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Clinical Sonography & Telecytology
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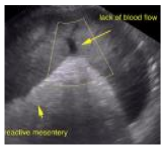
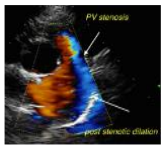
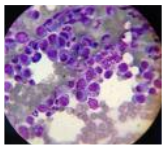
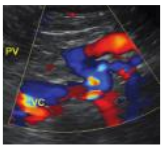





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Tiffany Toth

SPECIES

Canine

BREED

Dachshund

SEX

Female

AGE

15 Years

WEIGHT

14 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

13840

DATE

10/18/2021

PRESENTING CLINICAL SIGNS

History: acute facial swelling, vomiting, hx of cushings

Abnormal PE/Chem/CBC/UA Results:

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex. The right kidney was subnormal in size, measuring 3.11 cm. The left kidney measured 3.16 cm with minor pyelectasia.

Adrenal Glands

The **right adrenal gland** was enlarged hypoechoic and irregular with some loss of structural detail, measuring 2.43 cm x 1.13 cm at the cranial pole and 0.96 cm at the caudal pole. The **left adrenal gland** was normal in size and contour.

Spleen

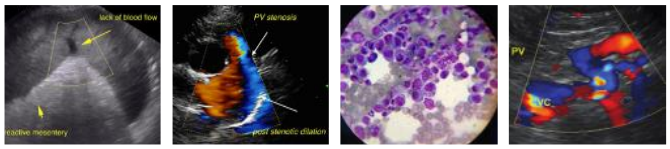
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some minor age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

The upper **gastrointestinal tract** in this patient revealed minor, edematous wall. There was no evidence of foreign bodies. Minor areas of fluctuant fluid accumulation were noted within the lumen with hyperperistalsis. This pattern continued to the ileocecal valve. The colon revealed a fluid filled



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lumen. This presentation is most consistent with gastrointestinal irritation/inflammation without obstruction.

Pancreas

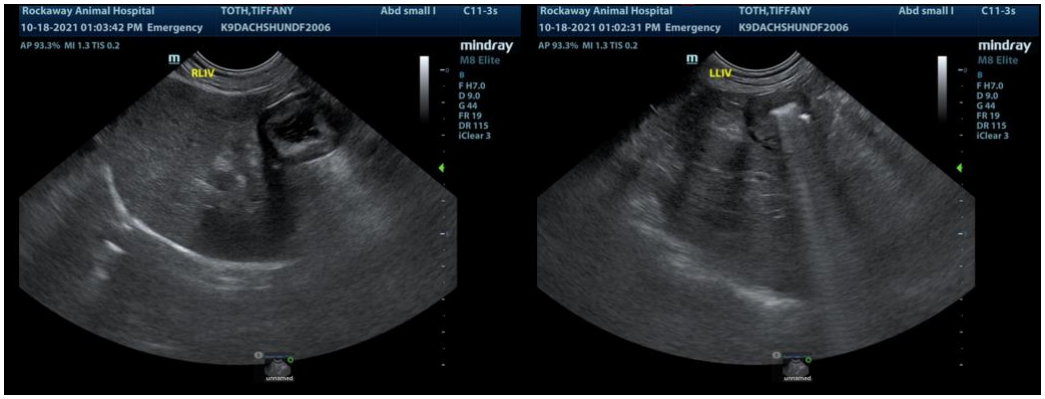
The **pancreas** revealed heterogenous mixed echogenic changes consistent with a history of pancreatitis. A level of active inflammation depends upon clinical status. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas.

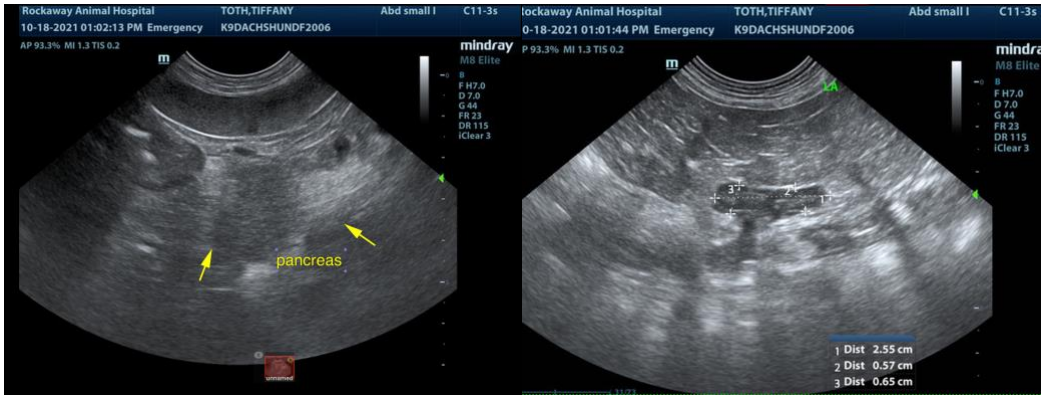
ULTRASONOGRAPHIC FINDINGS

- Gastritis/pancreatitis pattern
- Enlarged, irregular right adrenal gland, pheochromocytoma, carcinoma, benign hyperplasia all possible
- Age-related renal changes with left renal pyelectasia
- Age-related hepatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left adrenal is normal. An argument could be made for either/or or both pituitary dependent hyperadrenocorticism or right adrenal dependent hyperadrenocorticism. Treatment for pancreatitis/gastroenteritis warranted at this time with follow up in 3-4 weeks on the right adrenal gland as well as pancreas and GI.





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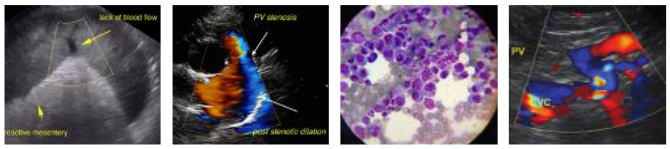

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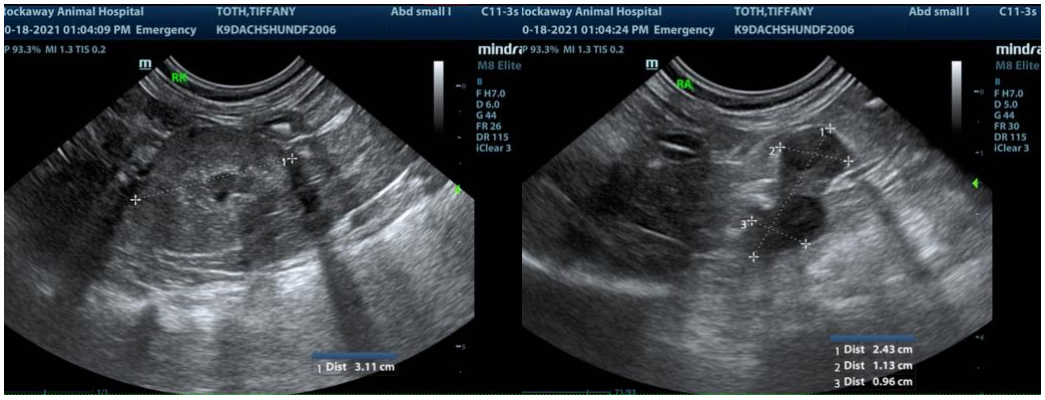

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com