



PATIENT

Trixi Cantu

SPECIES

Canine

BREED

Dachshund

SEX

Spayed Female

AGE

4 Years

WEIGHT

4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Michael Schacher

HOSPITAL NAME

Emergency
Veterinarians of Idaho
LLC

REFERRING VET

Dr. Juli Sorenson

INVOICE

16583

DATE

05/29/26

PRESENTING CLINICAL SIGNS

Vomiting and diarrhea for 4 days, inappetence for 2 days, lethargy for 3 days, hematochezia and hematemesis for 24 hours

Abnormal PE/Chem/CBC/UA Results: 65% HCT, CPLI declined by owner, remainder of chemistry largely unremarkable Patient has been hospitalized for 12 hours and HCT has increased

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 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 4.7 cm in length. The right kidney measured 4.7 cm in length.

Adrenal Glands

The **left 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 left adrenal gland measured 0.5 cm width.

The region of the right adrenal gland was sonographically unremarkable.

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



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Examination of the **gastrointestinal tract** revealed a fluid-filled stomach and empty small intestine as well as a fluid-filled colon. Hyperperistaltic small intestine was visualized. No evidence of foreign bodies.

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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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Dachshund

ULTRASONOGRAPHIC FINDINGS

SEX

Spayed Female

- Gastroenteritis pattern.
- Colitis with fluid filled lumen.
- Urinary bladder debris.

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Plasma expanders such as Hetastarch or similar, GI protectants, broad-spectrum antibiotics to treat for enterotoxin, parvo testing are all indicated, with recheck sonogram in 36 to 48 hours. 24-hour NPO is indicated. Fecal test is recommended.

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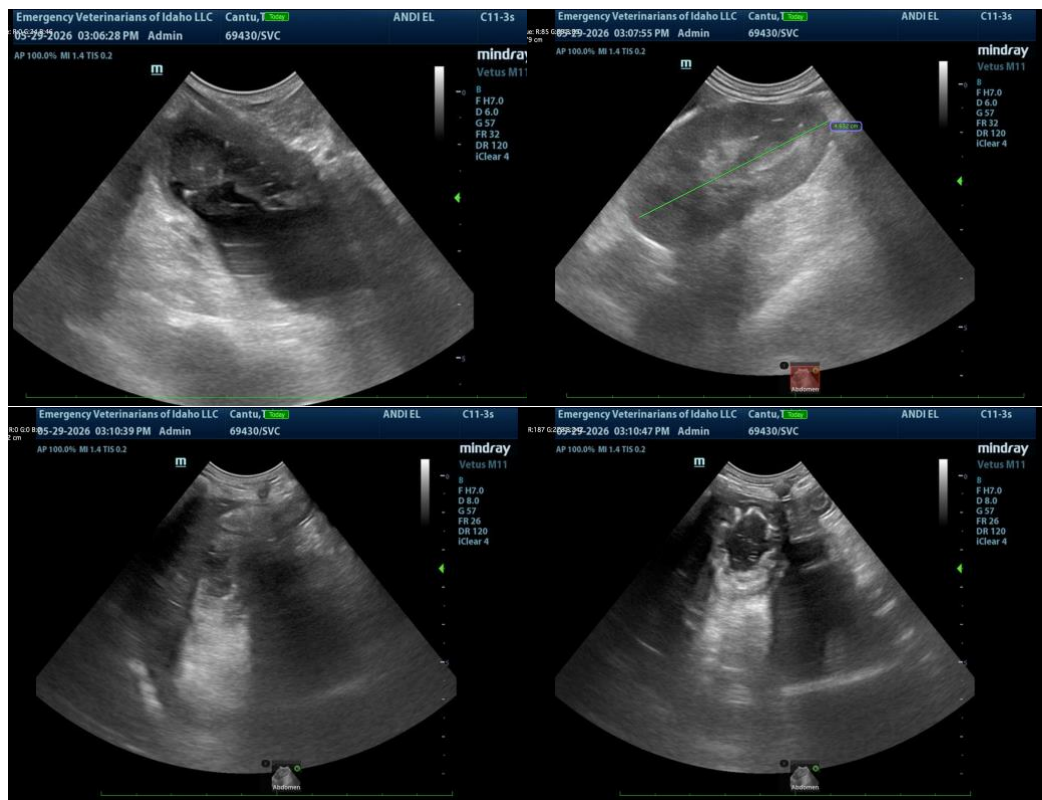
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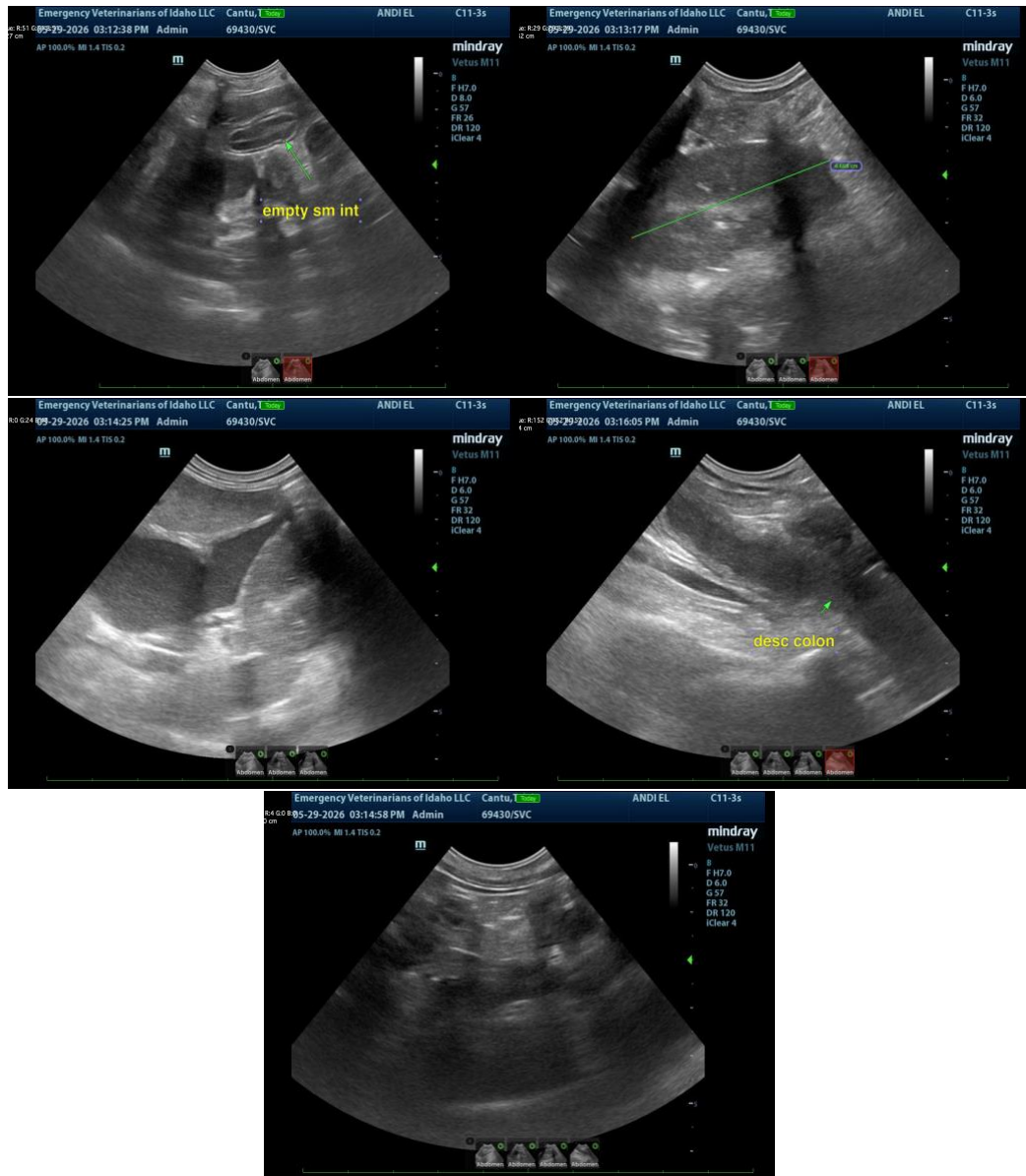
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,

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