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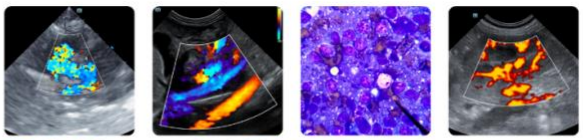

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Dabnie Howard

SPECIES

Canine

BREED

Dachshund

SEX

Neutered Male

AGE

10-24-11

WEIGHT

9.30

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Saint Francis AH

REFERRING VET

Dr Trudy Swanda-Foley

INVOICE

23055

DATE

5-22-26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Patient has recently been PU/PD and polyphagic with a change in hair coat. Prior history of endocardiosis and cataracts. Patient's drinking and urinations have been reduced in the last 24 hours, but is still eating.

Abnormal lab-work values: Bloodwork from May 19th revealed a hematocrit of 40% (slightly decreased), mild neutrophilia, monocytosis and thrombocytosis. ALT 321. ALP 2962. GGT 66. Bloodwork in January revealed an ALT of 130. ALP 1680. GGT 22. T4 0.9. 4dx negative. Fecal negative. USG 1.000. 1+ proteinuria. Inactive sediment.

Current Medications: Diclofenac Opthalmic
Radiographic Findings: Emailed

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 3.0 cm, are normal.

The prostate is normal in size (0.91 cm in width) with smooth peripheral contours. The parenchyma is subtly heterogenous in appearance. No distinct focal lesions are observed. The prostatic urethra is not overtly dilated.

The left kidney is normal in size (4.88 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. There is mild loss of corticomedullary distinction. Pinpoint hyperechoic foci are observed within the cortex. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (5.00 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Pinpoint hyperechoic foci are observed within the cortex. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.58 cm at cranial pole) (0.64 cm at caudal pole) with slightly swollen peripheral contours. Glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is mildly enlarged (0.56 cm at cranial pole) (0.59 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.03 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. Pinpoint hyperechoic- to mineralized foci are observed throughout the organ. Splenic vasculature is normal.

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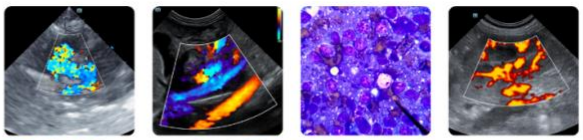

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Liver

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of partially dependent, echogenic- to mineralized debris/sludge is observed within the lumen. Several polypoid-like lesions are arising from the mucosal surface. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is minimally- to mildly fluid-distended. The gastric wall is normal- to borderline thickened (up to 0.36 cm) with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. There is no obvious evidence of an obstructive pattern.

Pancreas

The base and limbs of the pancreas are visible with normal curvilinear peripheral contours. The parenchyma is variably echogenic and slightly mottled in appearance relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

There is no obvious evidence of free fluid.

Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory disease, infiltrative neoplasia and other hepatopathies are considered less likely.
- The gallbladder changes are suggestive of a developing mucocele. Gallbladder polyps are also present. This is typically a benign incidental age-related finding. However, they can occasionally be associated with cholecystitis.
- Mild bilateral adrenomegaly

Secondary Findings

- Splenic dystrophic mineralization. This is typically a benign incidental finding often associated with endocrinopathies.

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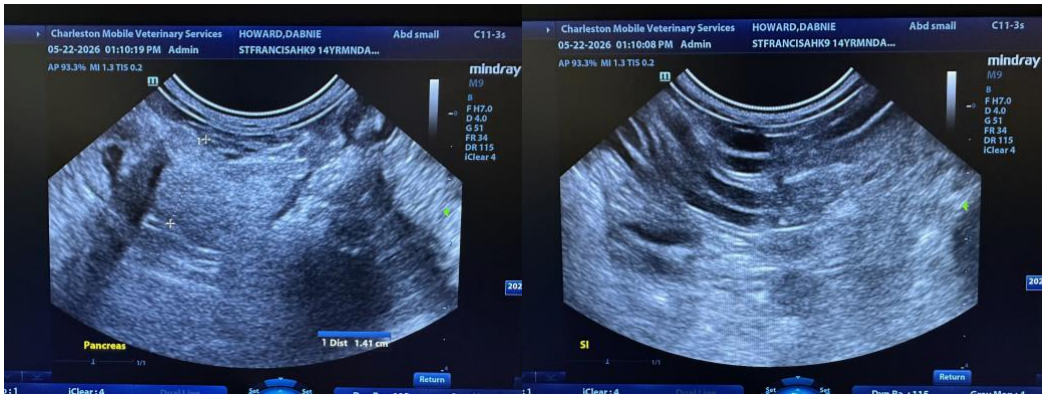
- Bilateral nonspecific age-related renal changes with subtle dystrophic mineralization
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The mild gastric wall thickening may be a normal variant for this patient or could be secondary to gastritis.
- The prostatic changes are most consistent with age-related parenchymal remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If the patient is not currently ill, consider further testing for Cushing's disease (i.e., low-dose dexamethasone suppression test). A baseline blood pressure measurement is also recommended. If results are not consistent with Cushing's disease, further work-up for a primary hepatopathy (i.e., aspirates or biopsies) may be warranted.
- Given the gall bladder changes, Ursodeoxycholic acid (Ursodiol) is recommended. Serial sonographic monitoring (e.g., every 4-6 weeks) of the gall bladder is recommended to assess for progression to a fully formed mucocele. If progression occurs, a cholecystectomy may be warranted.
- Regarding the borderline low T4, consider a free T4 by equilibrium dialysis to further evaluate for hypothyroidism.



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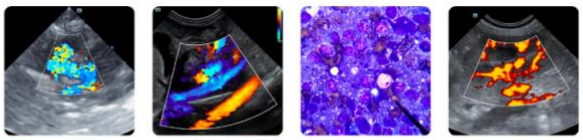

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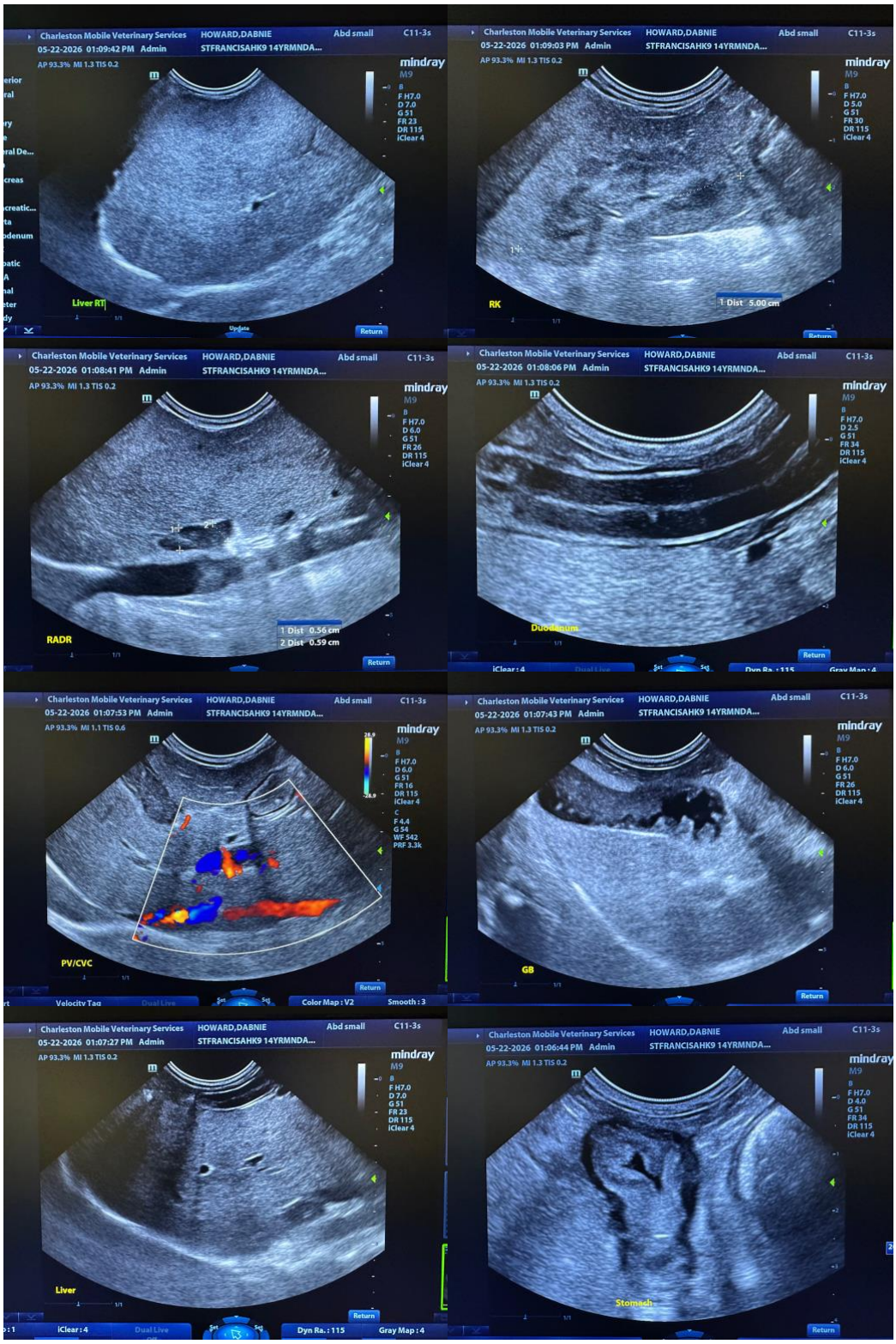

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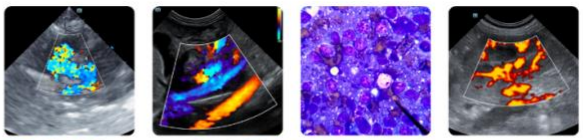

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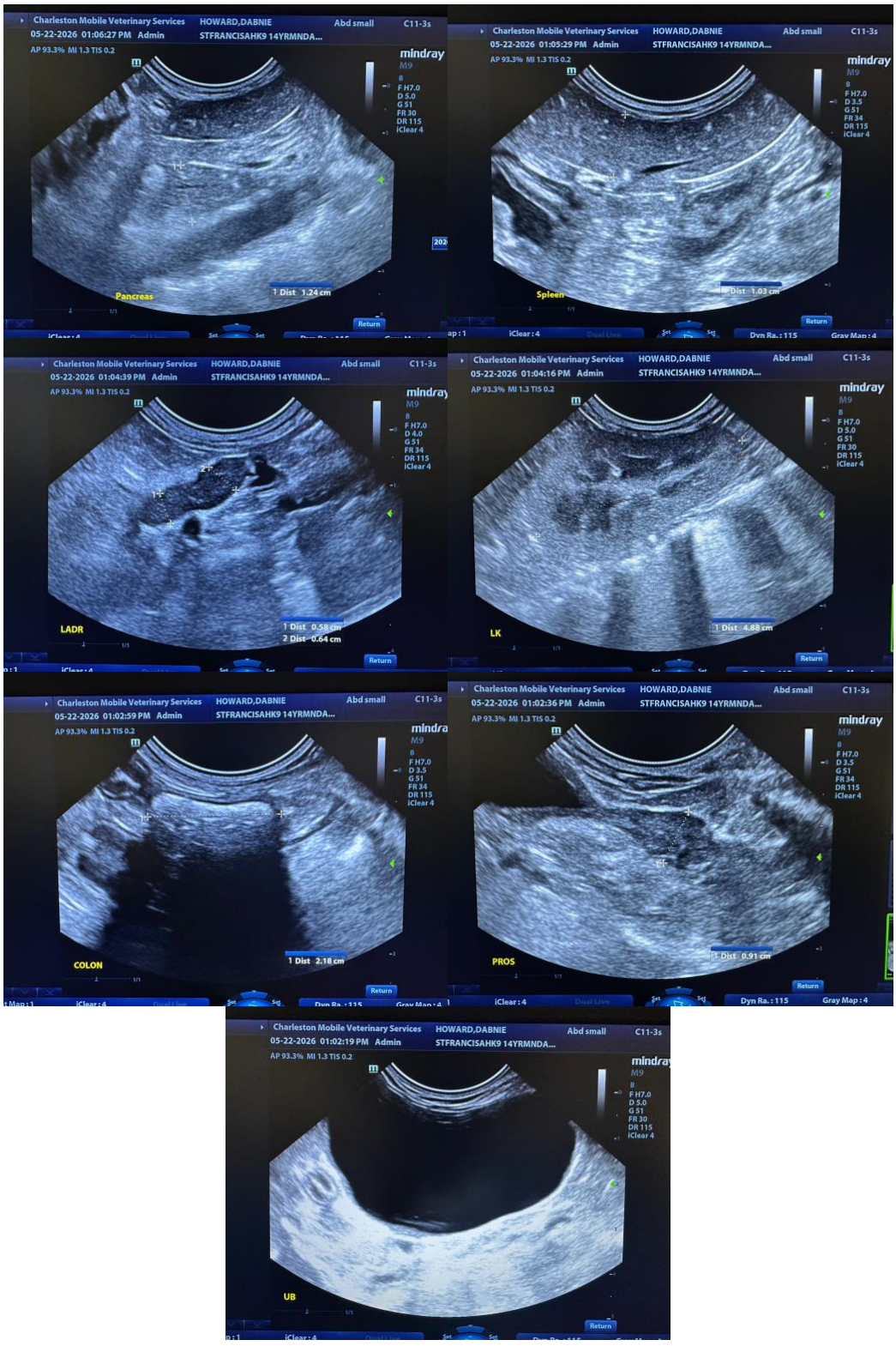

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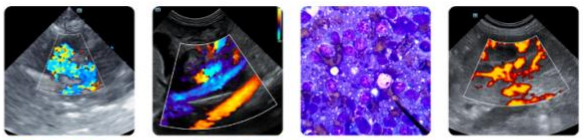

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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