



PATIENT

Emmi Hartney

SPECIES

Canine

BREED

Dachshund

SEX

Spayed female

AGE

15 years

WEIGHT

9.1 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Green

HOSPITAL NAME

Stanglein VC

REFERRING VET

Dr. Rothrock

INVOICE

32552

DATE

8/25/22

PRESENTING CLINICAL SIGNS

History: presented 8/12 for chronic diarrhea with no improvement on metronidazole. She also vomited 1-2 times. Owner now reports (8/24) that she is not eating and is lethargic, there has been no improvement in her diarrhea. Current meds: none (no improvement on metro or tylan)
Abnormal PE/Chem/CBC/UA Results: BW: ALKP 369(H), Glob 4.7 (H) otherwise unremarkable...
Rads: mild hepatomegaly, radiopaque foreign body with stomach lumen, otherwise unremarkable.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a relatively uniform thickening of the cranioventral and craniodorsal mucosae with micropolypoid mucosal changes without involvement of the submucosae. The bladder wall thickness measured up to 0.7 cm. The urine presented some echogenicity consistent with suspended debris. No evidence of urethral pathology was present. This presentation is most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out with=out histopathological review but is not overtly suspected based on this pattern. Cystocentesis and urine culture +/- pathological review of urine cytology would be warranted. No overt calculi were present at this time.

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. The right kidney measured 4.06 cm with non-obstructive calculi. The left kidney measured 4.34 cm.

Adrenal Glands

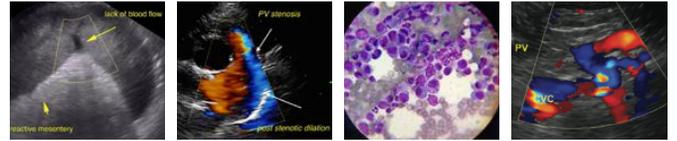
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 1.68 x 0.55 cm. The right adrenal gland measured 1.77 x 0.62 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** revealed edematous gallbladder wall with micropolypoid changes and increased portal markings. The gallbladder revealed a minor amount of debris with a small amount of non-obstructive sand.



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Gastrointestinal

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The **stomach** in this patient revealed a fluid filled urine with a 1.5 cm shadowing structure. The structure was mobile. Some video that was present in the gastric fundus and other moments during the exam was in the pylorus and measured 1.5 cm. This is consistent with foreign body or possible medications. Edematous gastric wall was noted with hyperperistalsis and excessive gas. The small intestine and colon were unremarkable.

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Pancreas

Dachshund

Minor heterogenous **pancreatic** changes were noted in the right limb, yet not a primary issue.

SEX

ULTRASONOGRAPHIC FINDINGS

Spayed female

Hepatic remodeling.

AGE

Gastritis pattern with 1.5 cm shadowing structure. This may be medications or possible foreign body, yet not obstructive.

15 years

Cystitis pattern.

WEIGHT

Renal calculi/nephrolithiasis without obstruction.

9.1 lbs

Moderate chronic hepatic remodeling.

INTERPRETED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Full urinary work-up is warranted. Gastritis protocol is indicated. Given that it is visible on radiographs true foreign body is likely. It is possible that the gastric presentation is not the complete cause of anorexia in this patient. However, endoscopy and mucosal biopsies are indicated. Bile acid profile is warranted. Full urinary work-up is warranted. There is no evidence or suspicion of neoplasia.

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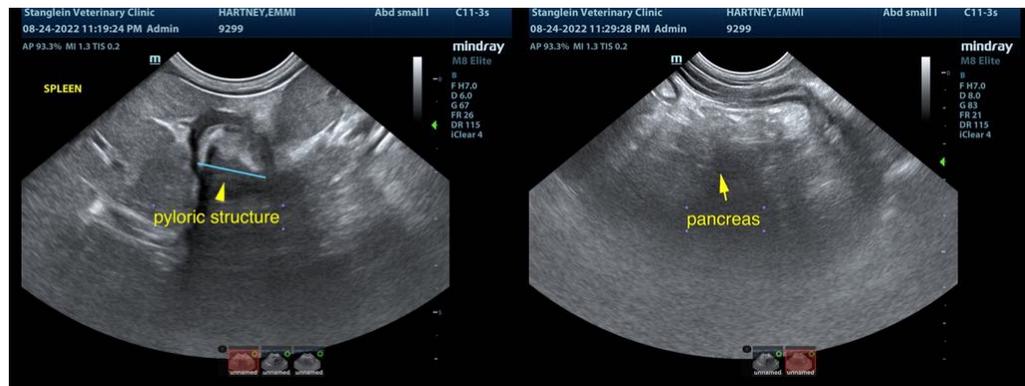
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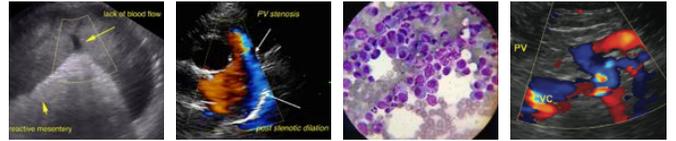
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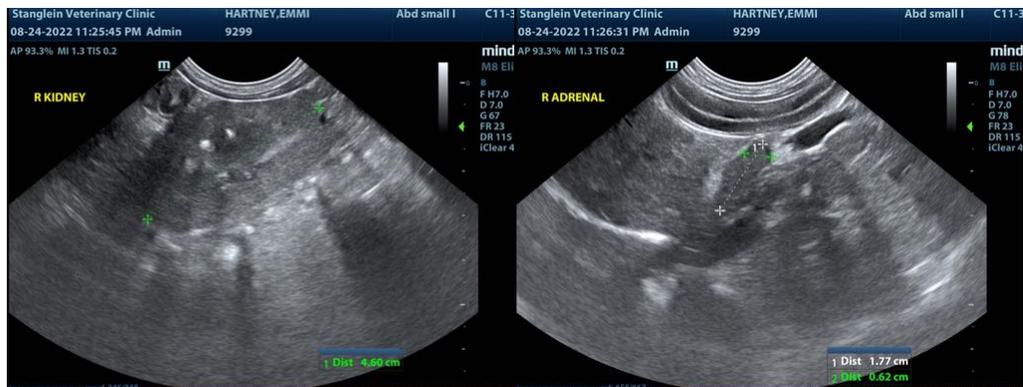
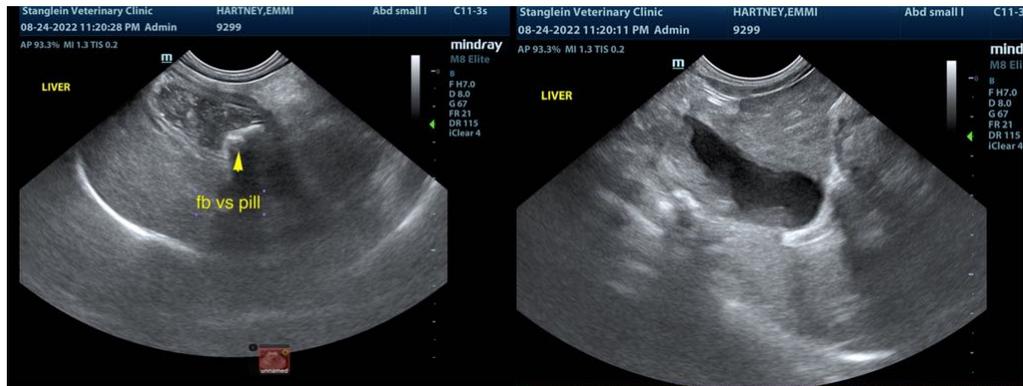
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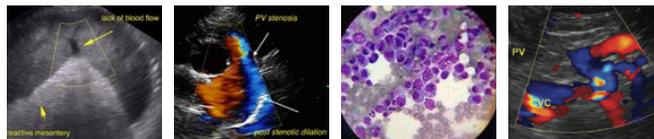
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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