



**PATIENT PRESENTING CLINICAL SIGNS**

Gracie Dimiceli

History: significantly elevated liver ALT and ALKP  
Abnormal PE/Chem/CBC/UA Results: ALKP 2607, ALT 531, Ca 11.6, chol 1326, glob 4.2, GGT 42, K 5.6, Na 155, trig 7.8

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Dachshund Mix

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.

**SEX**

Spayed Female

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. Occasional cortical cyst was noted in the kidneys. The left kidney measured 5.0 cm. The right kidney measured 5.54 cm.

**AGE**

12 years

**WEIGHT**

24.5 lbs

**Adrenal Glands**

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 2.2 x 0.49 cm at the caudal pole and 0.77 cm at the cranial pole. The left adrenal gland measured 2.12 x 0.58 cm at the caudal pole and 0.55 cm at the cranial pole.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Diane McFadden, RVT

**Spleen**

The **spleen** was normal size and relatively normal contour with multifocal hyperechoic areas of mineralization. This is a benign change; however, can be related to Cushing's disease or other endocrinopathies.

**HOSPITAL NAME**

Tranquility VC

**Liver**

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The **liver** revealed coarse architecture with minor gallbladder debris without mucocele formation. Slightly increased portal markings and multi-focal, non-disruptive nodular changes were noted. Minor, striating bile was noted with the gallbladder with mild over distension. However, full mucocele formation is not present at this time. The common bile duct is normal.

**DATE**

11/16/21

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



**PATIENT**

**Pancreas**

Gracie Dimiceli

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

Vacuolar hepatopathy with remodeling and emerging gallbladder mucocele.

Dachshund Mix

Geriatric abdomen with mineralized spleen.

**SEX**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Spayed Female

Even though the adrenal glands are structurally normal emerging Cushing's could be an issue/PDH. If the urine specific gravity is less than 1.020 then work-up for Cushing's is indicated. A small percentage of PDH patients can have normal adrenal glands. FNA of the liver is warranted. Gallbladder motility study would be ideal and/or 6-8 weeks of Ursodiol therapy and reassessment of the clinical signs. Given the ALT elevation I recommend 7-10 days of Enrofloxacin and Metronidazole combination. Otherwise, further treatment should be based on FNA results. There is no evidence of or suspicion of neoplasia.

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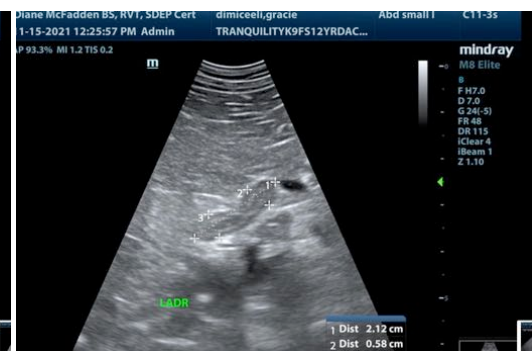
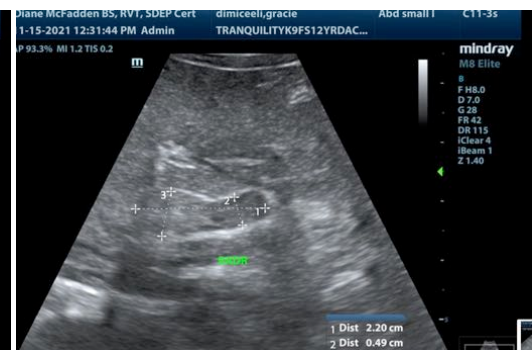
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**PATIENT**

Gracie Dimiceli

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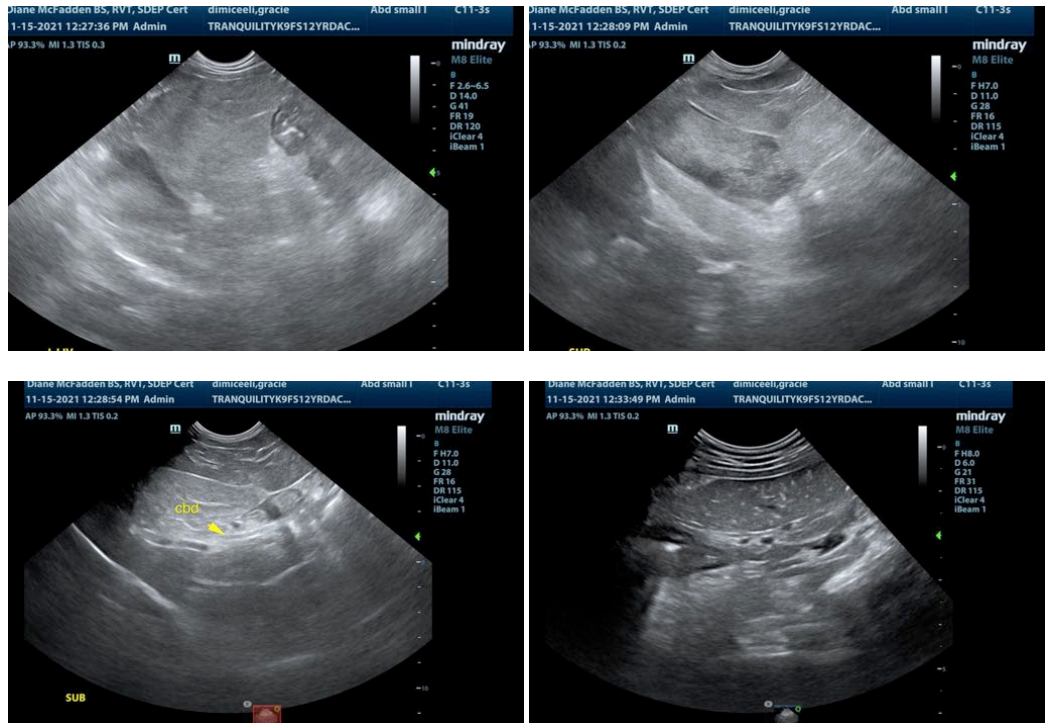
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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