



**PATIENT**

Lucy Davis

**SPECIES**

Canine

**BREED**

Dachshund

**SEX**

Spayed Female

**AGE**

9 Years

**WEIGHT**

7 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Laura de Cordon

**HOSPITAL NAME**

Mason Dixon AEH

**REFERRING VET**

Laura de Cordon

**INVOICE**

16427

**DATE**

7/2/22

**PRESENTING CLINICAL SIGNS**

History: Acute onset of vomiting and anorexia since 6/24. Patient was treated as an outpatient with supportive care and no improvement. Coneflower leaves in her vomit

Abnormal PE/Chem/CBC/UA Results: On presentation patient was painful on her abdomen, initial blood work showed thrombocytopenia most likely related to clumping from collection of blood, chemistry including cPL normal. Initial x rays WNL, repeated x rays since not improving showed decreased abdominal serosal detail.

**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 **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 5.4 cm. The right kidney measured 5.4 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 1.5 cm x 0.33 cm.

**Spleen**

The **spleen** was volume contracted, uniform. No evident pathology.

**Liver**

The **liver** presented heterogenous parenchyma with mild 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**

The **upper gastrointestinal tract** was somewhat obscured by reactive surrounding omentum, yet variable thickening noted. No obstructive patterns present.

**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.

**Free Abdomen**



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Reactive and nodular **mesentery** noted throughout the cranial abdomen with free fluid. Assuming that albumin levels are normal, concern for underlying potential neoplasia or less likely intestinal perforation. Ultrasound guided abdominocentesis of the free fluid is recommended with cytospin. Treatment for gastroenteritis/pancreatitis warranted in the meantime.

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Variable upper gastrointestinal thickening
- Hepatic remodeling, likely owing to prior episodes of cholangiohepatitis
- Reactive and nodular mesentery noted throughout the cranial abdomen with free fluid

**BREED**

Dachshund

**Secondary Findings**

- Age-related renal changes
- Volume contracted spleen

**SEX**

Spayed Female

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

9 Years

Assuming that albumin levels are normal, concern for underlying potential neoplasia or less likely intestinal perforation. Ultrasound guided abdominocentesis of the free fluid is recommended with cytospin. Treatment for gastroenteritis/pancreatitis warranted in the meantime. Guarded prognosis depending upon further diagnostics.

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7 Pounds

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The information and recommendations provided are based on the images presented by the referring veterinarian. 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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