



## PATIENT

Bella Devil  
Mantzouratos

## SPECIES

Canine

## BREED

Dachshund

## SEX

Spayed Female

## AGE

16 Years

## WEIGHT

15.7 Pounds

## INTERPRETED BY

Eric Lindquist, DMV,  
DABVP (Canine &  
Feline), Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Kathleen Lux

## HOSPITAL NAME

Rondout Valley VA

## REFERRING VET

Dr. Kathleen Lux

## INVOICE

37181

## DATE

5/22/26

## PRESENTING CLINICAL SIGNS

History: Continues to have issues with not eating everything by herself and o needs to hand feed some. Owner wanted another US to compare.

## 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 **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. The right kidney measured 4.96 cm. The left kidney measured 4.5 cm.

### Adrenal Glands

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some mild heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The left adrenal gland measured 2.33 cm x 0.61 cm at the cranial pole and 1.0 cm at the caudal pole. The right adrenal gland measured 1.5 cm x 0.68 cm.

### Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are mild and consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

### Liver

The **liver** was enlarged. Diffuse nondisruptive micronodular changes were noted throughout the liver with generalized swelling. The gallbladder and common bile duct were unremarked.

### 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

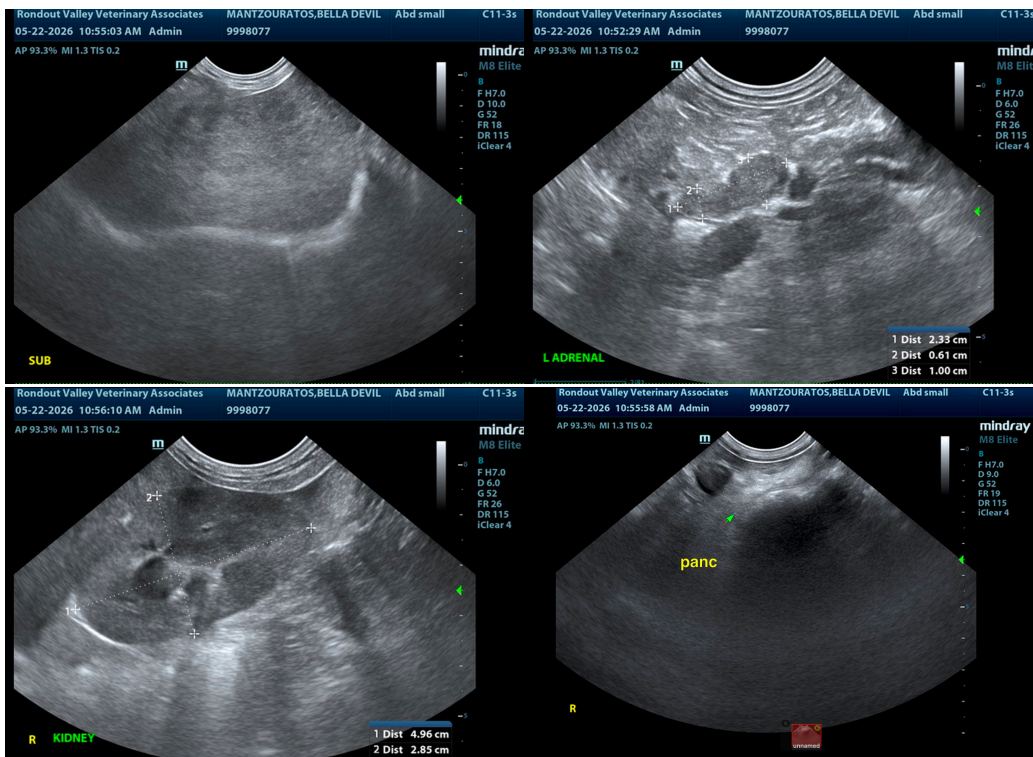
Diffuse hyperechoic changes were present in the area of the **pancreas**. The pancreatic remodeling was evident with multifocal to diffuse hyperechoic changes. These changes are consistent with fibrosis, amyloid, saponification of fat and may contain areas of low-grade chronic active inflammation especially if pain on imaging (+ Murphy sign) was present +/- focal subxiphoid palpation reveals pain response. No overt masses were noted. This is a moderate change.

## ULTRASONOGRAPHIC FINDINGS

- Hepatic nodular changes- likely benign, yet screening 25-gauge FNA of the liver is indicated to ensure underlying insidious disease is not an issue.
- Mildly enlarged left adrenal gland- likely normal variant
- Pancreatic fibrosis
- No other evidence of pathology directly related to the clinical signs
- Age-related renal and splenic changes

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Orthopedic pain, CNS or thoracic disease should be considered as potential causes of hyporexia.





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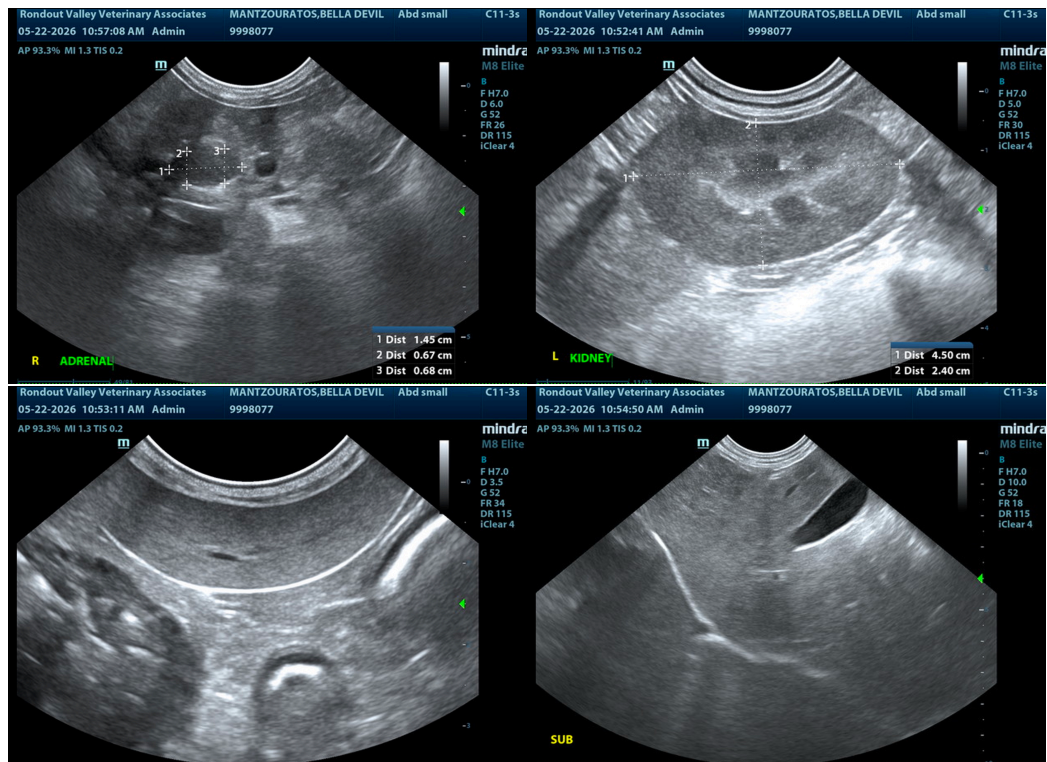
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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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