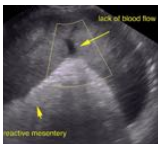

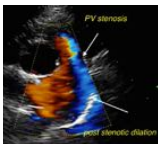

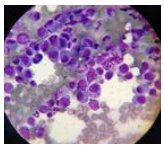
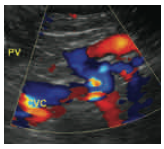

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1-800-838-4268 info@sonopath.com

PATIENT

Benny Shaika

SPECIES

Canine

BREED

Dachshund

SEX

Neutered male

AGE

11 years

WEIGHT

21.7 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Leal

HOSPITAL NAME

Blairstown AH

REFERRING VET

Dr. Harker

INVOICE

92195

DATE

10/5/21

PRESENTING CLINICAL SIGNS

History: Dog presented with anorexia and weight loss. Bloodwork essentially WNL. Evidence of dehydration. Abdominal palpation reveals possible enlarged spleen (?) Radiographs not done (financial constraints)

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 was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 5.0 cm.

Adrenal Glands

Both **adrenal glands** were slightly swollen, yet technically within normal limits for this breed. The right adrenal gland measured 0.8 cm at the cranial pole and 0.6 cm at the caudal pole. The left adrenal gland measured 0.6 cm at the cranial pole and 0.7 cm at the caudal pole.

Spleen

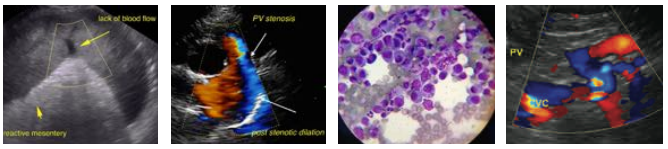
The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. The caudate process of the liver revealed a hypoechoic nodule and measured 1.5 cm. Some 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 was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele. However, the sludge appears to be mildly excessive. No adjunctive inflammation was noted.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The right limb of the **pancreas** was mildly enlarged and heterogenous with remodeling. Low-grade inflammation may be present.

ULTRASONOGRAPHIC FINDINGS

Mild bilateral adrenal enlargement.

Benign hepatopathy with nodular change.

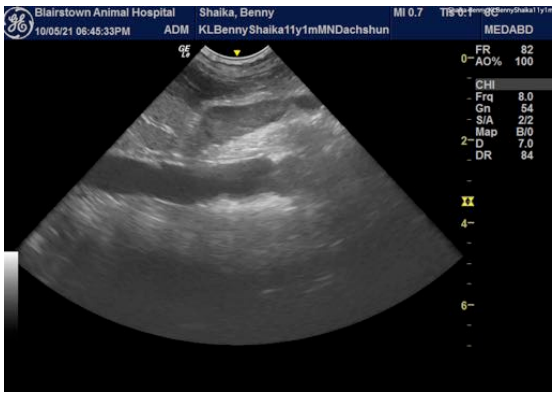
History of pancreatitis is likely.

Undefined splenic nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This breed tends to run large on the adrenal gland contour and size. However, if urine specific gravity is less than 1.020 and the patient appears Cushingoid then work-up for PDH would be appropriate. Subxiphoid palpation is recommended to assess for pain-solicited response. If pain is noted low grade pancreatitis is suspected. There was no overt cause of weight loss. The undefined splenic nodule necessitates FNA.

Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.



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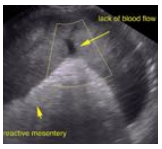
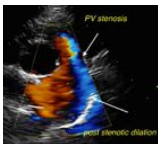
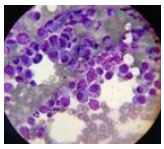
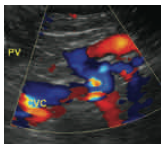

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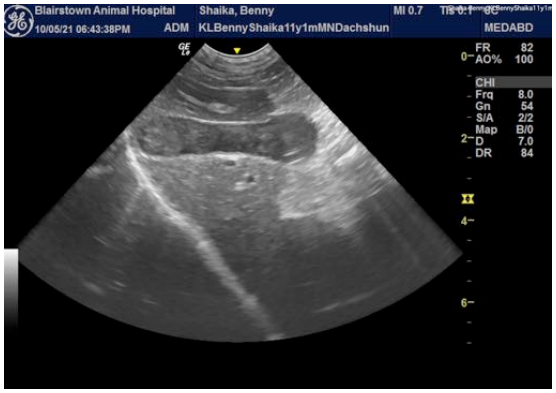
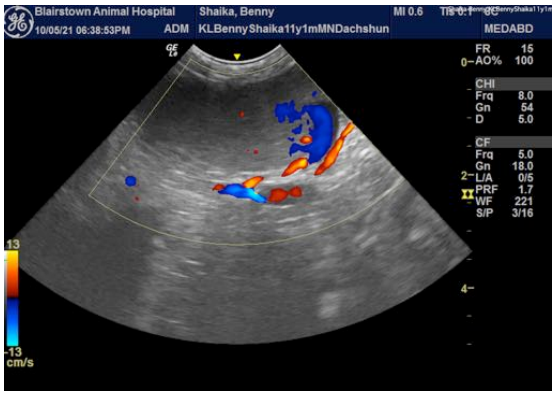
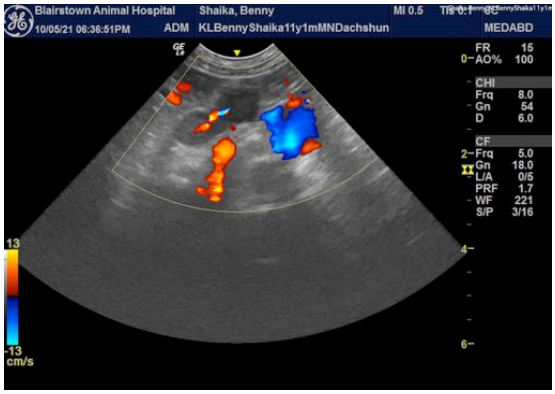
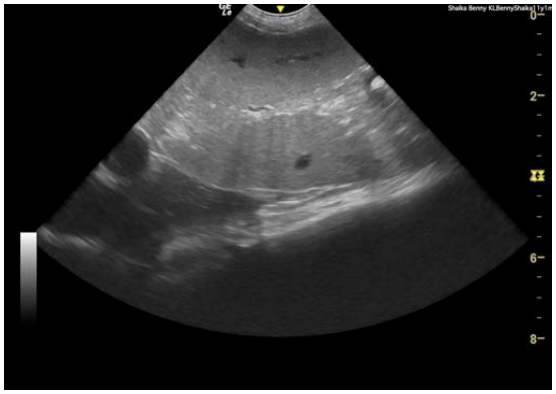
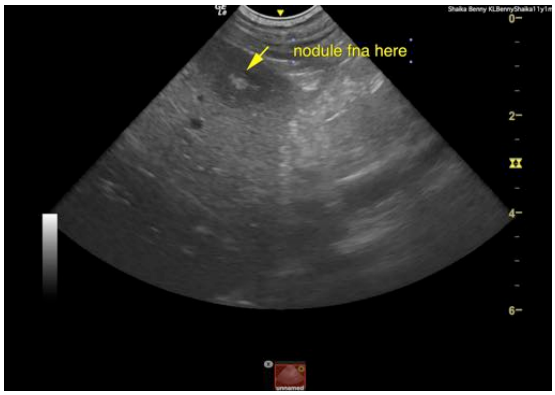
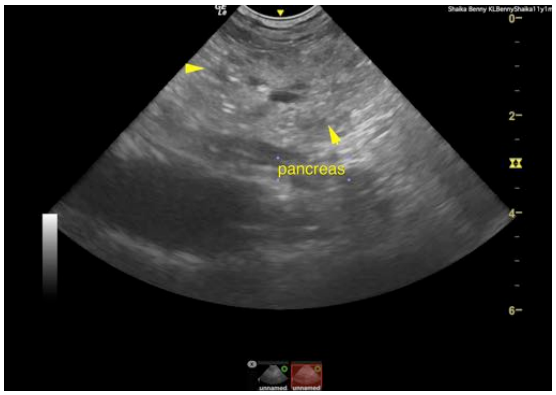




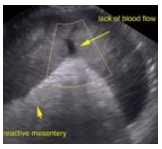


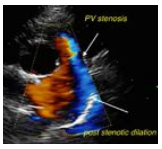


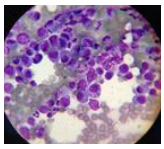
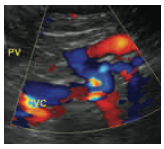




The information and recommendations provided are based on the images presented by the referring





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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