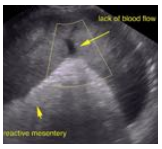
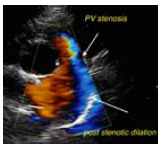
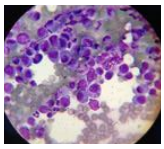
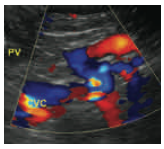

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1-800-838-4268 info@sonopath.com

PATIENT

Linus Cerf

SPECIES

Canine

BREED

Dachshund

SEX

Neutered male

AGE

12 ½ years

WEIGHT

18 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Cerf

HOSPITAL NAME

Hardyston

REFERRING VET

Dr. Cerf

INVOICE

91414

DATE

8/21/21

PRESENTING CLINICAL SIGNS

History: Vomiting, Decreased Appetite

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 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 this age patient. Medullary structure differed distinctly from that of the cortex. The right kidney revealed slight pyelectasia.

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 2.11 x 0.5 cm. The left adrenal gland measured 1.87 x 0.5 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** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder was mildly over distended with an excessive amount of debris. Minor biliary calculus was noted and was non-obstructive measuring 0.2 cm.

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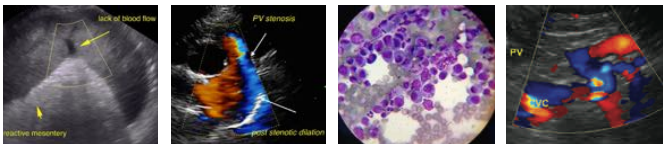

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Gastrointestinal

The **stomach** revealed progressively shadowing material. This is consistent with grass or similar echotexture. This measured 4.0 cm with progressive shadowing. This is assuming that the patient was n.p.o. at the time of the sonogram. A separate 1.0 cm structure was also present and may be the primary issue in this patient or possible medications.

Pancreas

Diffuse hyperechoic changes were present in the area of the **pancreas**. The pancreatic remodeling was evident with multifocal to diffuse hyperechoic changes. These changes are consistent with fibrosis, amyloid, saponification of fat and may contain areas of low-grade chronic active inflammation especially if pain on imaging (+ Murphy sign) was present +/- focal subxiphoid palpation reveals pain response. No overt masses were noted.

ULTRASONOGRAPHIC FINDINGS

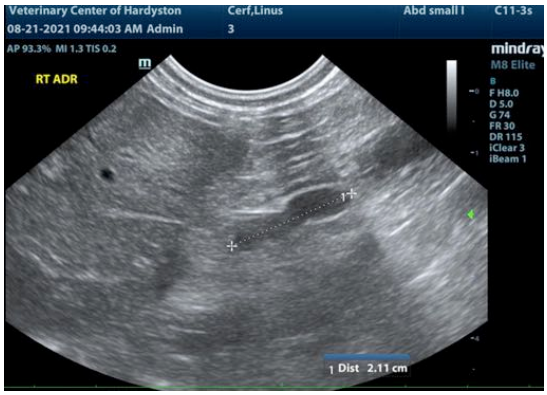
Delayed outflow gastric pattern with a strong potential for soft foreign matter and separate 1.0 cm pyloric structure.

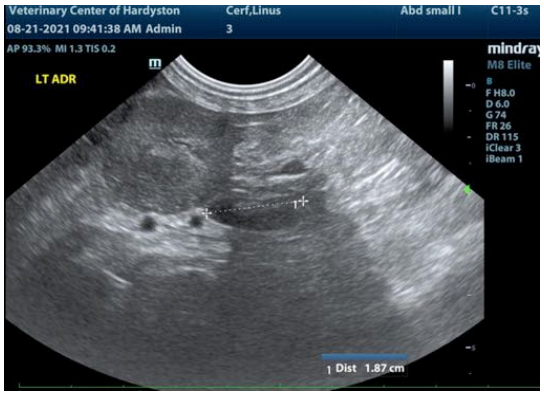
Excessive gallbladder debris, emerging mucocele formation.

Pancreatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the patient is n.p.o. then soft foreign matter is suspected. This may be evacuated with induction of vomiting followed by sonogram position 13 SDEP could be considered. Oral medication history should be considered. Medical therapy including Ursodiol would also be appropriate or direct gastrotomy, evacuation of the stomach, manual expression of the gallbladder and gastric biopsies.





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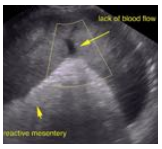
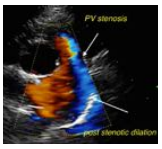
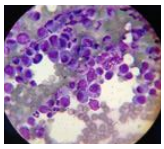
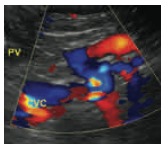

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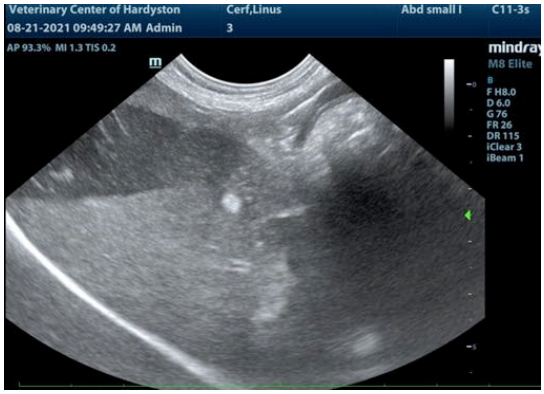

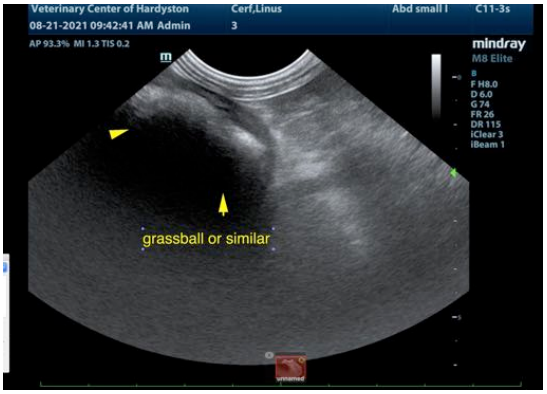

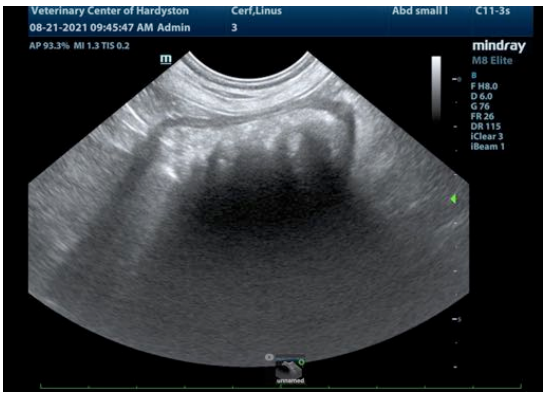

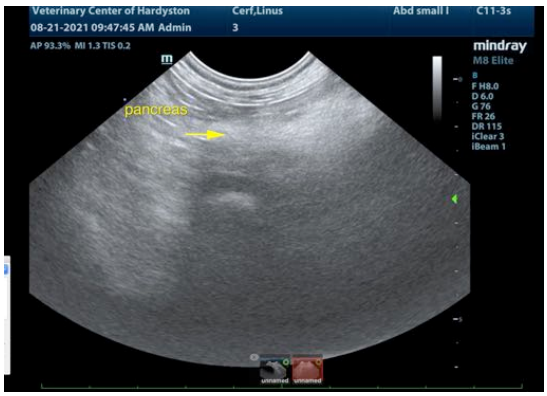

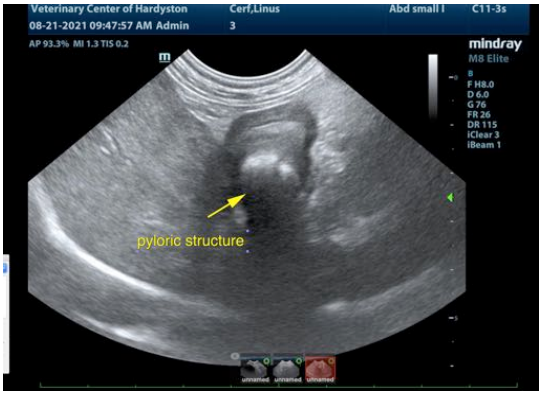

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com