



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Daisy Defeo	seen for lethargy, inappetence Monday, admitted to hospital, is now eating, jaundice is resolved , still some malaise.
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: jaundiced and dull, mild discomfort cranial to mid abd, dehydration, hemoconcentrated rbc 10.2, has resolved, wbc were 35.77, now 21.2, Bilirubin was 17, today 1.3, ALT was 1667, today 1818, alkphos wouldn't read on Monday, today 4841
Canine	
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Dachshund	<b>Urinary System</b>
<b>SEX</b>	Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.
Spayed Female	
<b>AGE</b>	The right kidney is normal in size (4.59 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.
12.5 Years	
<b>WEIGHT</b>	The left kidney is normal in size (4.16 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.
8.9 Pounds	
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
Beth Johnson, DVM DACVIM	The area of the right adrenal gland is examined without evident pathology.
<b>IMAGING PERFORMED BY</b>	The left adrenal gland is normal in size (0.49 cm at the cranial pole and 0.65 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
Chelsea Pastor	<b>Spleen</b>
<b>HOSPITAL NAME</b>	The 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). An approximately 1.0 cm in diameter non-capsule disrupting nodule is noted near the head of the spleen with a heterogeneous appearance characterized by hyperechoic center surrounded by a hypoechoic rim (target lesion). Splenic vasculature appears normal.
Fredon Animal Hospital	
<b>REFERRING VET</b>	<b>Liver</b>
Dr. Linda Grau	The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.
<b>INVOICE</b>	<b>Gastrointestinal</b>
43932	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.
<b>DATE</b>	
1/4/23	



**PATIENT**

Daisy Defeo

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

**SPECIES**

Canine

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.

**BREED**

Dachshund

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

**SEX**

Spayed Female

**Pancreas**

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

**AGE**

12.5 Years

**Free Abdomen**

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

**WEIGHT**

8.9 Pounds

There is no apparent lymphadenopathy noted in these images.

**PRIMARY FINDINGS**

- **Heterogeneous splenic nodule** – consistent in appearance with a “target lesion”, differentials for which include a benign lesion such as fibrosis of an old hematoma or granuloma, myelolipoma, extramedullary hematopoiesis, etc. However, target lesions can be indicative of infiltrative neoplastic disease. Therefore, a malignant lesion cannot be ruled out.

**SECONDARY FINDINGS**

- Urinary bladder debris
- **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.
- An obvious cause for the reported increased liver enzymes is not identified in these images. Microscopic disease such as Leptospirosis, bacterial cholangiohepatitis, chronic active hepatitis, copper-associated hepatotoxicity, other hepatotoxicity, infiltrative neoplasia (considered unlikely), etc. cannot be definitively ruled out.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

Testing for Leptospirosis is recommended if not recently evaluated.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Chelsea Pastor

**HOSPITAL NAME**

Fredon Animal  
Hospital

**REFERRING VET**

Dr. Linda Grau

**INVOICE**

43932

**DATE**

1/4/23



**PATIENT**

Daisy Defeo

A fine needle aspirate of the splenic nodule as well as the liver could be considered if patient's coagulation status is appropriate.

**SPECIES**

Canine

In the meantime, treatment recommendations include fluid therapy, antiemetics, gastroprotectants, hepatic nutraceuticals such as Ursodiol and/or Denamarin, and broad-spectrum antibiotics. Nutritional support is also critical, so appetite stimulants, and/or, if indicated, feeding tube placement may be warranted.

**BREED**

Dachshund

**SEX**

Spayed Female

**AGE**

12.5 Years

**WEIGHT**

8.9 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Chelsea Pastor

**HOSPITAL NAME**

Fredon Animal  
Hospital

**REFERRING VET**

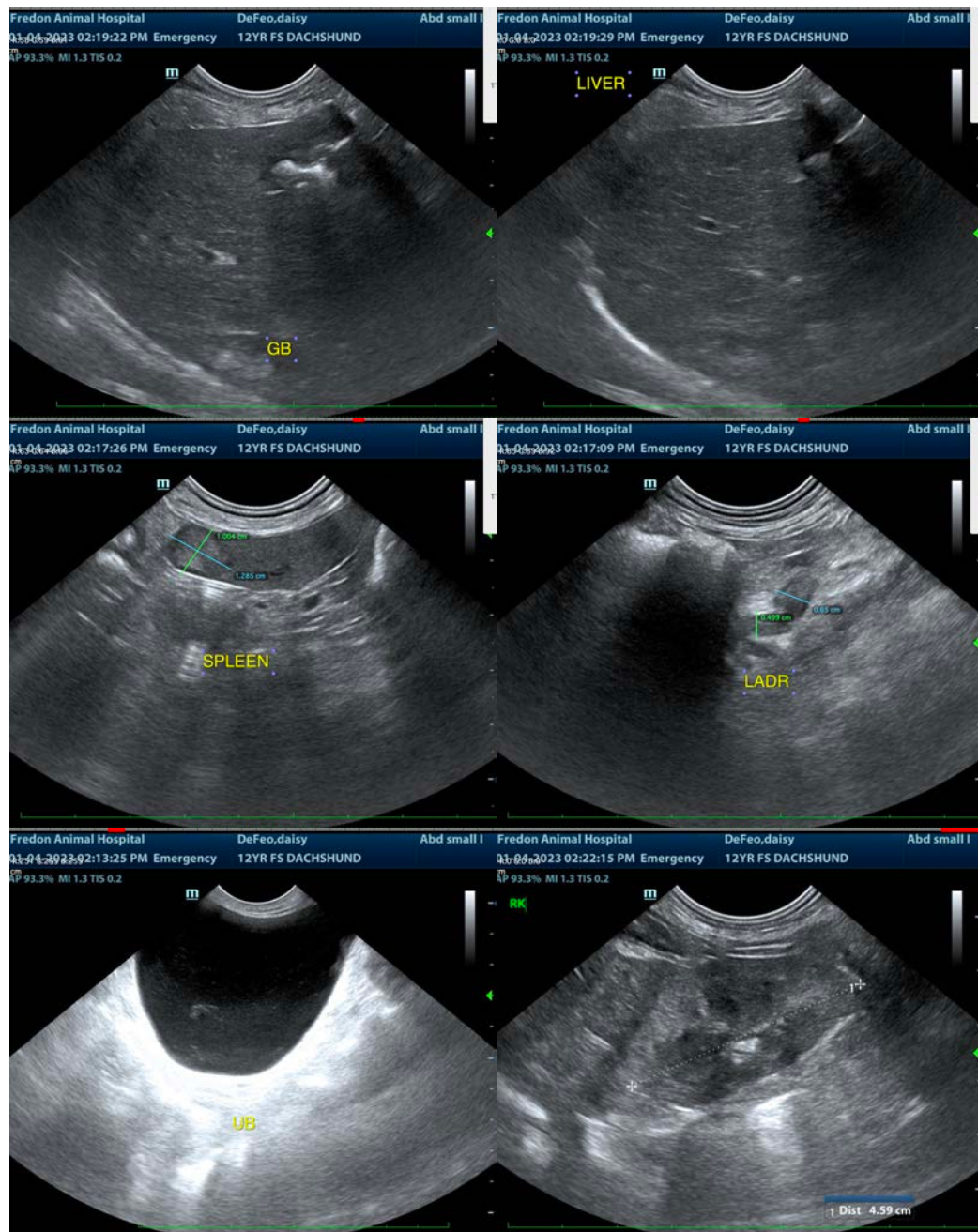
Dr. Linda Grau

**INVOICE**

43932

**DATE**

1/4/23





**PATIENT**

Daisy Defeo

**SPECIES**

Canine

**BREED**

Dachshund

**SEX**

Spayed Female

**AGE**

12.5 Years

**WEIGHT**

8.9 Pounds



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

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Chelsea Pastor

**HOSPITAL NAME**

Fredon Animal  
Hospital

**REFERRING VET**

Dr. Linda Grau

**INVOICE**

43932

**DATE**

1/4/23