



PATIENT

Stella Turner

SPECIES

Canine

BREED

Dachshund

SEX

Spayed Female

AGE

9 Years

WEIGHT

14 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Kingston AH

REFERRING VET

Dr. Turner

INVOICE

35970

DATE

5/6/26

PRESENTING CLINICAL SIGNS

History: Recenet ^ ALT /AlkP/ Tbili, Painful abd. palpation. Hx of: ductal plate malformation, IBD, pancreatitis, Biliary mucocele, sees internist @ Cornell. Meds: Dex SP injections, Vit B12 inj., Lasix, Baytril, Spironolactone, Clopidrogel, Metronidazole

Abnormal PE/Chem/CBC/UA Results: ALT 2790, ALKP 1554, Tbili 3.1, ALB 2.1

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 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 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 kidneys measured 4.0 cm each.

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 right adrenal gland measured 1.65 cm x 0.85 cm at the cranial pole and 0.51 cm at the caudal pole. The left adrenal gland measured 1.47 cm x 0.27 cm at the cranial pole and 0.35 cm at the caudal pole.

Spleen

The **spleen** revealed subtle micronodular changes without disrupted architecture.

Liver

The **liver** revealed coarse architecture and increased portal markings. A moderate amount of remodeling was noted. The gallbladder revealed minor excessive debris and minor overdistention. Slight striation was noted. In long axis, from cystic duct to apex, the gallbladder measured 3.8 cm x 2.7 cm. The common bile duct and duodenal papilla were free of evident pathology. No evidence of posthepatic obstruction was noted. The common bile duct measured 0.26 cm.

Gastrointestinal

The **stomach** itself was unremarkable. The duodenum was thickened and spastic. The colon was unremarkable.

Pancreas



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A moderate amount of **pancreatic** remodeling was noted with potential low-grade inflammation. The pancreatic changes were primarily noted in the right base.

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Free Abdomen

SPECIES

Slight areas of **free fluid** were noted in the portal hilus and adjacent to the spleen.

Canine

BREED

ULTRASONOGRAPHIC FINDINGS

Dachshund

- Duodenitis
- Pancreatitis- chronic active presentation in the right base
- Gallbladder mucocele- no overt evidence of rupture or leakage, however, given the free fluid, I cannot rule out that potential.
- Chronic inflammatory hepatopathy
- Free fluid
- Subtle micronodular splenic changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas. The cause of the free fluid is unclear, sources include potential biliary leakage, portal hypertension, and underlying neoplasia. Leptospirosis titers is indicated. The gallbladder mucocele is evident and may be one of the causes to the bilirubin elevation, however, there is significant hepatic parenchymal remodeling noted. Consideration to direct cholecystectomy, common bile duct lavage and liver biopsy is indicated. However, further information from ultrasound guided abdominocentesis and assessment of the free fluid would be appropriate as well. Prognosis is very guarded.

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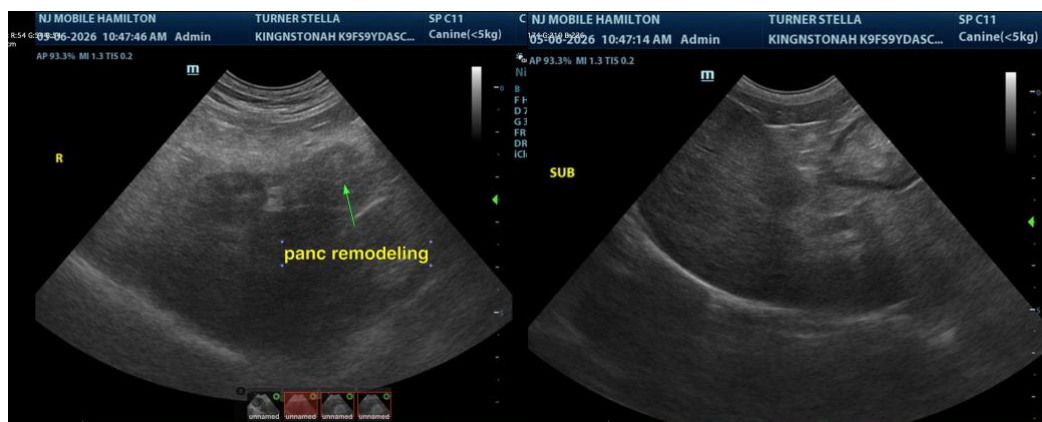
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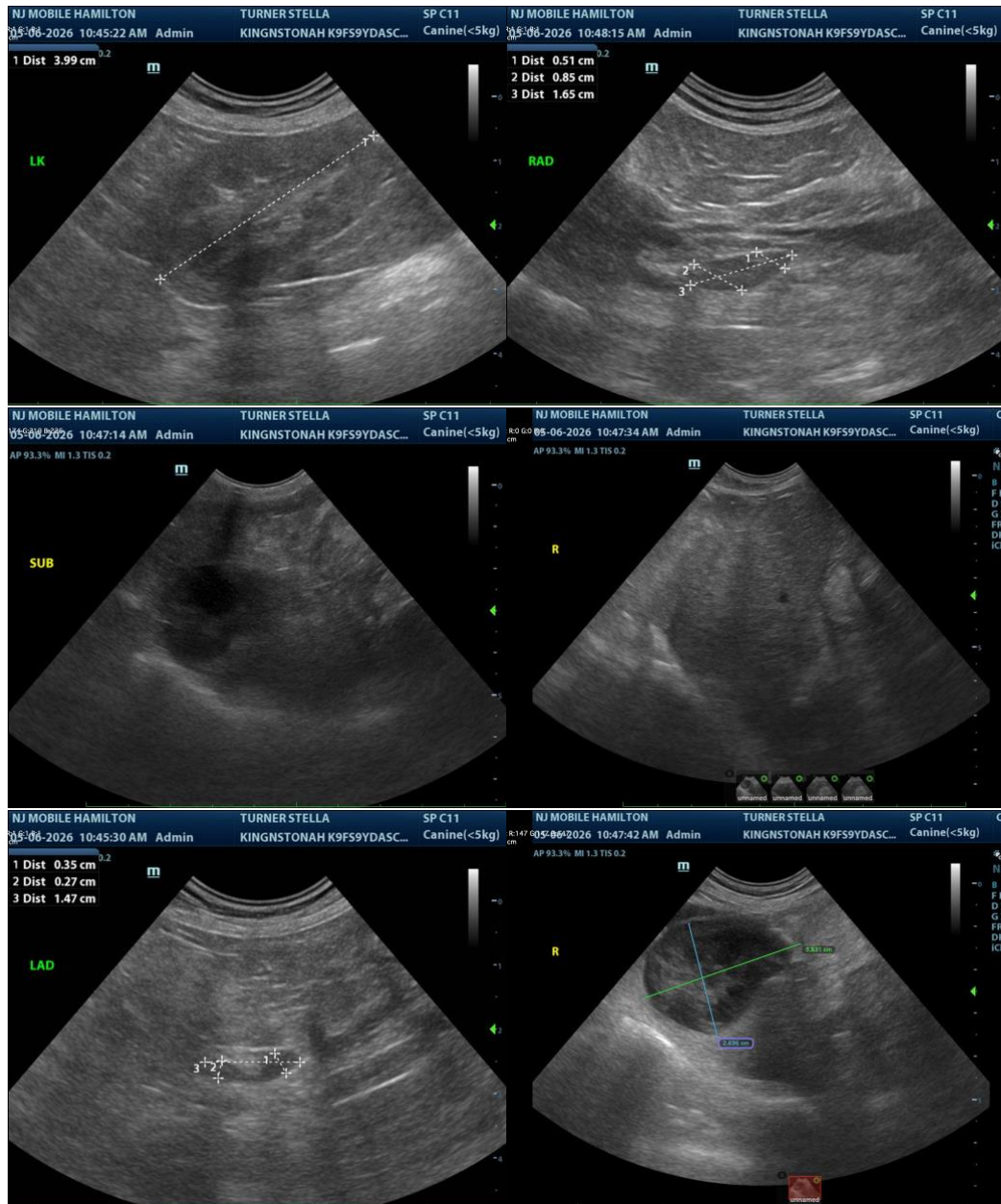
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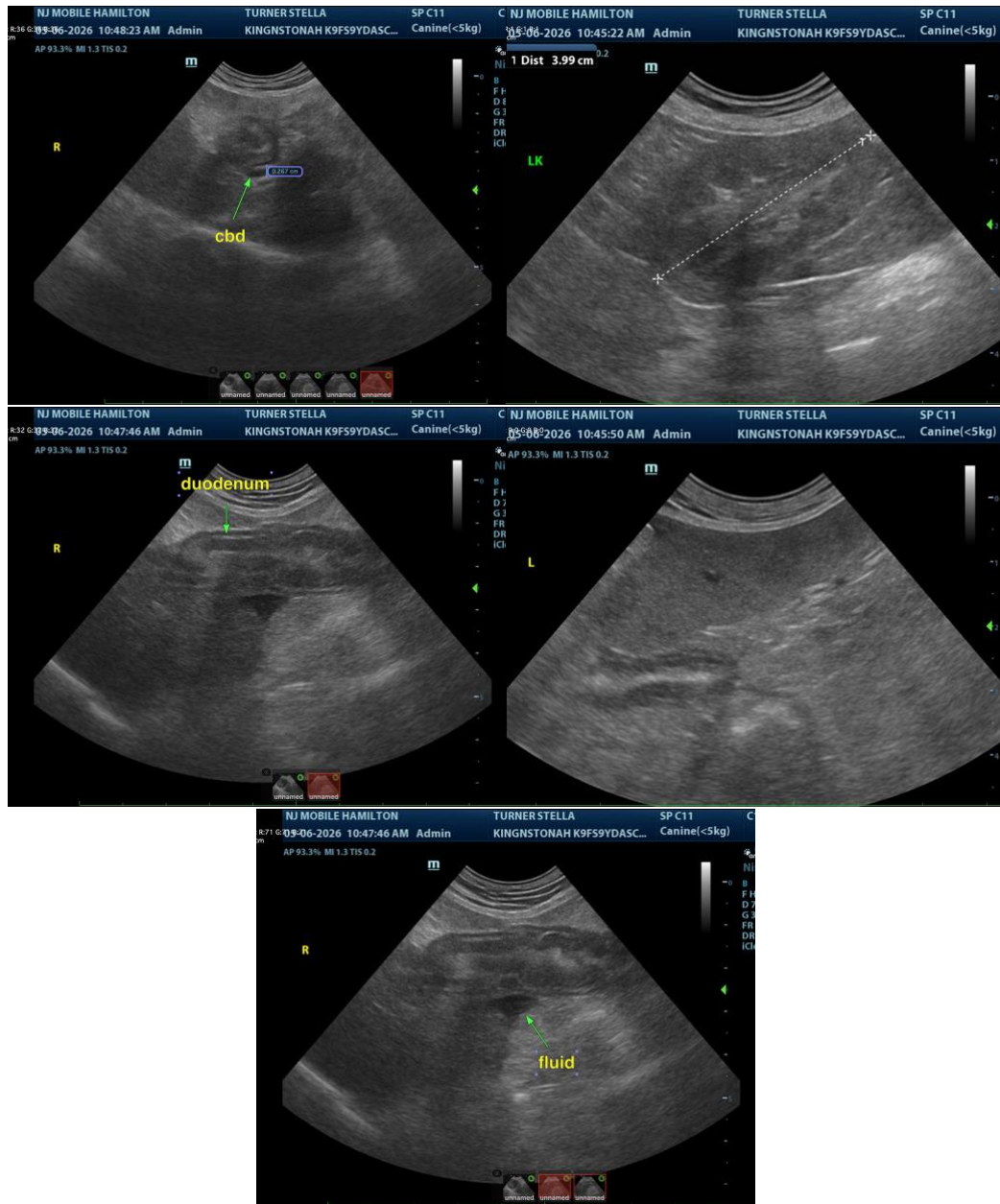
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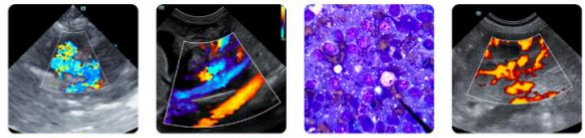
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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CEO, Owner, Founder -- SonoPath.com
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