

PATIENT PRESENTING CLINICAL SIGNS

Jasper Geck

SPECIES

Canine

BREED

Dachshund

SEX

Neutered male

AGE

13 years

WEIGHT

5.1 kg

History: Patient was very lethargic yesterday morning and did not want to move or defecate. Also has not been wanting to eat, but ate Purina EN readily in room. Has been painful when defecating. History of neck issues. On exam anal glands were very full and lumbar spine was uncomfortable, but no CP deficits. Patient has lost almost all his hair. No neck pain or reduced range of motion. Abnormal PE/Chem/CBC/UA Results: ALT: 216, normal 6 months ago ALKP: 1446, was in the 400's 6 months ago Current Medications 1/2 tablet 20mg Galliprant

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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 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 dilatation was present. The capsules were acceptably uniform without significant irregularities. Slight mineralization was noted in the kidney. The left kidney measured 4.5 cm. The right kidney measured 4.41 cm.

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Silver Creek AC

REFERRING VET

Dr. Tangeman

DATE

7/25/22

Invoice
31896

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 2.46 x 1.42 cm at the cranial pole and 0.76 cm at the caudal pole. The left adrenal gland measured 2.49 x 0.72 cm at the caudal pole and 0.69 cm at the cranial pole.

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 submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of



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normal volume with no evidence of congestion. Minor gallbladder polyps were noted, yet not pathological.

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Gastrointestinal

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Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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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.

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ULTRASONOGRAPHIC FINDINGS

Unremarkable abdomen.

WEIGHT

5.1 kg

Minor, age related hepatic and renal changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of lethargy is not evident in the abdomen. Pain related spinal disease is suspected given the patient's history. Full thoracic and CNS examination is also warranted.

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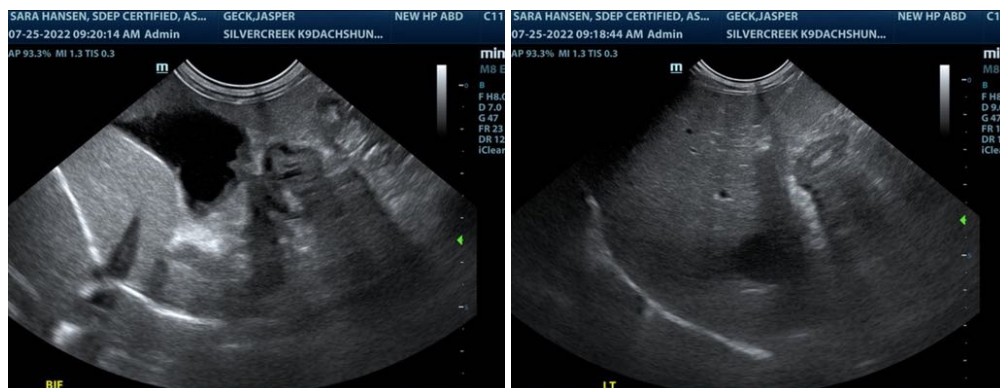
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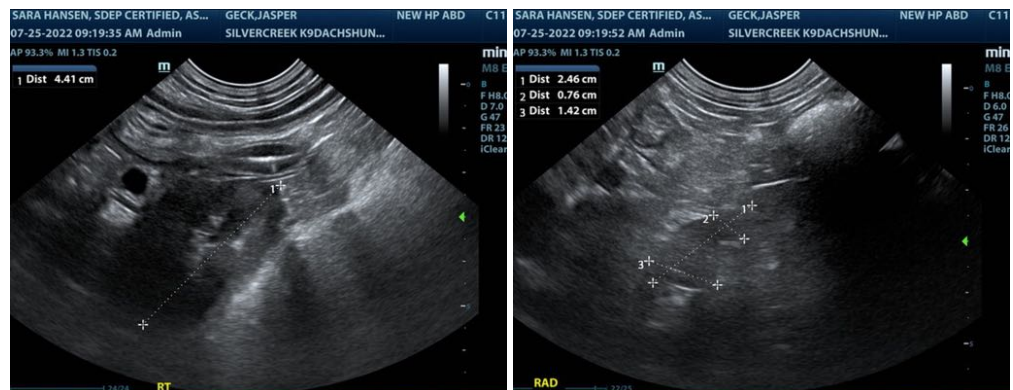
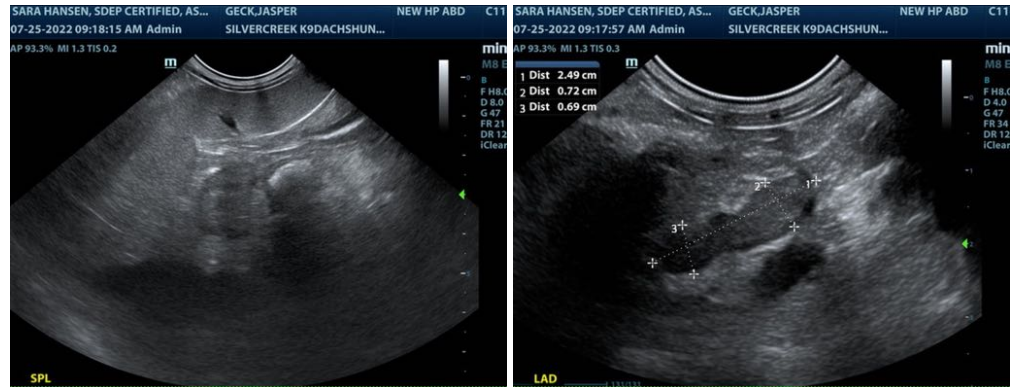
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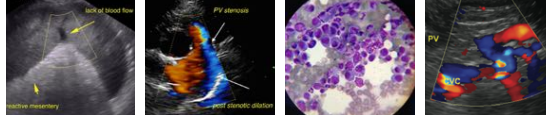
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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