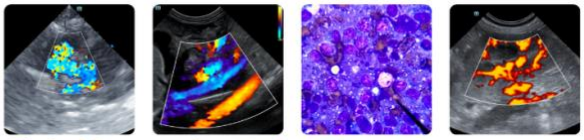

PATIENT

Cooper Seitz

SPECIES

Canine

BREED

Dachshund

SEX

Neutered Male

AGE

9 Years 7 Months

WEIGHT

18.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kathleen Laux

HOSPITAL NAME

Rondout Valley Veterinary Associates

REFERRING VET

Dr. Kathleen Laux

INVOICE

16602

DATE

05/29/26

PRESENTING CLINICAL SIGNS

Presented for vomiting about 2 hours after eating a full meal. If eats small amounts can keep it down. painful on mid abdominal palpation. wants to eat

Abnormal PE/Chem/CBC/UA Results: CBC WBC 25.5, neut 21.0, mono 0.9, plate 475 Chem amylase 3209, BUN 6, gluc 129, glob 5.3, TP 8.4 cPL very abnormal

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 normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 4.74 cm in length. The right kidney measured 5.15 cm in length.

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 1.77 cm x 0.58 cm width at the cranial pole and 0.54 cm width at the caudal pole. The right adrenal gland measured 1.1 cm x 0.5 cm width at the cranial pole and 0.389 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** 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.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal.

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Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No associated abnormal lymphatic activity was noted.

Pancreas

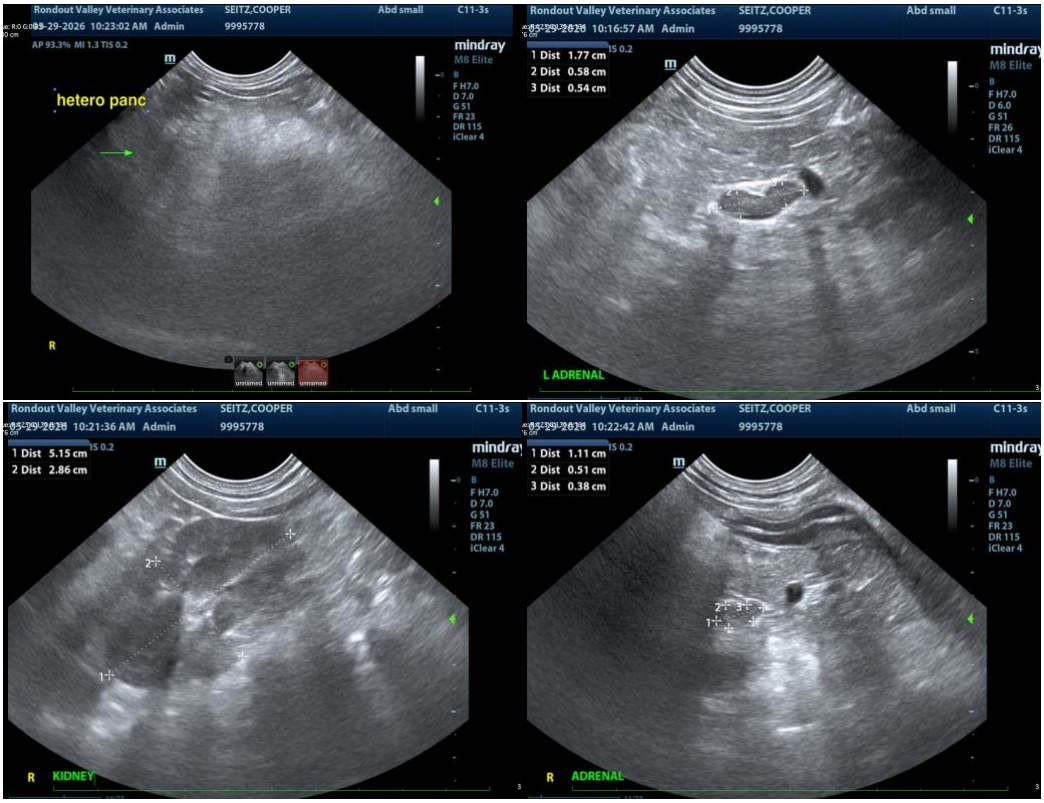
The right limb of the **pancreas** presented heterogenous and appeared to be enveloping the upper duodenum.

ULTRASONOGRAPHIC FINDINGS

- Chronic active pancreatitis with delayed pyloric outflow.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Delayed outflow is likely an issue in this patient. Broad-spectrum antibiotics, 24-hour NPO, and IV fluid support could also be considered. recheck sonogram in 7-10 days to ensure adequate resolution. Hydrolyzed diet or ID or similar is likely in this patient's best interest in the short term.



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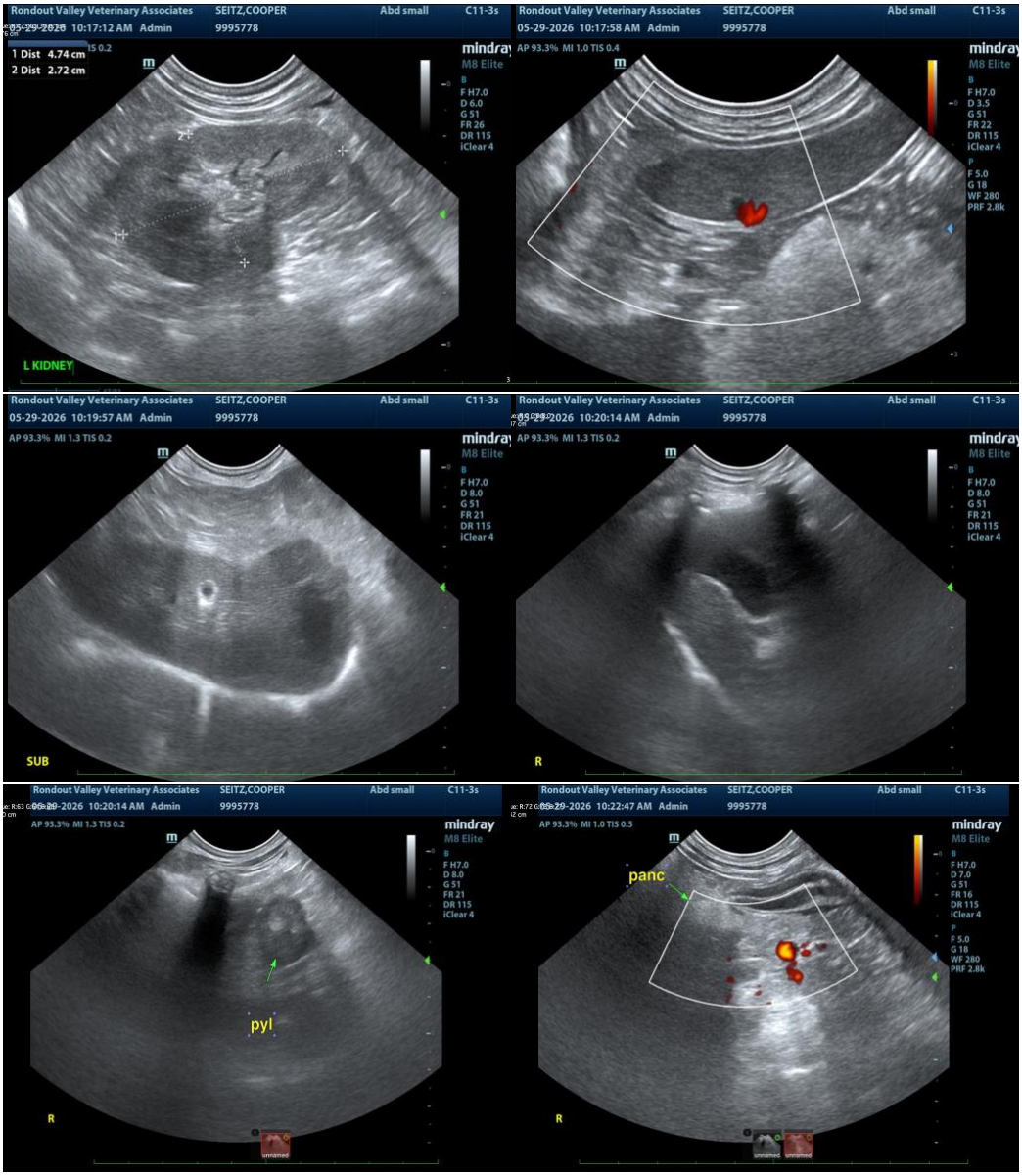


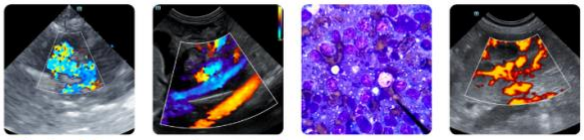
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com



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