



PATIENT

Toby Monte

SPECIES

Canine

BREED

Dachshund

SEX

Neutered male

AGE

12 lbs

WEIGHT

24.1 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Lanz

HOSPITAL NAME

New Holland VH

REFERRING VET

Dr. Lanz

INVOICE

39498

DATE

9/20/22

PRESENTING CLINICAL SIGNS

History: 2 day history of hyporexia, oliguria, irritation at penis. BM is normal. O has noted distension in abdomen. Ate steak bone 2 days ago. No vomiting or diarrhea.

Abnormal PE/Chem/CBC/UA Results: pending

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 4.7 cm. The left kidney measured 4.74 cm with slight pinpoint mineralization was noted.

Adrenal Glands

The left adrenal gland measured 0.5 cm and was visualized obliquely. The right adrenal gland was also visualized obliquely and measured 0.6 cm in maximum width.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.



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Gastrointestinal

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The upper **gastrointestinal tract** was unremarkable. However, the last video clips demonstrated a dilated portion of intestine. This cannot be ascertained as to colonic or small intestine. The colon was not overtly visible in the early image sets.

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Pancreas

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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.

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ULTRASONOGRAPHIC FINDINGS

Unremarkable geriatric abdomen with benign hepatopathy.

AGE

12 lbs

Minor heterogenous splenic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

24.1 lbs

There was no evidence of significant disease. The cause of hyporexia is not evident. Other non-visceral causes of anorexia such as orthopedic/back pain, CNS or thoracic disease should all be considered. I recommend further imaging of the dilated portion of intestine to its finality as to whether it demonstrates obstruction by small intestine or enters into the pelvic inlet as would colon.

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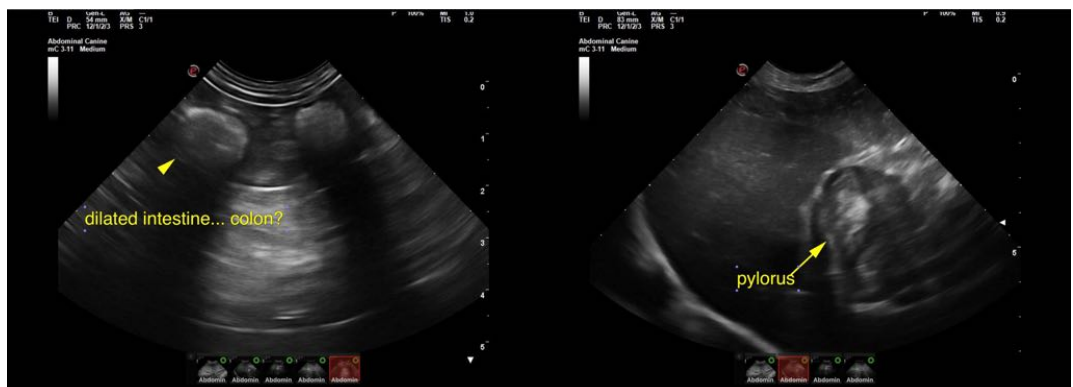
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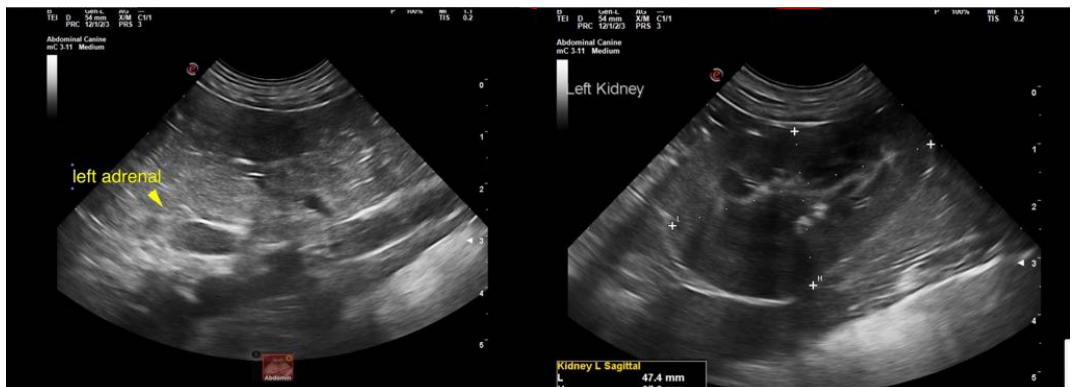
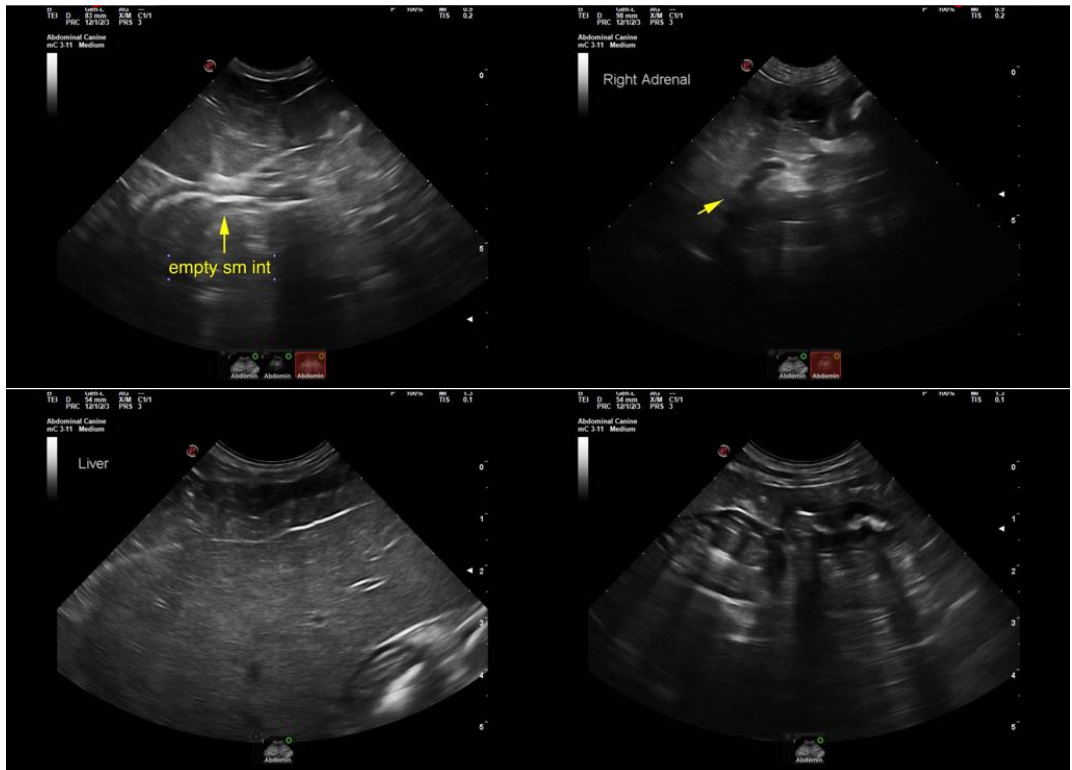
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@SonoPath.com

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