



PATIENT

Atticus Medici

SPECIES

Canine

BREED

Miniature Dachshund
 Mix

SEX

Neutered Male

AGE

10 Years

WEIGHT

12.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Nazareth VC

REFERRING VET

Dr. Bankowski

INVOICE

36612

DATE

4/14/26

PRESENTING CLINICAL SIGNS

History: Microscopic hematuria 4+, had recent UTI, now neg culture. Atonic bladder secondary to TL Myelopathy-had sx bladder still needs expression. Hx: Extrahepatic PSS (ameroid ring); DM; Struvite & CaOx urolithiasis, Meningitis of unknown origin (currently on treatment), Elevated LE's; pancreatitis. Current Medications: Pred, Insulin, Cytarabine.

Abnormal PE/Chem/CBC/UA Results: ALKP-197; UA: USG: 1.010; 4+ hematuria on cysto + on expression.

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 residual prostate was uniform, measuring 0.7 cm.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 this age patient. Medullary structure differed distinctly from that of the cortex, and no evidence of pelvic dilation was present. Slight pinpoint mineralizations were noted. The right kidney measured 4.47 cm. The left kidney measured 4.54 cm.

Adrenal Glands

The **right adrenal gland** was subnormal in size, measuring 1.34 cm x 0.22 cm.

The **left adrenal gland** was subnormal in size, measuring 1.62 cm x 0.36 cm at the caudal pole and 0.28 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. Occasional hyperechoic lipid plaques were noted.

Liver

The **liver** was mildly subnormal in size. The gallbladder and common bile duct were unremarkable. Portal vein volume was excessive, which is expected post-ameroid, as there may be some level of hypertension in this patient, as the portal vein was somewhat tortuous, however, no ascites was noted. The intrahepatic vascular volume appeared to be slightly subnormal, which would be expected.

Gastrointestinal



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There was some residual chyme and gas noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. 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. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation, then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

- Stable microhepatica
- Congested portal vein yet appears to be stable
- No ascites was present
- Subnormal adrenal volume, likely owing to prednisone therapy
- No evidence of calculi
- Occasional hyperechoic lipid plaques in the spleen
- Age-related renal changes with slight pinpoint mineralizations
- Partially full stomach
- Age-related pancreatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Internal medicine consult is recommended.

For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.



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One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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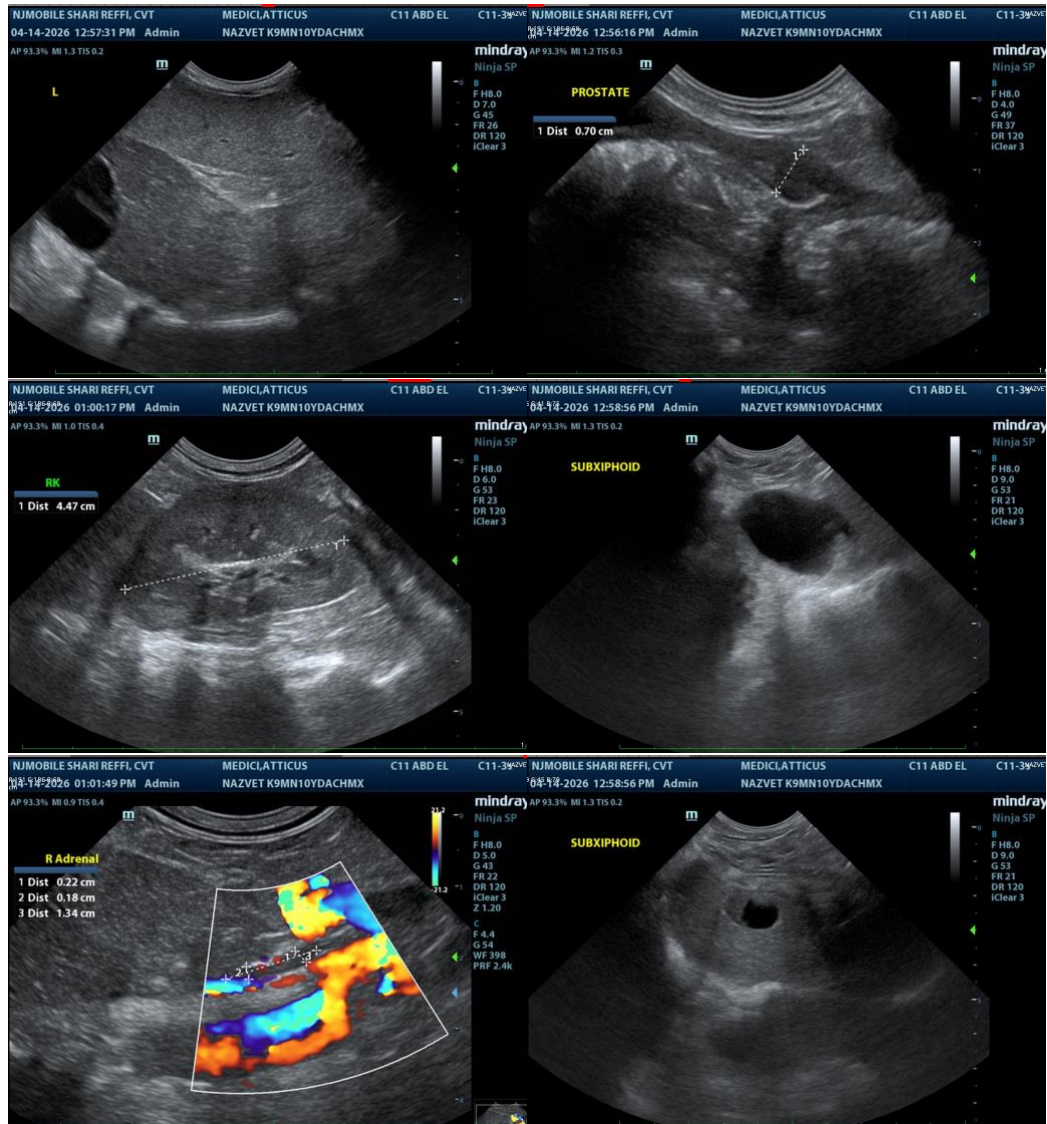
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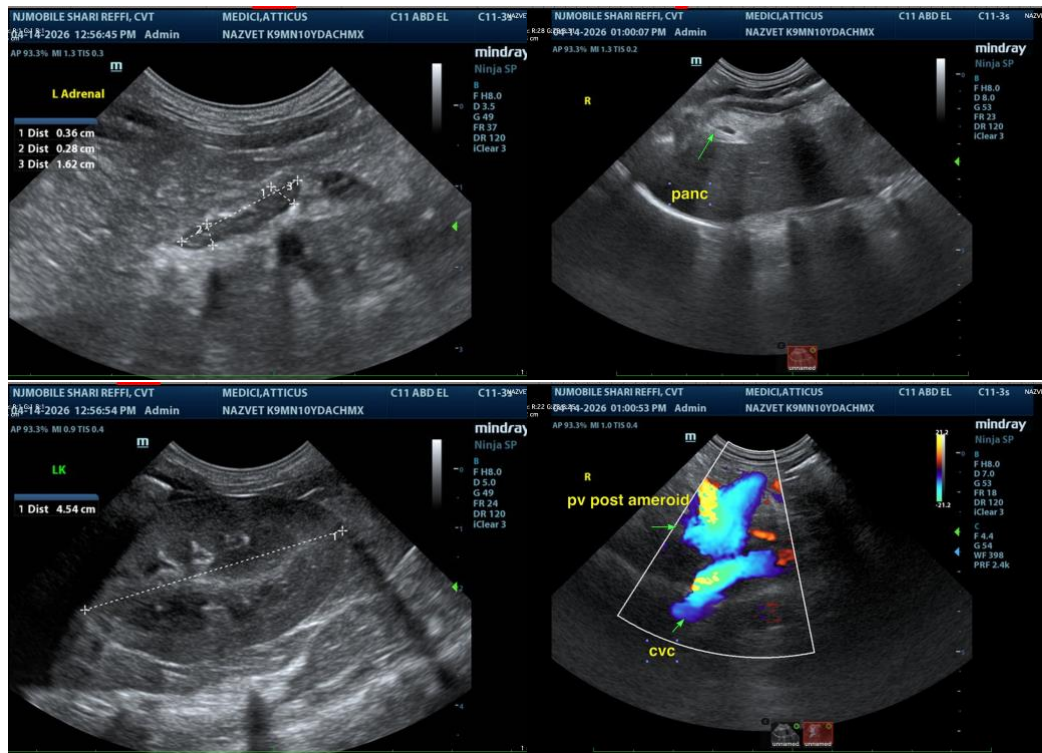
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com
info@SonoPath.com