



PATIENT

Daisy Beckert

PRESENTING CLINICAL SIGNS

ate sand 2 days ago. rads- possible mass spleen?(stomach displaced). vomiting, not eating. on pepOcid and cerenia

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Dachshund

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 pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

SEX

Spayed Female

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. Mineralization noted in both kidneys. The right kidney measured 4.92 cm. The left kidney measured 4.64 cm.

AGE

12 Years

Adrenal Glands

WEIGHT

11 Pounds

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 cm x 0.58 cm at the caudal pole and 0.53 cm at the cranial pole. The right adrenal gland measured 1.97 cm x 0.5 cm at the caudal pole and 0.92 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 were noted.

IMAGING PERFORMED BY

Diane McFadden

Liver

HOSPITAL NAME

ACC Flanders

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. Occasional hypoechoic, non-disruptive nodular changes noted. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

REFERRING VET

Dr. Hallihan

INVOICE

24942

Gastrointestinal

The **stomach** was severely overdistended with largely anechoic fluid and gas accumulation. Reactive mesentery was noted around the upper duodenum with hyperperistalsis and duodenal spasming. The pylorus was patent, yet mildly thickened. Curvilinear patterns were maintained. An accumulation of approximately 2.0 cm of jejunal material noted with reactive mesentery around a portion of thickened small intestine. There are two separate issues in this patient – obstructive material and thickened

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intestine, medial to the spleen at the time of the sonogram.

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Pancreas

SPECIES

The right limb of the **pancreas** was heterogeneous and enveloped the upper duodenum.

Canine

ULTRASONOGRAPHIC FINDINGS

BREED

- Transiting foreign matter in the jejunum with upper GI stasis and reactive mesentery – concern for underlying intestinal pathology in the area of obstruction.
- Concurrent pancreatitis

Dachshund

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Recommend immediate surgical intervention with gastric tube placement with decompression prior to surgery to avoid reflux, followed by laparotomy and resection and anastomosis of the obstructed portion of small intestine. GI biopsies are essential. Concurrent pancreatitis is present, yet not the primary issue.

Spayed Female

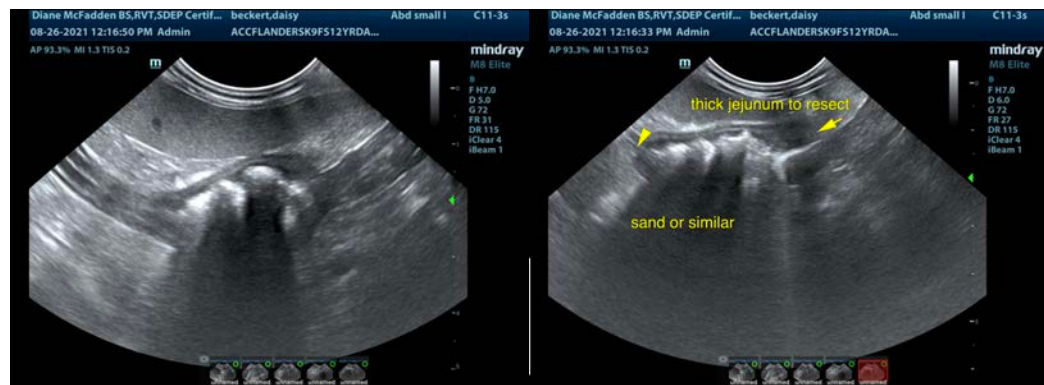
AGE

According to SonoPath research presented at ECVIM 2016 (Stockholm, Sweden), Advances in Small Animal Medicine and Surgery (May 2017), and EVDI 2017 (Verona, Italy), concurrent underlying chronic inflammatory neoplastic intestinal disease can often reside in PICA patients. Therefore, surgical biopsies are essential in this case regardless of the exploratory findings.

12 Years

WEIGHT

11 Pounds



INTERPRETED BY

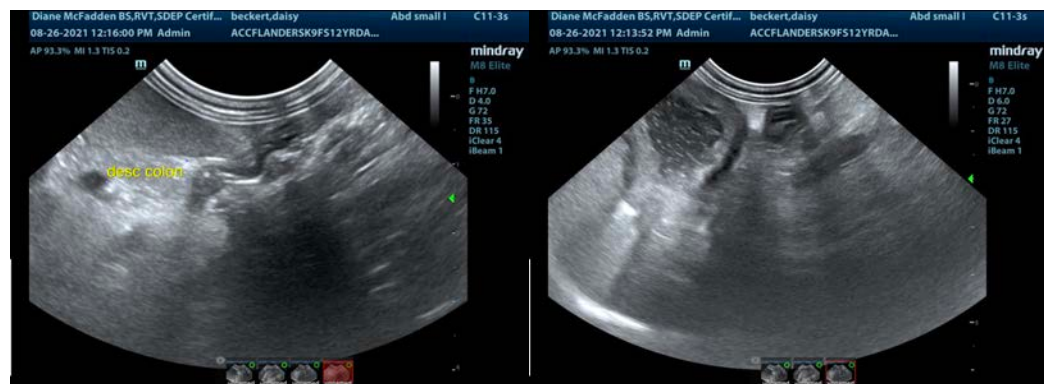
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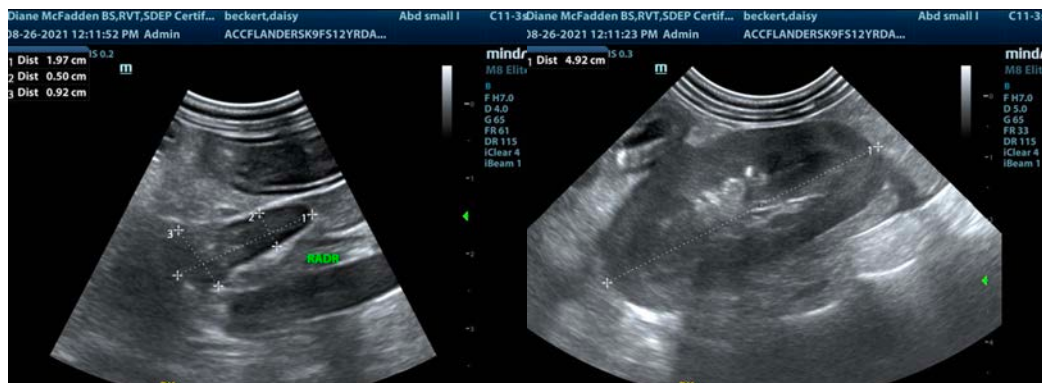
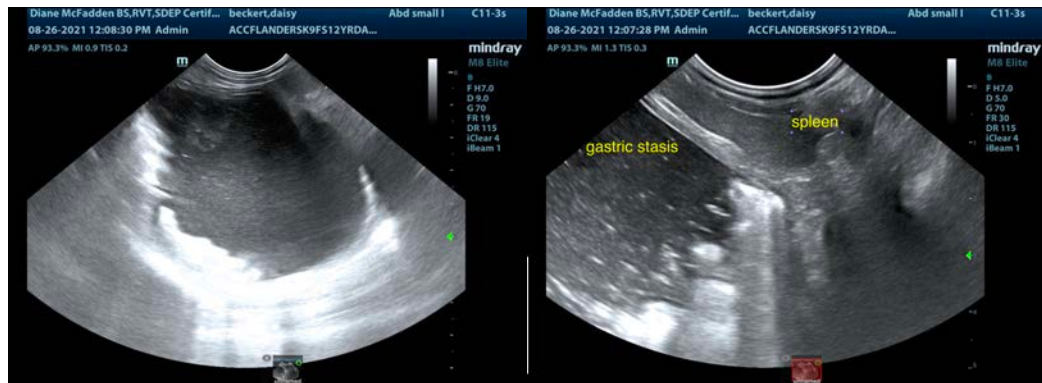
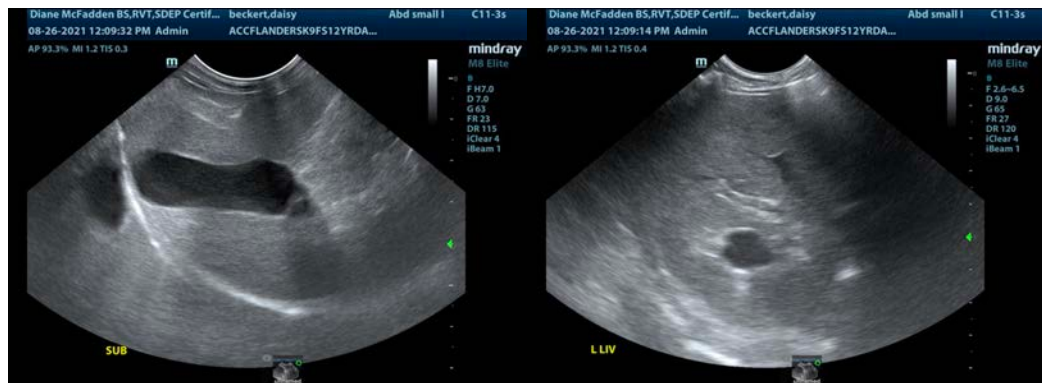
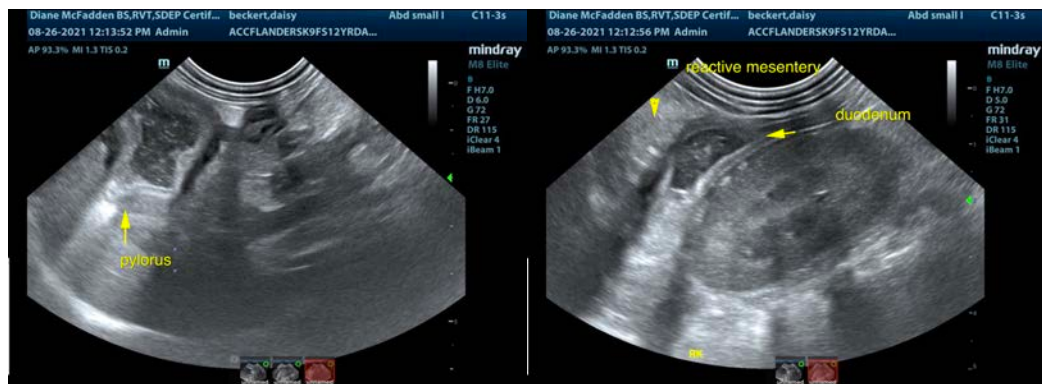
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

AGE

12 Years

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.

WEIGHT

11 Pounds

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