

**PATIENT**

Reagan Bufalini

SPECIES

Canine

BREED

Dachshund

SEX

Spayed Female

AGE

13 Years 11 Months

WEIGHT

21 Pounds

INTERPRETED BYBeth Johnson, DVM
DACVIM**IMAGING PERFORMED BY**

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VETWixom Family Pet –
Dr. Foster**INVOICE**

44106

DATE

1/11/23

PRESENTING CLINICAL SIGNS

Current Medications: Was treated starting on 12.15.22 with Enrofloxacin 22.7mg PO BID for 10 days and Deracoxib 12mg PO SID for 5 days Patient History: Chronic UTI's, urinary accidents in the house, recent mild hepatopathy in blood work.

Abnormal PE/Chem/CBC/UA Results: BCS 6/9, recessed vulva, mild diffuse tartar/gingivitis Recent UA revealed rod bacteriuria Chemistry revealed: ALT 310 (0-120 U/I) and GGT 32 (0-14 U/I) **Please see attached labs.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

Urinary bladder is adequately distended with primarily anechoic contents and occasional echogenic non-shadowing debris. Apical urinary bladder wall is diffusely thick (0.87 cm). Mucosa is hyperechoic and irregular. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface.

The right kidney is normal in size (5.74 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal in size (5.4 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

Adrenal glands are plump/swollen in size. Normal shape and contour are maintained without evidence of capsular invasion. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. The left adrenal gland measures 0.85 cm at the cranial pole and 0.79 cm at the caudal pole. The right adrenal gland measures 0.72 cm at the cranial pole and 0.87 cm at the caudal pole.

Spleen

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). Multifocal well-demarcated hyperechoic homogenous nodules are noted. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as mild suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

IMAGING PERFORMED BY

SVS Mobile Imaging MI 734-637-7711
svsimagingmi@gmail.com



EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Reagan Bufalini

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

SPECIES

Canine

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas**BREED**

Dachshund

The observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

SEX

Spayed Female

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

AGE

13 Years 11 Months

The sublumbar lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

PRIMARY FINDINGS**WEIGHT**

21 Pounds

- **Bilateral adrenomegaly** – consistent with adrenal hyperplasia secondary to pituitary dependent hyperadrenocorticism vs stress or normal variant. Interpret in combination with clinical signs of hyperadrenocorticism.
- **Chronic Cystitis** - Urinary bladder wall changes are most consistent with chronic cystitis. Infiltrative neoplasia cannot be ruled out but is considered less likely give the location and diffuse nature of the changes.
- **Heterogenous Liver** – These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia.
- **Mild gallbladder debris** - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.
- **Reactive sublumbar lymph nodes** – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

SECONDARY FINDINGS**REFERRING VET**

Wixom Family Pet –
Dr. Foster

- **Hyperechoic splenic nodules** – most consistent with benign myelolipomas. Other differentials such as fibrosis or calcification caused by old hematomas or infarcts, chronic inflammation, granulomatous disease or metastatic disease cannot be ruled out, but are considered less likely.
- **Pancreatic age-related remodeling** – Mild irregularities are consistent with benign age-related change. Low-grade smoldering chronic pancreatitis cannot be ruled out and should be suspected in the face of appropriate clinical signs.

INVOICE

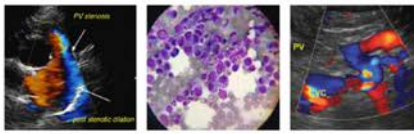
44106

DATE

1/11/23

IMAGING PERFORMED BY

SVS Mobile Imaging MI 734 - 637 - 7711
svsimagingmi@gmail.com



PATIENT

Reagan Bufalini

SPECIES

Canine

BREED

Dachshund

SEX

Spayed Female

AGE

13 Years 11 Months

WEIGHT

21 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Wixom Family Pet –
Dr. Foster

INVOICE

44106

DATE

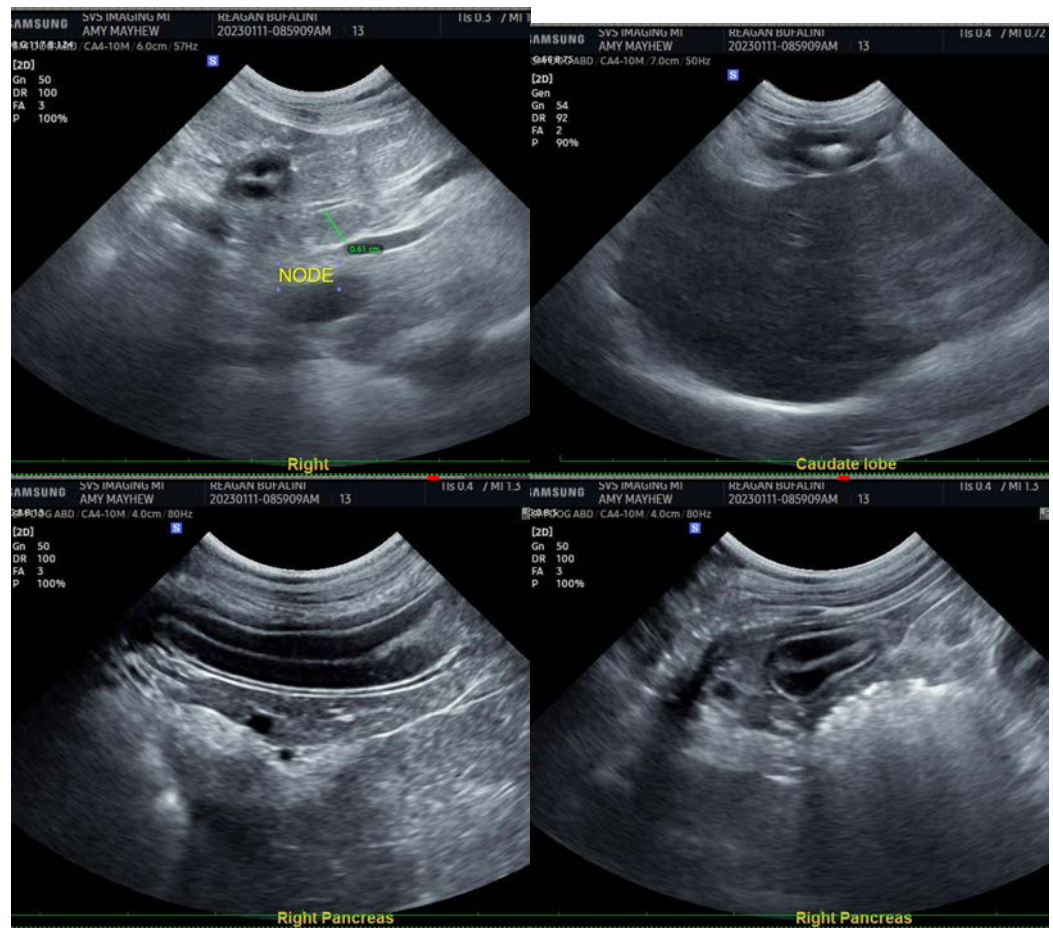
1/11/23

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

First recommendation is to treat this patient’s reported urinary tract infection as a complicated urinary tract infection, which includes management with antibiotics, ideally based on culture and sensitivity results, for longer than a simple urinary tract infection (i.e., 4+ weeks). Additionally, a follow up culture a week to 10 days after starting antibiotics to ensure no secondary pathogens, etc. are present is recommended, as is a final 3rd culture a week to 10 days after finishing antibiotics to ensure full clearance of the urinary tract infection.

If at that time, given the concurrent liver, gallbladder, and adrenal changes, which are suggestive of hyperadrenocorticism, clinical signs of hyperadrenocorticism are present, including PU/PD, polyphagia, etc., testing for hyperadrenocorticism could be considered in the form of a LDDS test. However, without supporting clinical signs, further evaluation of hyperadrenocorticism is not necessarily indicated.

Additionally, especially given the hepatocellular injury pattern of liver enzyme increase in this patient versus a cholestatic pattern, testing for Leptospirosis is recommended, and given the pancreatic changes, especially if clinical signs of chronic smoldering pancreatitis are present, a PLI could be considered.



IMAGING PERFORMED BY

SVS Mobile Imaging MI 734-637-7711
svsimagingmi@gmail.com



PATIENT

Reagan Bufalini

SPECIES

Canine

BREED

Dachshund

SEX

Spayed Female

AGE

13 Years 11 Months

WEIGHT

21 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

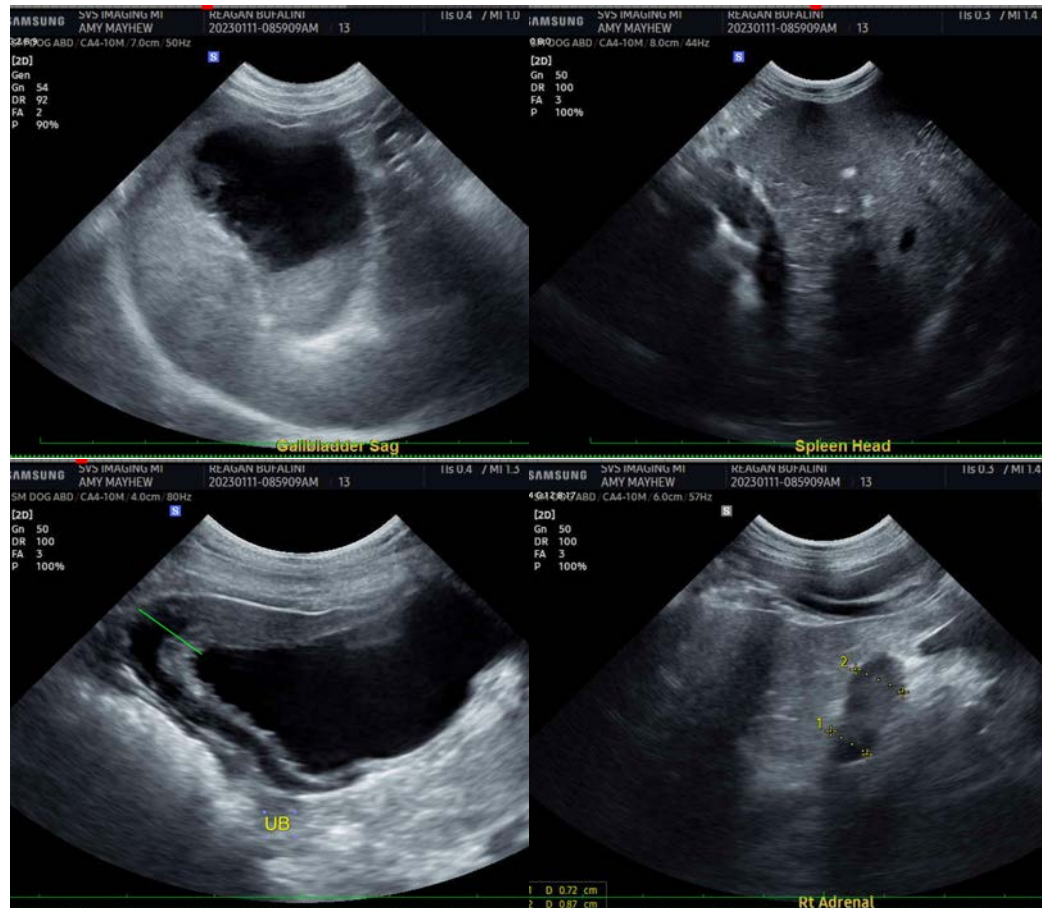
Wixom Family Pet –
Dr. Foster

INVOICE

44106

DATE

1/11/23



IMAGING PERFORMED BY

SVS Mobile Imaging MI 734 - 637 - 7711
svsimagingmi@gmail.com



PATIENT

Reagan Bufalini

SPECIES

Canine

BREED

Dachshund

SEX

Spayed Female

AGE

13 Years 11 Months

WEIGHT

21 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

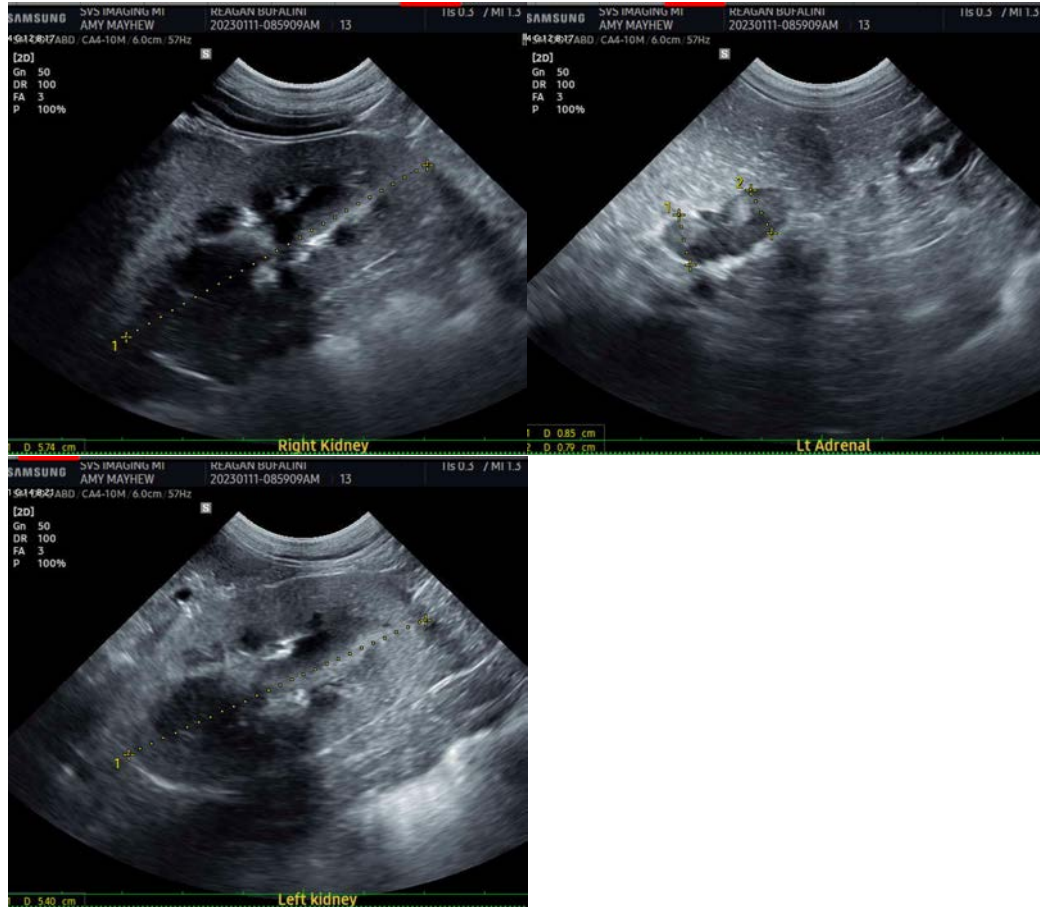
Wixom Family Pet –
Dr. Foster

INVOICE

44106

DATE

1/11/23



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.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com