



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Jake Best
SPECIES Canine
BREED Dachshund
SEX Male, neutered
AGE 9 Yrs. 5 months
WEIGHT 6.53 kg.

PRESENTING CLINICAL SIGNS
 History: Owner noticed dog drinking more.
 Abnormal PE/Chem/CBC/UA Results: CBC: all WNL Chemistry WNL, except: Urea 2.3 (N 2.5 - 9.6) LOW Alkp 10 (N 23 - 212) LOW TT4 31 (N 13 - 51) , SDMA 9 (N 0 -14) UA Analyzer - Free catch sample, straw colour, clear USG 1.009, pH 8, Leu, pro, glu, ket, bil, bld neg UBG normal SediVue Dx WBC/RBC <1/HPF No bacteria, casts, crystals detected Epi squam/ non-squam <1/HPF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 1-2 cm, are normal.

The prostate is normal in size (0.72 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (4.36 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (4.37 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. Several small, non-obstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal size (0.48 cm at cranial pole) (0.55 cm at caudal pole) (1.52 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is mildly enlarged (0.47 cm at cranial pole) (0.61 cm at caudal pole) (1.61 cm in length) with a slightly irregular shape. 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 (0.92 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.64 cm hyperechoic nodule is observed at the caudal aspect. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated echogenic partially dependent sludge in a partially stellate pattern is observed within the lumen. The

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PATIENT cystic and common bile ducts are normal/not seen.

Jake Best *Gastrointestinal*

SPECIES

Canine

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

BREED

Dachshund

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

SEX

Male, neutered

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

AGE

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ULTRASONOGRAPHIC FINDINGS

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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 and infiltrative disease are considered less likely.
- The gallbladder changes are consistent with a developing mucocele.
- Borderline bilateral adrenomegaly.

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Secondary Findings:

- Right non-obstructive nephrolithiasis.
- The hyperechoic splenic nodule trends toward the benign (i.e., myelolipoma) with a lower possibility of emerging neoplasia.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the patient's polydipsia, consider the following:
 1. Urine culture and sensitivity to assess for occult pyelonephritis.
 2. Cushing's testing (i.e., low-dose Dexamethasone suppression test). However, it should be noted that Cushing's disease is rare in patient's with a normal ALP.
 3. Leptospirosis testing (i.e., blood and urine PCR, serology).
 4. Depending on the results of the above diagnostics, a DDAVP trial +/- modified water deprivation test can be considered.
- Given the gall bladder changes, Ursodeoxycholic acid (Ursodiol) at 10-15 mg/kg once a day is

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recommended. Serial sonographic monitoring (e.g., every 6-8 weeks) of the gall bladder is recommended to assess for progression to a fully-formed mucocoele.

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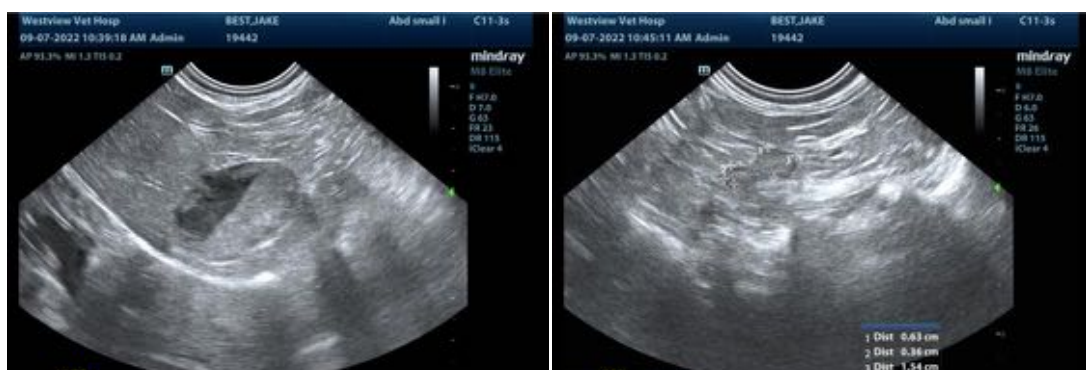
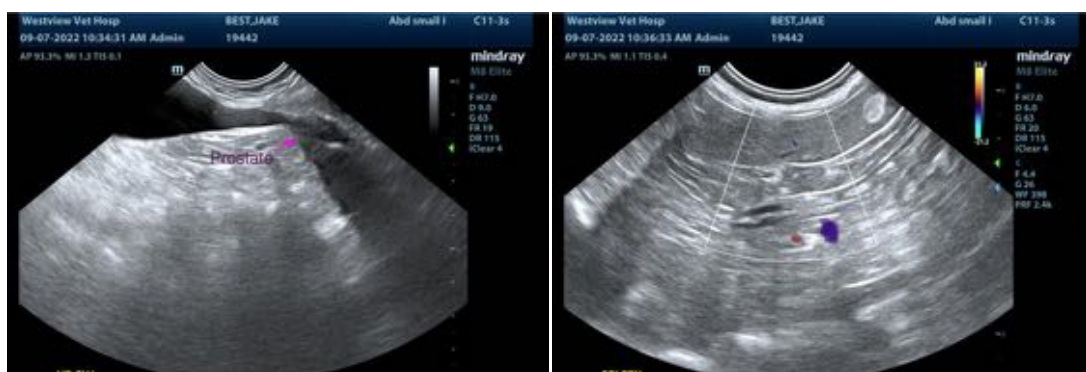
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

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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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Dachshund

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