



PATIENT

Jasmine Caruncho

SPECIES

Canine

BREED

Dachshund

SEX

Intact Female

AGE

17 Years

WEIGHT

N/A

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Glen Rock VH

REFERRING VET

Dr. Stekler

INVOICE

35505

DATE

2/8/22

PRESENTING CLINICAL SIGNS

Vomiting, anorexia, lethargy, decreased appetite, dental disease, history of mammary masses. Current meds: Cerenia 16 mgs SID, Clanjvamos 125 mgs BID.

Abnormal PE/Chem/CBC/UA Results: BUN 177, creat. 4.6, Phos. 11.3, WBC 20.5.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is moderately distended. It has a normal uniform wall thickness (<0.2 cm). Contents include primarily anechoic fluid combined with both gravity dependent and suspended echogenic non-shadowing debris within the fluid. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal in size (5.08 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. An anechoic, thin, walled off cyst is noted on the cranial pole of the right kidney.

The left kidney is normal in size (3.92 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

The right adrenal gland is normal in size (2.0 cm long x 0.59 cm at the cranial pole and 0.74 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (1.89 cm long x 0.65 cm at the cranial pole and 0.64 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

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). A 0.3 cm round, hypoechoic nodule is present in the middle of the spleen, non-capsule disrupting. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged with rounded margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature appears normal.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

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.



PATIENT	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.
Jasmine Caruncho	
SPECIES	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
Canine	
BREED	Pancreas
Dachshund	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.
SEX	Free Abdomen
Intact Female	There is no evidence of peritoneal effusion. No appreciable lymphadenopathy in these images.
AGE	There is a round cystic structure cranial to the left kidney that is believed to be the left ovary. The uterus is present, but not overly distended and without overt uterine pathology noted.
17 Years	
WEIGHT	ULTRASONOGRAPHIC FINDINGS
N/A	<ul style="list-style-type: none"> • Urinary bladder sediment – Urine changes are most consistent with cellular debris or crystalluria. • Likely incidental right renal cortical cyst • Hypoechoic splenic nodule – Most consistent with benign extramedullary hematopoiesis or nodular hyperplasia. Infiltrative neoplasia or metastatic nodule cannot be ruled out, but is considered less likely. • Heterogenous liver – Differentials for hepatic changes include both benign steroid (vacuolar) hepatopathy or extramedullary hematopoiesis as well as infiltrative round cell or metastatic neoplasia. • Cystic structure cranial to left kidney – Consistent with left ovary.
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Beth Johnson, DVM DACVIM	Recommendations include a urinalysis (if not already performed) to try to better determine prerenal versus renal azotemia, as well as a baseline cortisol to further investigate unlikely but possible hypoadrenocorticism, given the marked azotemia without evident renal pathology. If the baseline cortisol is <2.0, recommendations are to proceed with a full ACTH stimulation test.
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Kelly Vazquez	
HOSPITAL NAME	
Glen Rock VH	
REFERRING VET	
Dr. Stekler	A fine needle aspirate of the heterogeneous liver is recommended if patient's coagulation status is appropriate. 3-view thoracic radiographs are recommended (if not already performed) for further assessment of the cardiopulmonary status, as well as to further assess for metastatic disease, given the reported history of mammary masses.
INVOICE	
35505	Medical management in the form of rehydration/IV fluid therapy, antiemetics, gastroprotectants, appetite stimulants, etc. is recommended in the meantime, given the marked azotemia.
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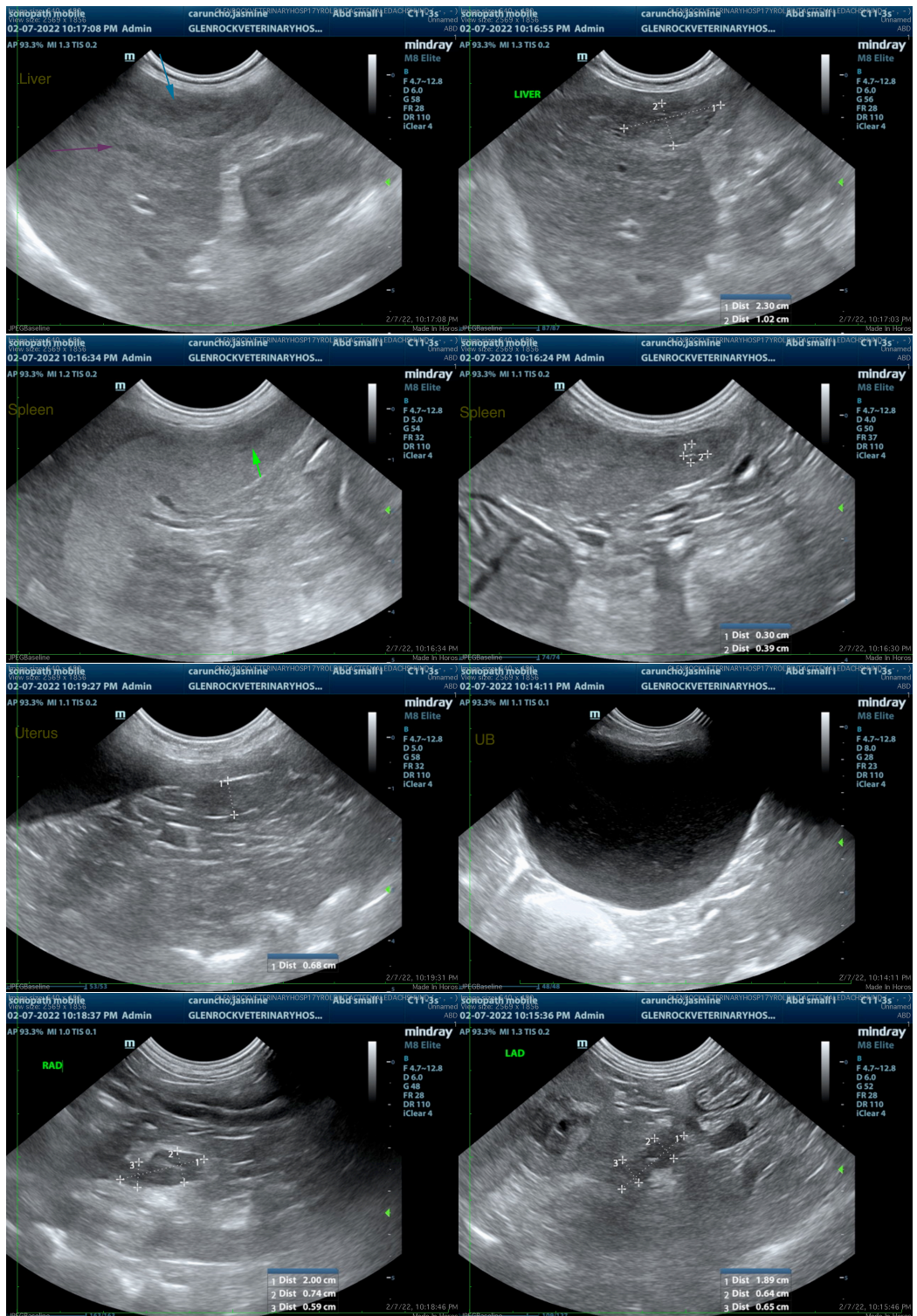
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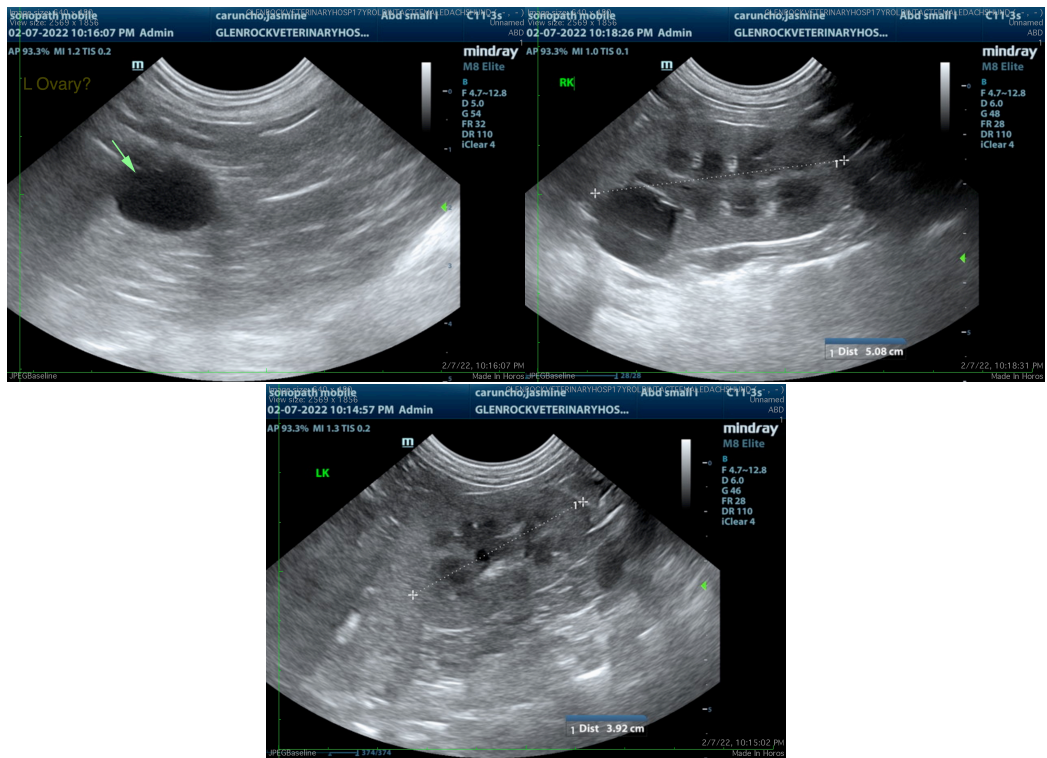
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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