



PATIENT

Baxter Neal

SPECIES

Canine

BREED

Dachshund

SEX

Neutered male

AGE

7 years

WEIGHT

8.76 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores Veterinary
Emergency Center

REFERRING VET

Dr. Miller

INVOICE

77890

DATE

5/23/26

PRESENTING CLINICAL SIGNS

History: - p was outside in the yard, o called him and his brother into the house, brother came in, p turned around and o knew in his eyes that he wasn't good

- p just collapsed 12:28 pm

- did rescue meds of Midaz 5mg/ml 0.5 ml up the nose, no response to it

- went to rDVM- 1:30 pm seizure again, cath placed in LF cephalic, rDVM gave Midaz 5 mg/ml 0.2 ml IV, Atropine 0.2 ml IV, Epi 0.2 ml IV, 500 ml NormR bolus IV

- at rDVM when palpating belly was causing Acute hemorrhagic diarrhea to come out, so was told to come to ER then, O pulled what may have been a stinger from the pets tongue.

Previous Health Concerns seizures

Current Medications-Potassium Bromide 250mg 1 ½ tab PO SID- in the morning, o brought p's meds in

-Phenobarbital 32.4mg 1 tab PO BID- o brought p's meds in

Abnormal PE/Chem/CBC/UA Results: CBC: Neutrophilia at 12,530 HCT 50.3% Platelets 206,000

Chemistry: PHOS 5.5 Calcium 8.3 iCalcium elevated 1.57 Total protein low at 4.8 Albumin low at 2.4

Amylase elevated 1881 Lipase > 1000 Lytes Sodium 169 ; Chloride > 140 ALT Slide: > 10,000 Rads:

Clinically unremarkable thoracic radiographs - Suspect diffuse gastroenteritis - Mild diffuse

hepatomegaly - Radiographically uncomplicated jugular catheter placement - Radiographically

uncomplicated urinary catheter placement PT: Prolonged at 23.8 seconds PTT: Prolonged at 170

seconds. SpO2: 92% on room air. Blood Pressure: 116 / 81 MAP 93 133/ 95 138 / 101 MAP 115

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. The left kidney measured 5.15 cm. The right kidney measured 5.7 cm.

Adrenal Glands

The **left adrenal gland** was slightly swollen and measured 1.83 x 0.53 cm at the cranial pole and 0.64 cm at the caudal pole. This is likely a normal variant. The **right adrenal gland** was uniform and measured 2.15 x 0.53 cm at the cranial pole and 0.58 cm at the caudal pole.

Spleen

The **spleen** revealed a focal, hypoechoic nodule measuring 0.84 cm.



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Liver

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The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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Gastrointestinal

The **stomach** in this patient revealed 1.1 x 0.8 cm shadowing material along with ingesta. The small intestines and colon were unremarkable with normal curvilinear mural patterns and content.

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Pancreas

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.

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ULTRASONOGRAPHIC FINDINGS

Minor retention of ingesta and slight shadowing material in the stomach, likely medications.

IMAGING PERFORMED BY

Erin Wicks

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic nodule should be monitored or sampled. A recheck of the nodule is indicated in 3-4 weeks. There was no other evidence of significant abdominal disease. CT with contrast of the skull is recommended to assess for cause of seizures. If calcium elevations progress, then full hypercalcemia panel is warranted +/- thyroid or parathyroid imaging. Chest radiographs would be appropriate.

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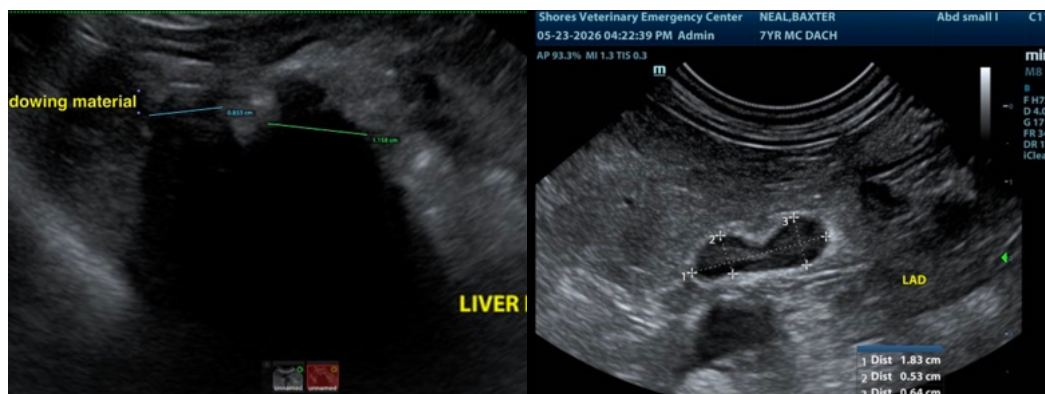
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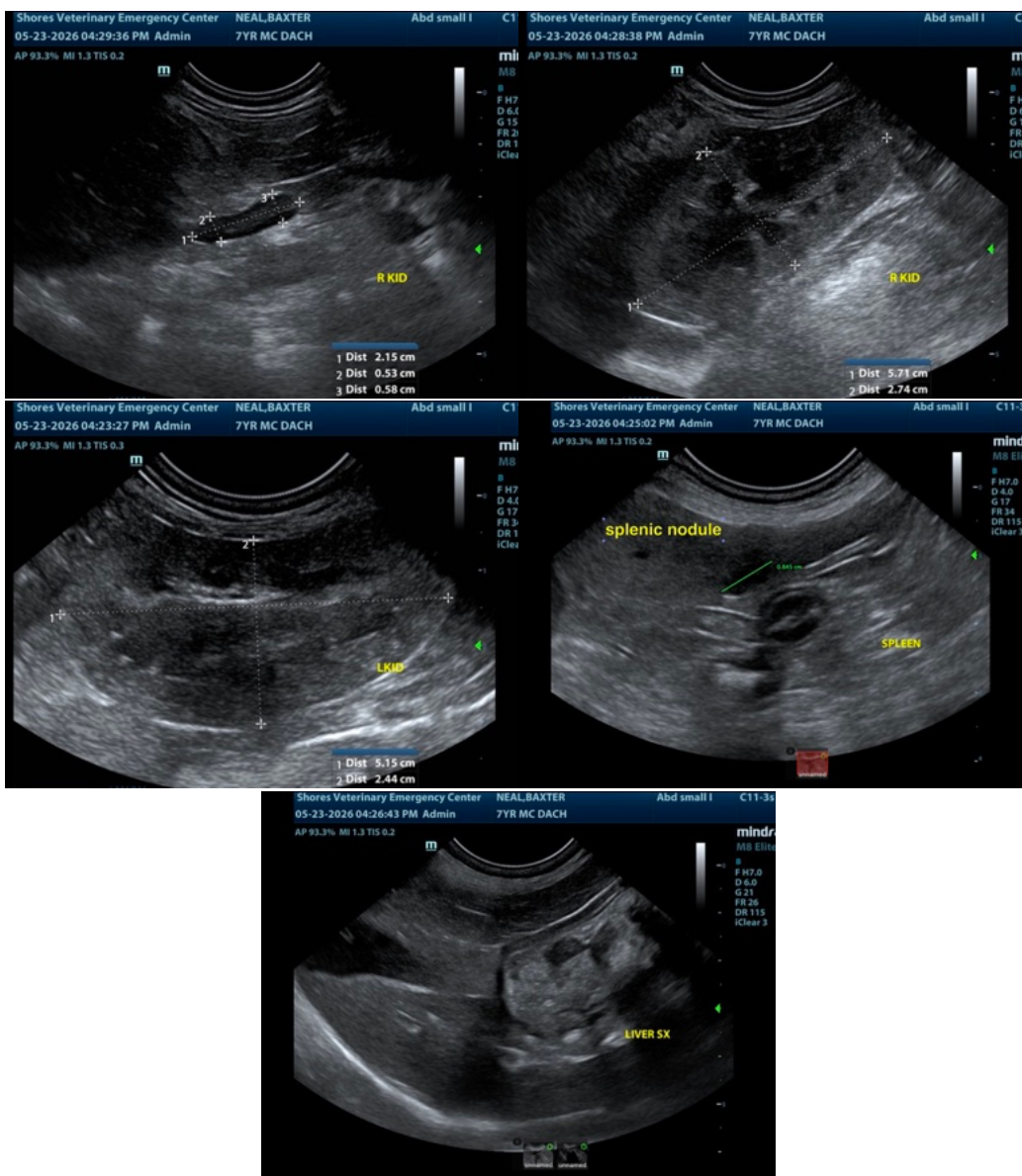
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

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