



PATIENT

Petrie Fawcett

SPECIES

Canine

BREED

Dachshund

SEX

Neutered male

AGE

13 years

WEIGHT

17 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

IMAGING PERFORMED BY

Nicole Gotfredson

HOSPITAL NAME

Buffalo VC

REFERRING VET

Dr. Bessler

INVOICE

99364

DATE

4/19/22

PRESENTING CLINICAL SIGNS

Not eating for the past 3 days, owner did say he got into cow placenta and whatever else he could find. Also has black tarry diarrhea with the appearance of coffee grounds according to owner. No vomiting. Painful in abdomen with positive murphy sign during ultrasound.

Abnormal PE/Chem/CBC/UA Results: RBC=9.5. HCT=59, BUN=50, Lipase=2243

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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 mineralization was noted. Slight cortical cyst was noted in the kidneys with adequate blood flow.

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 0.5 cm. The right adrenal gland measured 0.8 cm at the cranial pole and 0.5 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** revealed multi-focal, hyperechoic, lipogranulomatous type nodules and slightly increased portal markings. This is subjectively benign. Minor gallbladders were noted.

Gastrointestinal

Minor retention of ingesta was noted in the **stomach**. The small intestine and colon were unremarkable.



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Pancreas

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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some 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.

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ULTRASONOGRAPHIC FINDINGS

Structurally unremarkable GI tract; however, given the patient's history GI protectant protocol and treatment for pancreatitis is warranted.

SEX

Age related renal changes.

Neutered male

Benign hepatic changes.

AGE

13 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

GI protectants and treatment for enterotoxin is indicated. Given the abdominal tension assessment for referred back pain would be warranted in this patient as viscerally the abdomen appears largely unremarkable.

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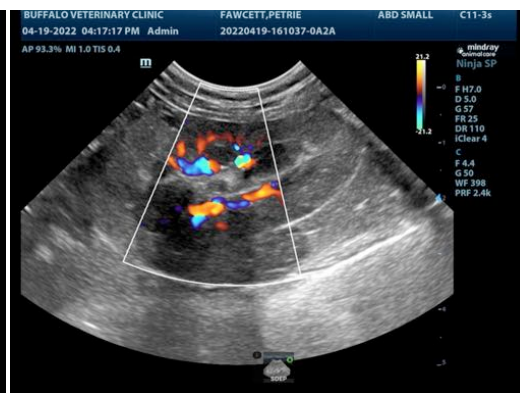
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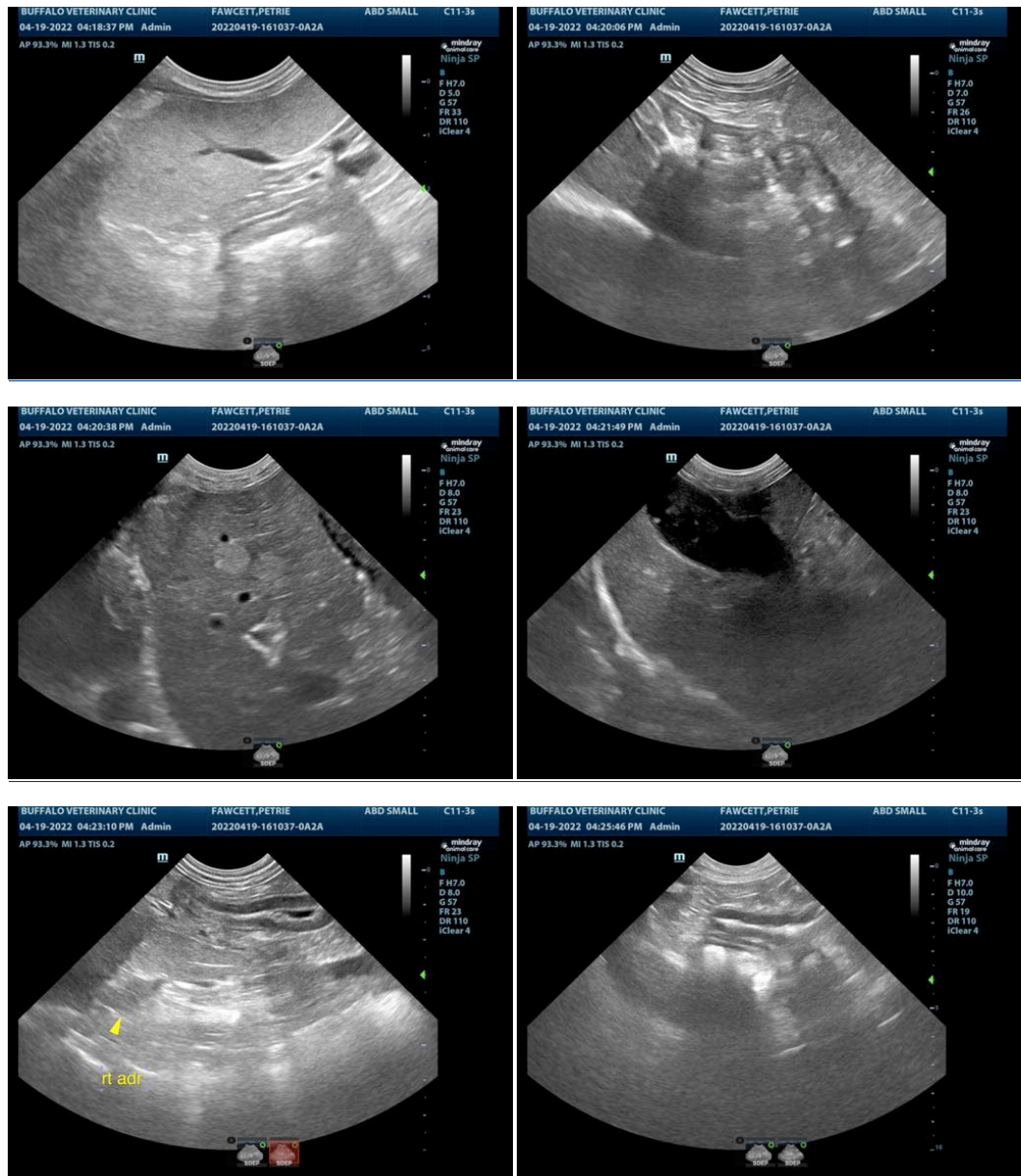
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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