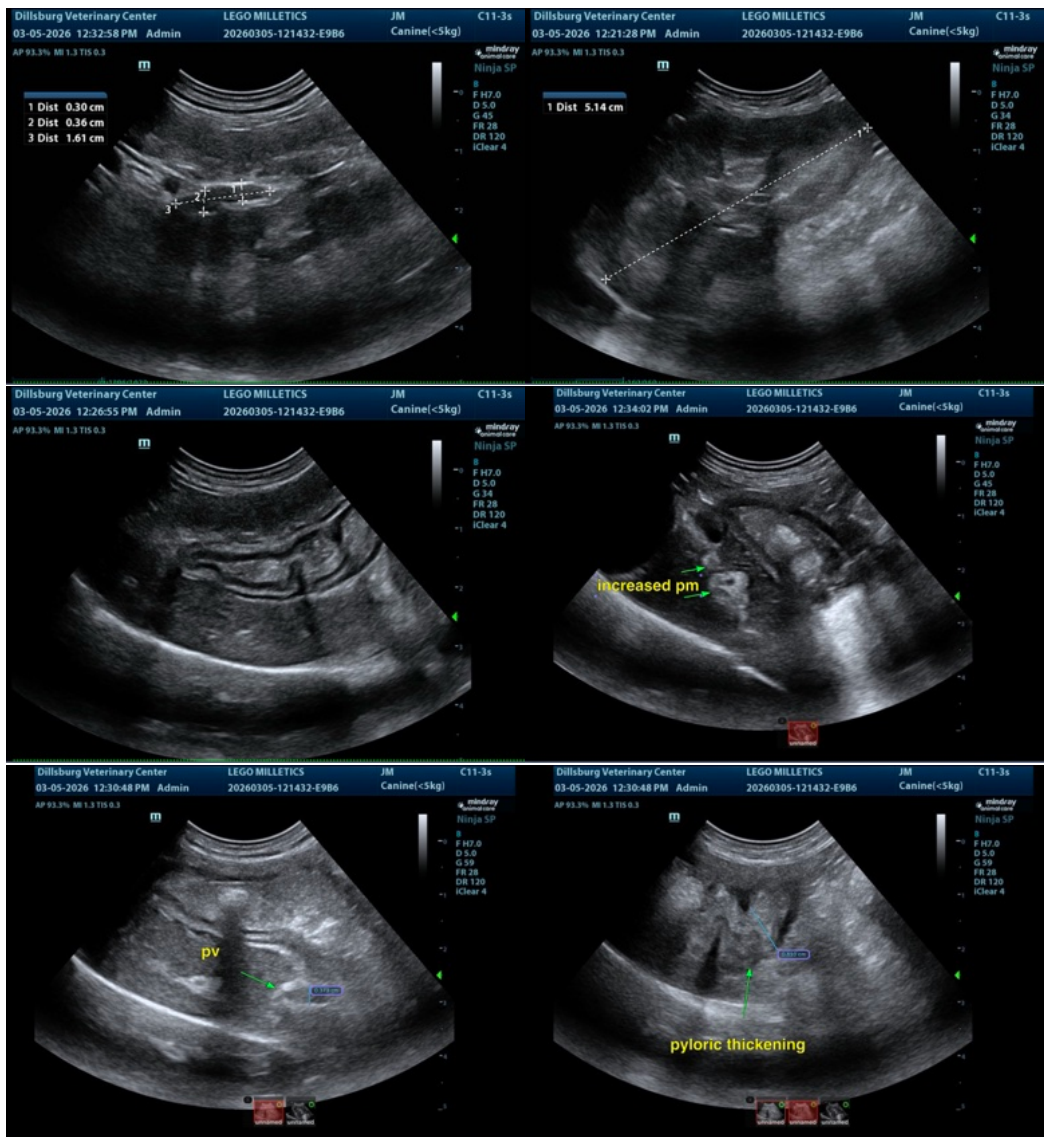
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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