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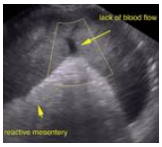

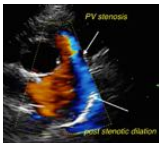

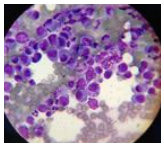
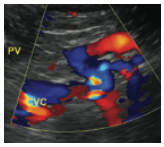

PATIENT

Ruby Gonzales

SPECIES

Canine

BREED

Dachshund

SEX

Intact female

AGE

11 years

WEIGHT

15 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Wepprich

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Wepprich

INVOICE

31784

DATE

7/19/22

PRESENTING CLINICAL SIGNS

History: Began vomiting 7/14, decreased appetite and now not eating in 3-4 days. Continued vomiting yesterday and today despite injectable Cerenia. suspected vagal event (weakness, slow collapse) after vomiting.
Abnormal PE/Chem/CBC/UA Results: CBC - hct 31%, WBC 31k, neut 21k with bands, monos 4k Chem - glu 686, Crea 2.0, BUN 40, phos 10, ALP 1462 UA - USG dilute, rbc 2/hpf, wbc 5/hpf, suspect cocci

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 body of the uterus was thickened and both the left and right horns were fluid filled and dilated. The uterus measured 1.5 cm in width.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Hyperechoic medullary rim sign was noted. Both kidneys measured 4.5 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. The right adrenal gland measured 0.6 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

Exam of the cranial abdomen demonstrated excessive **liver** size, swollen contour, with conserved uniform architecture. Parenchymal echogenicity was diffusely isoechoic to the spleen and falciform fat. Subtle, hypoechoic nodules were noted with a 2.5 cm hyperechoic, lipogranulomatous type nodule. The gallbladder revealed minor polypoid changes.

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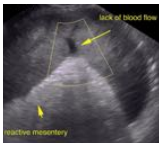
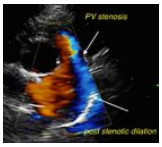
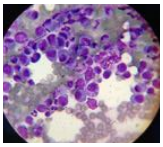
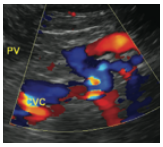

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Gastrointestinal

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 demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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.

ULTRASONOGRAPHIC FINDINGS

Subjectively benign hepatopathy with nodules to inspect and biopsy at the time of surgery.

Minor renal mineralization.

Thickened uterus with fluid filled uterine horns, consistent with low-grade pyometra.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ovariohysterectomy is recommended with liver biopsy.

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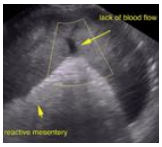
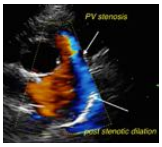
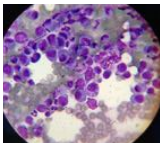
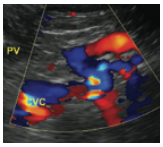

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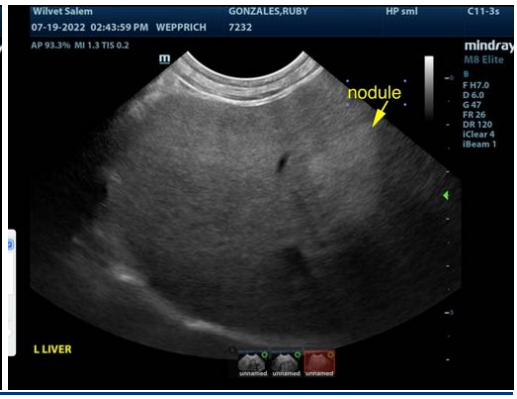

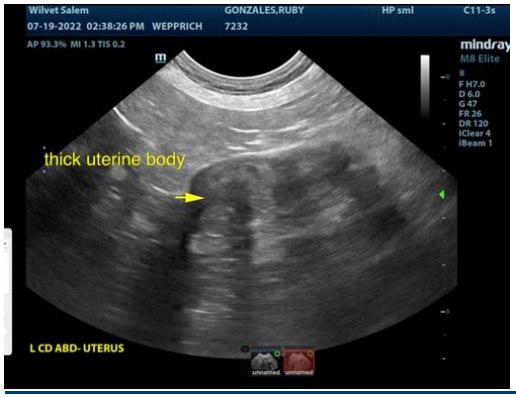

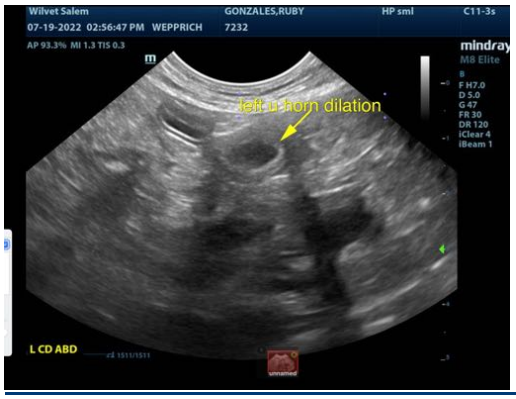

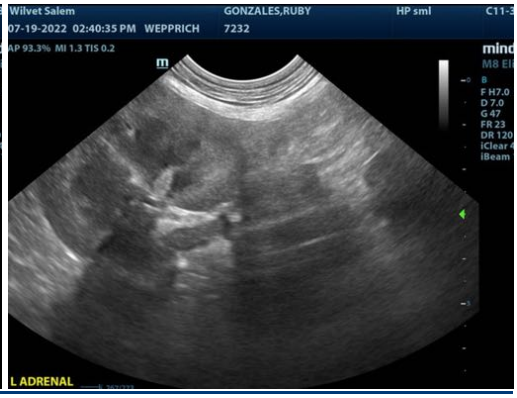

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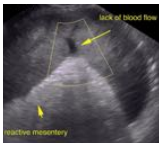

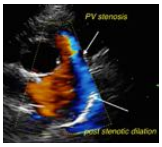

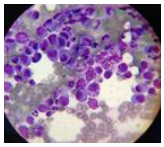
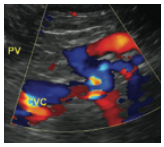

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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