



PATIENT

Peaches Johnson

SPECIES

Canine

BREED

Dachshund Mix

SEX

Female

AGE

10 years

WEIGHT

14.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sammy Burmeister

HOSPITAL NAME

Faith AC

REFERRING VET

Dr. Faith

INVOICE

30852

DATE

6/6/22

PRESENTING CLINICAL SIGNS

History: Patient has a history of a continuing elevation in the Alk Phos over the past year as well as proteinuria. Recently the ALT has been to increase as well. A recent UA came back normal and her blood pressure has been wnl. Patient is currently taking Benazepril daily. May be drinking a bit more but owner does not believe is truly PU/PD. No other obvious symptoms noted
Abnormal PE/Chem/CBC/UA Results: Attached are the bloodwork results from 5/17/22 Attached radiographs for review if needed

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 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 and right kidney both measured 5.0 cm.

Adrenal Glands

The left **adrenal gland** was slightly swollen and visualized obliquely measuring 0.6 cm. The right adrenal gland was slightly swollen and measured 0.8 cm.

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 was noted.

Liver

The **liver** presented heterogenous parenchyma with increased portal markings and coarse architecture. Slight undulating capsular contour was noted. The gallbladder and common bile duct were unremarkable. This is consistent with chronic inflammatory hepatopathy.

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.

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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

Hepatic remodeling/chronic inflammatory hepatopathy.
Slight swollen adrenal glands.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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FNA of the liver is indicated. There is no suspicion of neoplasia. If the patient appears Cushingoid work-up for PDH is indicated. If the patient appears Cushingoid and the urine specific gravity is less than 1.020 then work-up for PDH is indicated. Bile acid profile and hepatic FNA is indicated for further assessment of inflammatory cell type.

INTERPRETED BY

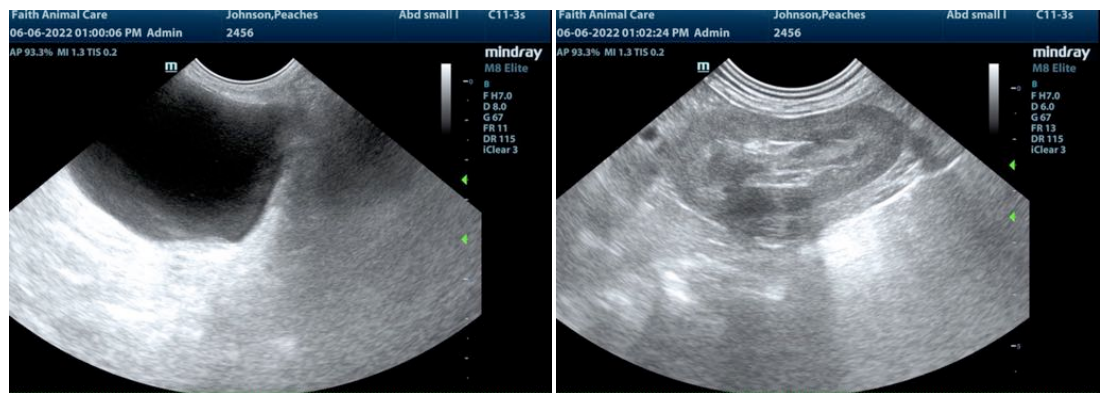
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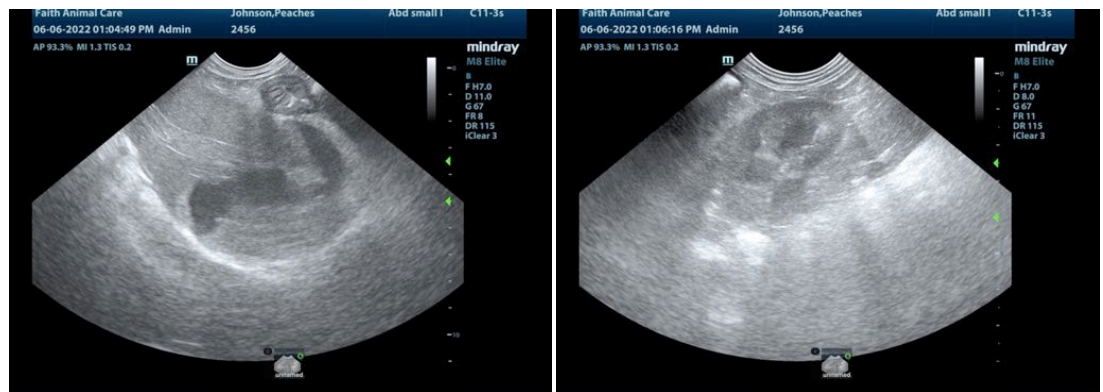
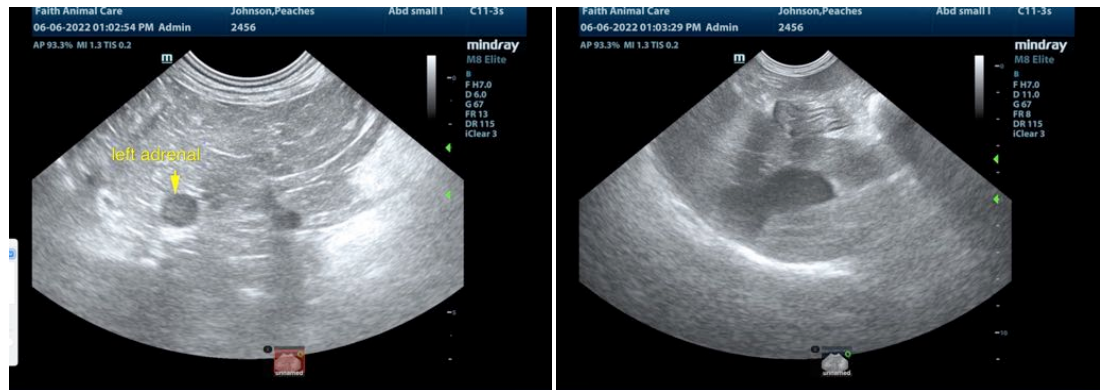
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com



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info@SonoPath.com

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