



**PATIENT PRESENTING CLINICAL SIGNS**

Pippen Dodd

**SPECIES**

Canine

**BREED**

Dachshund

**SEX**

Neutered male

**AGE**

8 years

**WEIGHT**

8 ½ lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUS

**IMAGING PERFORMED BY**

Dr. Gardner

**HOSPITAL NAME**

Wilvet Salem

**REFERRING VET**

Dr. Gardner

**INVOICE**

30498

**DATE**

5/18/22

P was recently DX at silver creek 2 weeks ago w diabetes, and had a UTI. Was started on ABX but O was giving only SID for one week then realized and increased to BID on week 2 but then P started V. O took P to RDVM and was given cerenia inj and 4 pk to take home. O says P continues to have low to no app and will only eat chicken jerky treats. O had been giving medications with hotdogs prior to GI upset. \_  
Abnormal PE/Chem/CBC/UA Results: CBC - mild erythrocythemia inc 9.2 (5.6-8.9), RDW inc 22.2, mild monocytosis 1.16, inc MPV and platecrit (14.1, 0.52%) Chem17 - severe hyperglycemia 555, mild azotemia (BUN 30, CRE norm 1.2), hyperproteinemia 8.8, hyperglobulinemia 5.2, increased ALT 523, Increased ALP 1782, hyperbilirubinemia 1.3, hypercholesterolemia 387 EPOC - inc Tc02 28.3, inc pH 7.469, hypochloridemia 104 (106-127), hypocalcemia 0.99 (1.13), hyperglycemia 554 UA - cysto, slightly cloudy. USG, 1.018 pH 7.0 Urine Protein TR Glucose 1,000mg/dL Ketones 15mg/dL Blood / Hemoglobin 10Ery/µL Bilirubin neg Urobilinogen norm Leukocyte Esterase neg White Blood Cells < 1 /HPF Red Blood Cells 3 /HPF Thoracic Rads: THORAX May 19, 2022: 3 views are provided  
FINDINGS:The cardiovascular structures are within normal limits. The cardiac silhouette is normal in size and shape (VHS 9.9). The pulmonary vessels are not dilated and there is no evidence of pulmonary edema on the current images. There is no evidence of pulmonary nodules or pulmonary consolidation. The pleural space and mediastinum are normal, no lymph node enlargement present, the trachea is normal. The osseous structures are normal. The cranial abdomen is considered within normal limits.  
CONCLUSIONS: Normal cardiovascular structures. Compensated valvular disease such as mitral regurgitation and endocardiosis remains possible.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

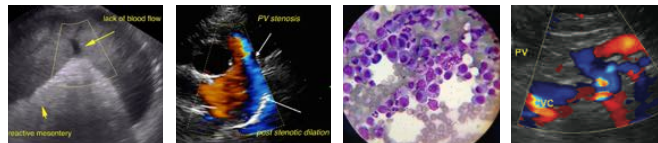
The **kidneys** revealed diffuse, hyperechoic medullary rim sign. This is consistent with diabetic nephropathy. The left kidney measures 6.3 cm.

**Adrenal Glands**

The right **adrenal gland** was 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 right adrenal gland measured 0.6 cm. The left adrenal gland was not visualized.

**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



<b>PATIENT</b>	congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.
Pippen Dodd	
<b>SPECIES</b>	<b>Liver</b>
Canine	The <b>liver</b> revealed a diffusely hyperechoic parenchyma with minor, heterogenous changes. Generalized hepatomegaly was noted with minor gallbladder polyps. This is not pathological.
<b>BREED</b>	<b>Gastrointestinal</b>
Dachshund	The stomach revealed prominent mucosal folds and a largely empty lumen with some gas accumulation. The small intestines and colon were unremarkable.
<b>SEX</b>	
Neutered male	
<b>AGE</b>	<b>Pancreas</b>
8 years	The base and limbs of the <b>pancreas</b> 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.
<b>WEIGHT</b>	
8 ½ lbs	
<b>INTERPRETED BY</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
Eric Lindquist, DMV DABVP, Cert. IVUSS	Diabetic hepatopathy with possible suppurative hepatitis. Diabetic nephropathy. Urinary debris.
<b>IMAGING PERFORMED BY</b>	
Dr. Gardner	
<b>HOSPITAL NAME</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
Wilvet Salem	Coagulation panel and FNA is indicated with cytology and culture. Assessment for UTI is indicated. The patient likely has concurrent gastritis. Treatment for primary diabetic ketoacidosis is warranted. However, further definition of any evidence of UTI and possibility of suppurative hepatitis should also be investigated.
<b>REFERRING VET</b>	
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<b>INVOICE</b>	
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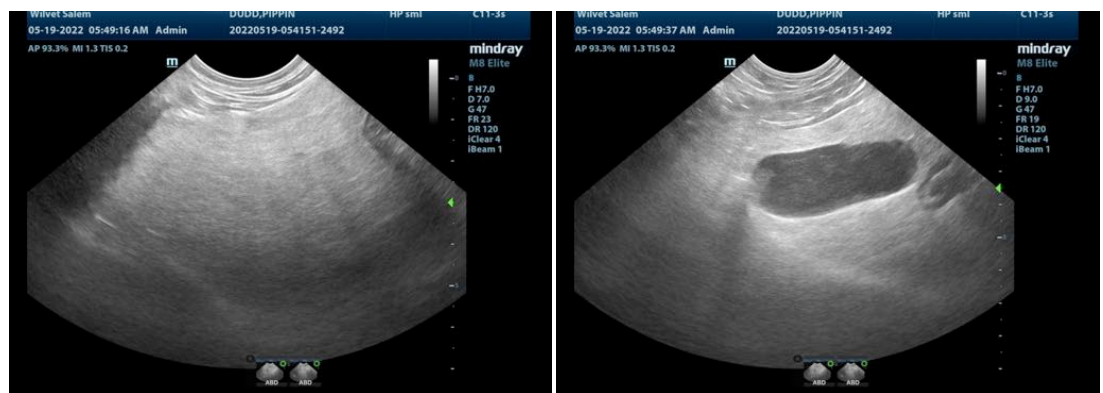
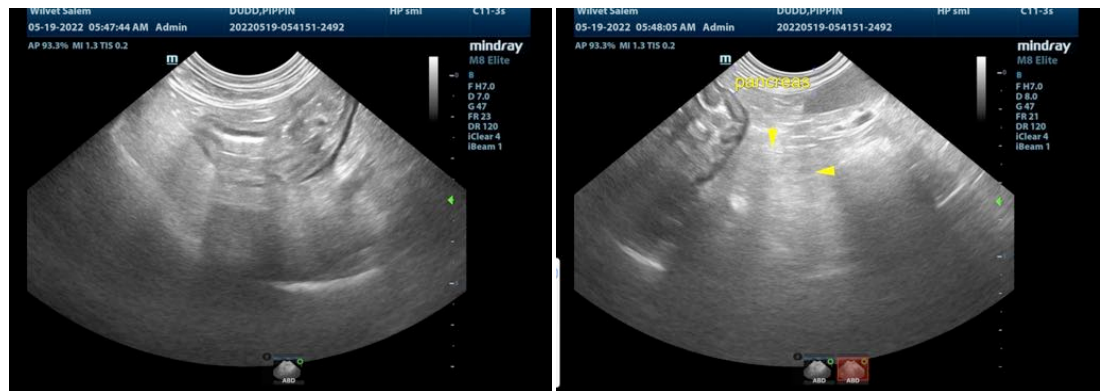
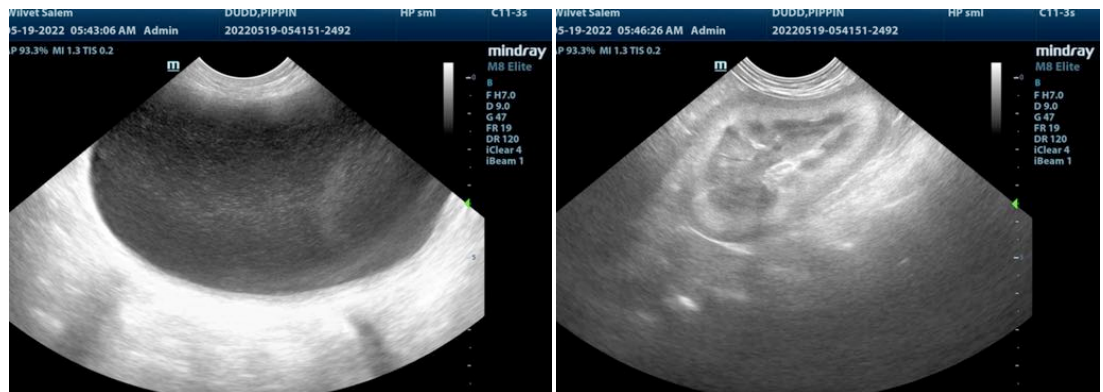
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com