



PATIENT

Gus Ducharme

SPECIES

Canine

BREED

Dachshund

SEX

Neutered male

AGE

7 years

WEIGHT

12.4 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Biederbeck

HOSPITAL NAME

Lomsnes VH

REFERRING VET

Dr. Biederbeck

INVOICE

31733

DATE

7/15/22

PRESENTING CLINICAL SIGNS

History: Ate 6 oatmeal chocolate chip cookies 2 days ago. Since then very lethargic, not eating, vomiting. Got cerenia inj yesterday and no vomiting since but not eating and very depressed. Eats everything he can find on walks.

Abnormal PE/Chem/CBC/UA Results: On exam-marked dehydration, mild discomfort in abdomen. AlkP >2000, ALT, GGT, Tbili all normal. BUN 6 (7-27). Alb, glucose normal as well as remainder of chem. Mildly low Amylase. Lipase normal. U/S done at 2 sittings-initial on presentation, 2nd 2 hrs later after IV fluids/cerenia/walking. When u/s he was painful when u/s his liver

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 residual prostate measured 1.0 cm.

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. Slight mineralization was noted in the kidneys and was non-obstructive. The left kidney measured 5.0 cm. The right kidney measured 6.0 cm.

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 0.5 cm.

Spleen

The **spleen** was largely normal, yet folded upon itself with subtle micronodular changes.

Liver

The **liver** was mildly swollen and uniform. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. Intestinal spasming was noted. There was some suspended and non-obstructive linear material present. This may represent parasitic



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disease. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The descending colon appeared to have linear structure measuring approximately 3.0 cm. Reactive mesentery was noted associated with the small intestine.

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Pancreas

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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

Gastroenteritis.

AGE

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Reactive lymph nodes with linear colonic material.

Acute inflammatory hepatopathy.

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Follow-up sonogram daily is recommended to ensure that the foreign matter does not penetrate. Toxin exposure, infectious agents and Leptospirosis are all possible. FNA of the liver is warranted. Leptospirosis titers are warranted. GI protectant protocol, IV fluid support and monitoring of stool for linear material is all indicated. Ampicillin and Metronidazole or similar combination is recommended. There was no overt evidence of neoplasia. Full recheck sonogram is recommended in 48-72 hours.

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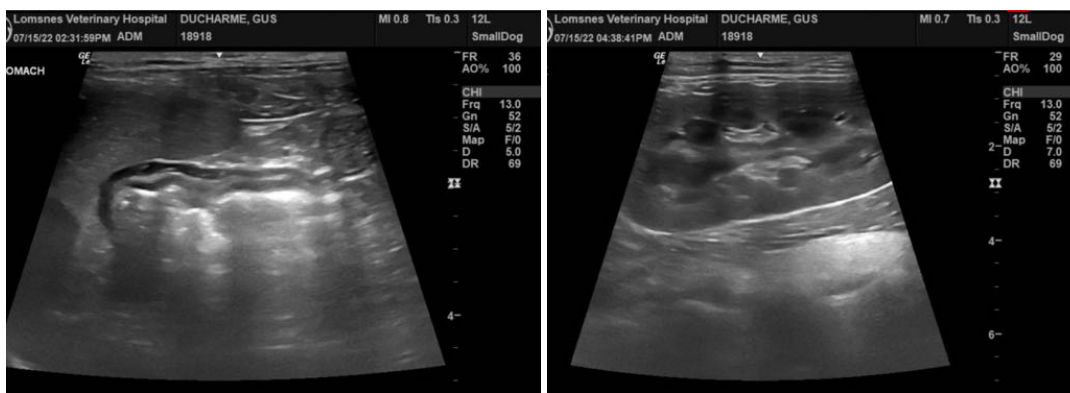
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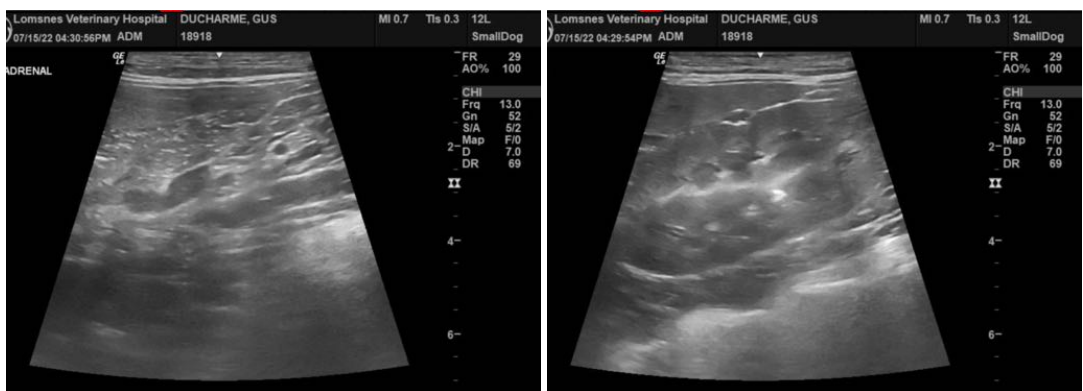
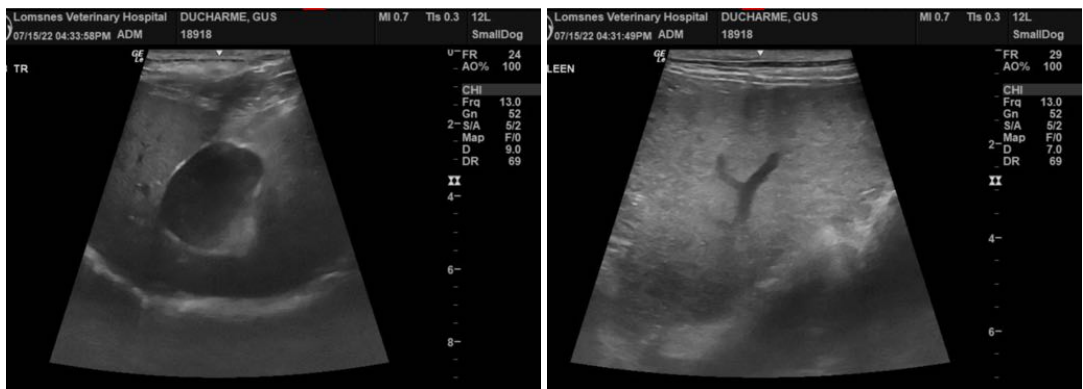
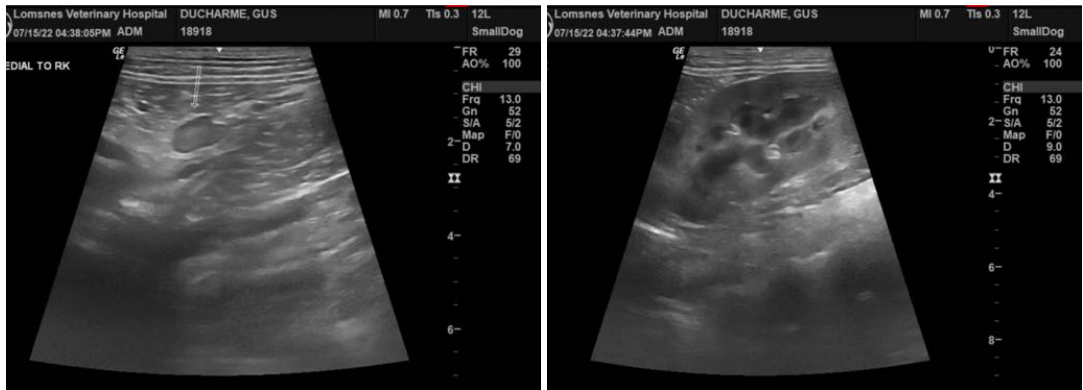
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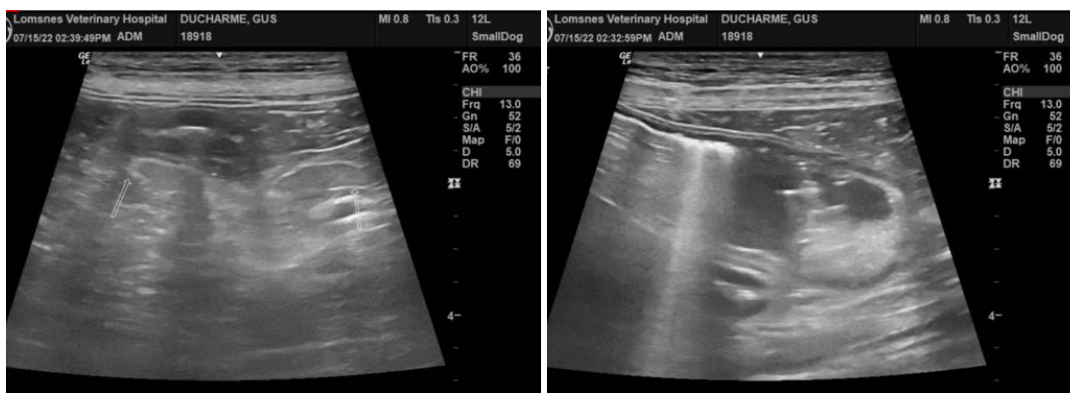
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com