



## PATIENT

Klaus Burdic

## SPECIES

Canine

## BREED

Dachshund

## SEX

Neutered Male

## AGE

12 Years

## WEIGHT

23.5

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Casita

## HOSPITAL NAME

Companion Animal  
Clinic

## REFERRING VET

Dr. Flanagan & Dr.  
Casita

## INVOICE

16156

## DATE

05/12/26

## PRESENTING CLINICAL SIGNS

Presented in last week for paw swelling, 5/11 sedated with IM sedation only for FB explore of paw - slow recovery even with reversal agent given. P went home, O reported P drooling, lethargic, anorexic, with abnormal HR. P lethargic/dull, tachycardic with arrhythmia, hypersalivating. Marked Aerophagia on radiograph

5/12 values: Ca 15.5 (norm 9-12.2), Phos 5.5, ALT 145, ALP > 993, K 3.5 Neutrophilia 14.2 5/9 values: ALT 321, ALP 1378 Neutrophilia 12300, monocytosis 1050

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 1.0 cm 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 **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild/moderate 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 his age patient. Medullary structure differed distinctly from that of the cortex. The left kidney measured 5.0 cm in length. The right kidney measured 5.3 cm in length. Nonobstructive left kidney calculi was present measuring 0.4 cm.

### Adrenal Glands

The **right adrenal gland** was visualized and recognized as having normal shape, 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 right adrenal gland measured 0.89 cm width and measured at the upper limits of normal.

The **left adrenal gland** was mildly enlarged and uniform measuring 0.85 cm width at the cranial pole and 1.0 cm width 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 were noted.

### Liver

The **liver** revealed multifocal hypoechoic nodular changes measuring up to 2.0 cm with poor ill-defined margins and increased portal markings. A minor amount of coalesced bile was present within the gallbladder.

### Gastrointestinal



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Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small intestine demonstrated normal luminal chyme respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted. The descending colon was mildly thickened with a wall thickness up to 0.49 cm.

## Pancreas

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.

## ULTRASONOGRAPHIC FINDINGS

- Concerning hepatic nodular changes.
- Geriatric abdomen with nephrolithiasis.
- Prominent adrenal glands.
- Colitis pattern.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA cytology and culture of the liver is indicated. Bile acid profile is warranted. If the bile acids are elevated, the lethargy may be in part owing to the liver. Fecal test is indicated. Echocardiogram is warranted given the arrhythmia noted in the history. Endoscopy would be ideal, given the drooling and hypersalivation as esophageal and oral disease may also be an issue.

Internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

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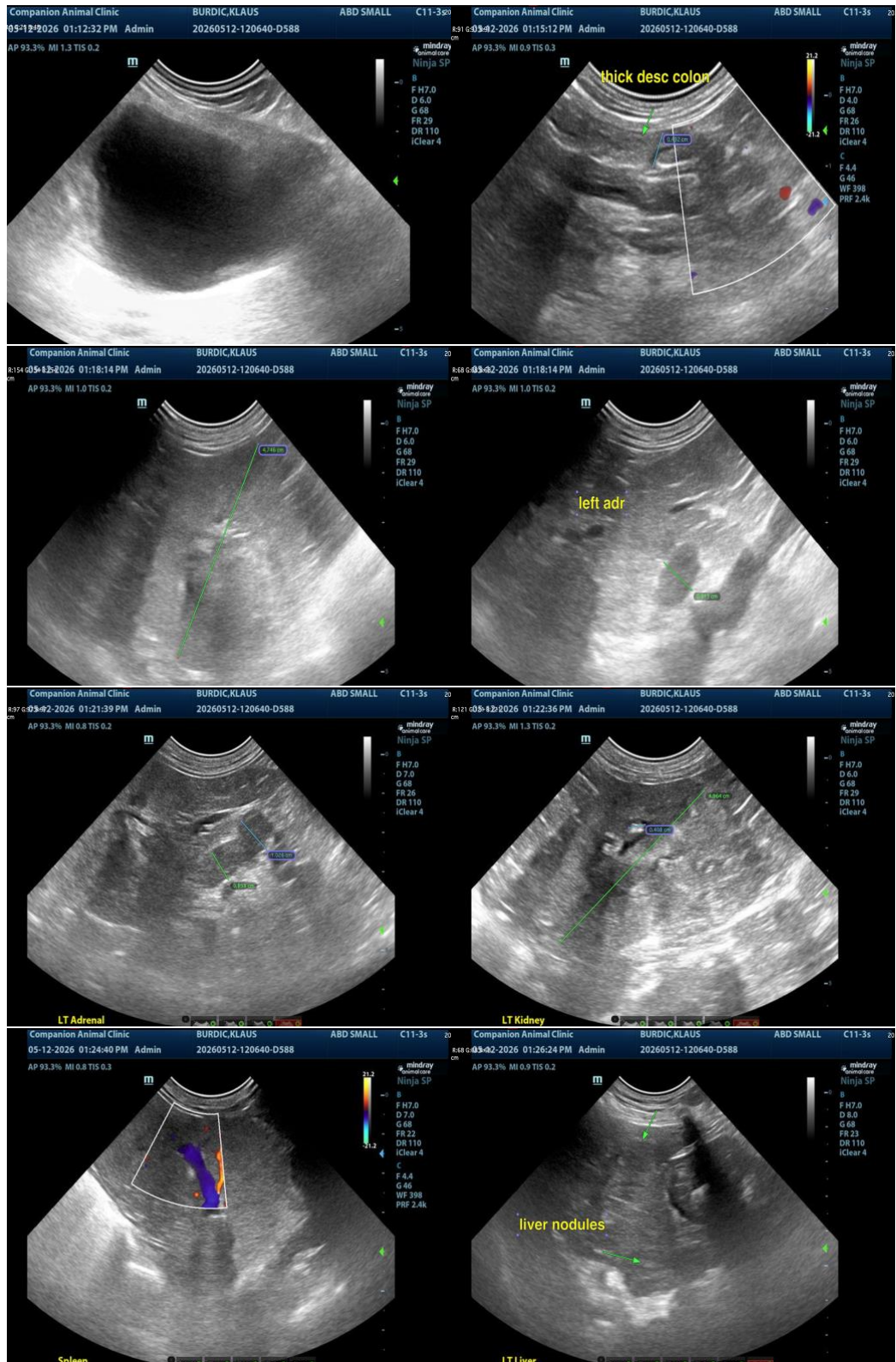
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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