



PATIENT

Bella Barney

SPECIES

Canine

BREED

Dachshund

SEX

Spayed Female

AGE

8 Years

WEIGHT

9.86 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Kristin Peterson

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Kristin Peterson

INVOICE

15016

DATE

5/2/22

PRESENTING CLINICAL SIGNS

History: p was bit on snout by another dog about 7pm 5/1/22. p is blind. pu/pd x 1 week, lethargic, decreased appetite. Vestibular, dog bite wounds, acute cholestatic hepatopathy - r/o toxin, infectious, abscess, cancer, cholangiohepatitis, pancreatitis/FB EHBO hx pu/pd lethargy decreased appetite fever After methadone had an acute vestibular episode

Abnormal PE/Chem/CBC/UA Results: Urinalysis - icteric, pH 8, pro 500*, blood 250*, bili 6, urobili 4, leuko 25, WBC 6/hpf, RBC 5/hpf, cocci - suspect presence, rods - present, no casts/crystals EPOC - bicarb 15.2, pH 7.432, BE -9, Na 151, K 4.7, Cl 122, Ca 1.05*, Lactate 9.07*, BUN 10, Creat 0.74, Glu 99, HCT 64% Chem 17 - Glu 66* (blood gas glucose normal), Creat 0.5, BUN 11, Phos 5.2, Ca 9.5, TP 8, ALB 3.5, Glob 4.4, ALT ***, ALP >2000*, GGT 33*, Tbili 10.5*, Chol 156 CBC - HCT 58%, WBC 15, Neut 11.8*, Platelets 126* Witness test - negative

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. A minor amount of suspended debris 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 **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 and no evidence of pelvic dilation was present. The left kidney measured 4.0 cm. The right kidney measured 4.0 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 0.4 cm. The right adrenal gland measured 0.5 cm.

Spleen

The **spleen** was mildly enlarged, hypoechoic and micronodular. Enhanced surrounding mesentery and trace free fluid were noted around the spleen.

Liver

The **liver** was swollen with coarse architecture and increased portal markings. The gallbladder was small, essentially empty and impinged upon by regional lobar swelling. Impingement upon the diaphragm also noted. Enhanced surrounding mesentery was noted around the liver. The hepatic lymph nodes were enlarged, hypoechoic and partially rounded, measuring up to 2.5 cm x 1.0 cm.

Gastrointestinal

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 and large intestine



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

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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.

BREED

Dachshund

ULTRASONOGRAPHIC FINDINGS

- Splenohepatic enlargement, possible infiltrative disease
- Enlarged hepatic lymph nodes
- Age-related renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Coagulation panel and FNA of the spleen and liver indicated. Splenitis or reactive spleen with cholangiohepatitis possible.

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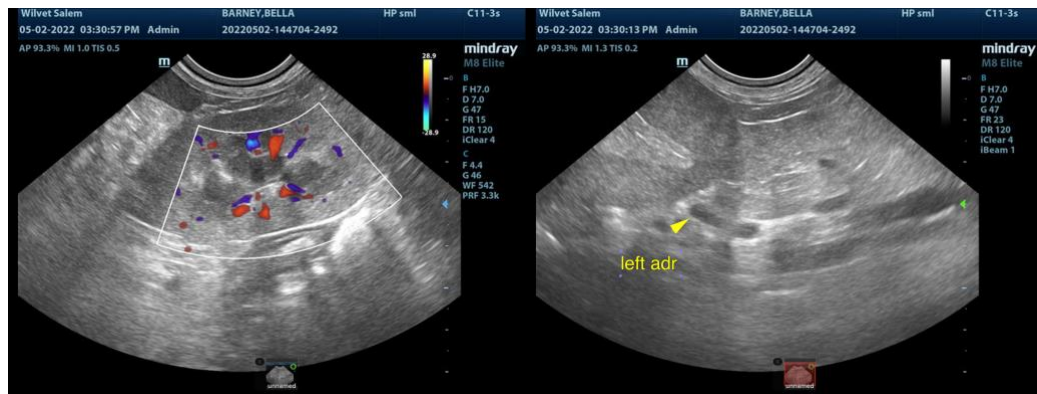
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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