

**PATIENT PRESENTING CLINICAL SIGNS**

Bo Heden Anorexia, no vomiting and loose stool on rectal

**SPECIES** Abnormal PE/Chem/CBC/UA Results: ALKP 2245, BUN 52, Ca 13.1, CHOL 366, GGT 20, TP 7.5, TRIG 334, B/C ratio 43, GLOB 3.7, PSL LIPA 296, Platelets 604,

Canine

**BREED**

Dachshund

**SEX**

Neutered Male

**AGE**

16 Years

**WEIGHT**

15.5 Pounds

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Prostate is normal in size, echotexture and echogenicity for a neutered male.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. Multiple small cortical cysts noted bilaterally as well as a large 2.2 cm x 2.8 cm cortical cyst in the caudal pole of the right kidney. The left kidney measures 5.34 cm. The right kidney measures 6.51 cm.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**Adrenal Glands**

Adrenal glands are largely normal in size, shape and contour. Some parenchymal heterogeneity is present without concerning capsular distortion. These changes are likely normal for this age but should be monitored if there is any suspicion of adrenal disease. The left adrenal gland measures 0.55 cm at the cranial pole and 0.64 cm at the caudal pole. The right adrenal gland measured 0.70 cm at the cranial pole and 0.68 cm at the caudal pole.

**IMAGING PERFORMED BY**

Marco & Dr. Ammeraal

**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). No focal nodules or masses are observed. Splenic vasculature appears normal.

**HOSPITAL NAME**

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**Liver**

Liver is relatively normal in size and contour. Parenchyma is mildly heterogenous and coarse with mild likely age-related parenchymal remodeling noted. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

**REFERRING VET**

Dr. Ammeraal

**INVOICE**

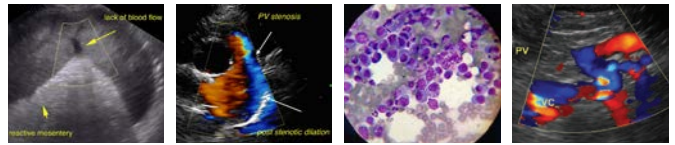
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**DATE**

8/23/23

**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**

Bo Heden

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.

**BREED**

Dachshund

**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.

**SEX**

Neutered Male

**Free Abdomen**

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

**AGE**

16 Years

There is no apparent lymphadenopathy noted in these images.

**WEIGHT**

15.5 Pounds

**ULTRASONOGRAPHIC FINDINGS**

- Relatively unremarkable benign abdomen with primarily age related changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

A top differential for this patient's reported anorexia is the hypercalcemia in addition to the underlying disease causing the hypercalcemia.

Therefore, if not recently evaluated, a thorough rectal and perianal exam is recommended, as is thorough peripheral lymph node palpation.

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Further evaluation of the reported hypercalcemia is recommended in the form of a malignancy panel to include PTH, PTHrP, and ionized calcium.

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Pending results of the above, a baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

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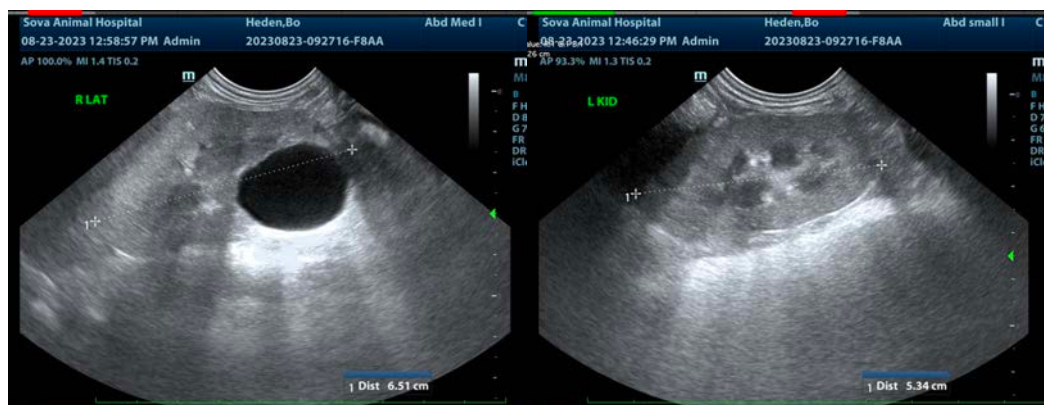
Dr. Ammeraal

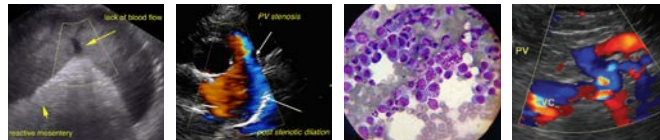
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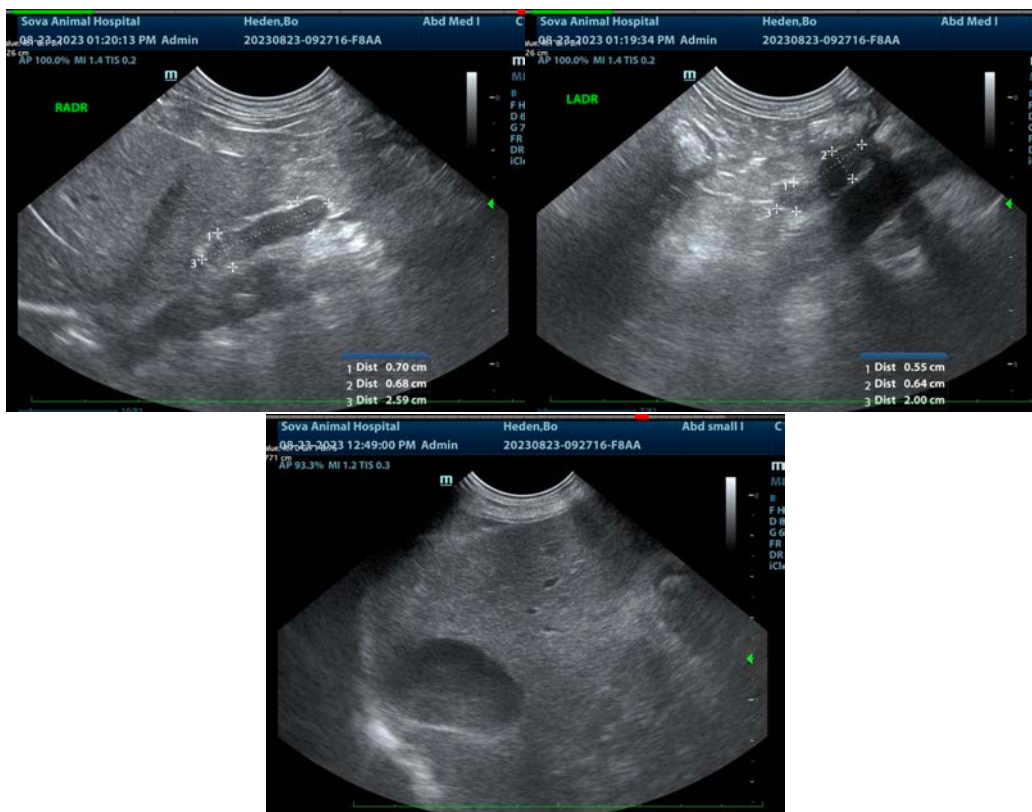
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**  
info@sonopath.com