



PATIENT

Chelsie Braselton

SPECIES

Canine

BREED

Dachshund

SEX

Spayed Female

AGE

15 Years

WEIGHT

13 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Trae Cutchin

HOSPITAL NAME

Friendship Springs VC

REFERRING VET

Dr. Trae Cutchin

INVOICE

33643

DATE

12/22/21

PRESENTING CLINICAL SIGNS

Patient was seen a month ago and except for dental disease, mild seborrhea, few comedones, and subcutaneous masses presumed to be lipomas, was otherwise normal. She has a history of chronic pancreatitis. Two days ago she started having decreased appetite, vomiting, no diarrhea. She has lost a pound of weight. Pt broke with diarrhea during ultrasound procedure. some heamtochezia noted. Abnormal PE/Chem/CBC/UA Results: Alakaline phosphatase was 421 a month ago has changed little since. Spec cpl was very high at 1500. No other significant findings at that time. Today, chemistries are unchanged. CBC is pending.

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** presented minor microcystic cortical changes and some loss of corticomedullary definition. Macrocystic changes also noted up to 6.0 mm in the left kidney. The left kidney measured 5.0 cm in length. Slight pinpoint mineralizations also noted in both kidneys.

Adrenal Glands

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins were noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The right adrenal gland measured 2.03 cm x 0.89 cm at the cranial pole and 0.77 cm at the caudal pole. The left adrenal gland measured 1.46 cm x 0.63 cm at the caudal pole and 0.56 cm at the cranial pole.

Spleen

The **spleen** was largely normal with hyperechoic lipogranulomatous changes.

Liver

The **liver** presented coarse architecture and multifocal hypoechoic non-disruptive nodular changes. The gallbladder was rounded and overdistended with striating bile, consistent with emerging mucocele. Suspended and dependent debris noted as well as sand accumulation. In long axis, the gallbladder measured 5.0 cm x 4.0 cm. Mild dependent sediment present.

Gastrointestinal

Some retention of fluid and chyme was noted in the **stomach**. The upper duodenum was slightly irregular with undulating contour. Slight increased submucosal echogenicity noted in the small intestine, suggestive for history of chronic inflammatory disease.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain



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upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

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- Benign hepatopathy with nodular hyperplasia and immature gallbladder mucocele
- Moderate degenerative renal changes with polycystic changes
- Bilateral adrenal hypertrophy – consistent with PDH if the patient demonstrates Cushingoid signs.
- Gastric stasis/gastroduodenitis pattern

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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No overt evidence of neoplasia. The gallbladder may be playing a role in this patient. Gallbladder motility study would be recommended. Ursodiol recommended over the next 6-8 weeks. If the patient stabilized, then recheck sonogram of the gallbladder at that time. FNA of the liver would be appropriate, yet neoplasia is not suspected.

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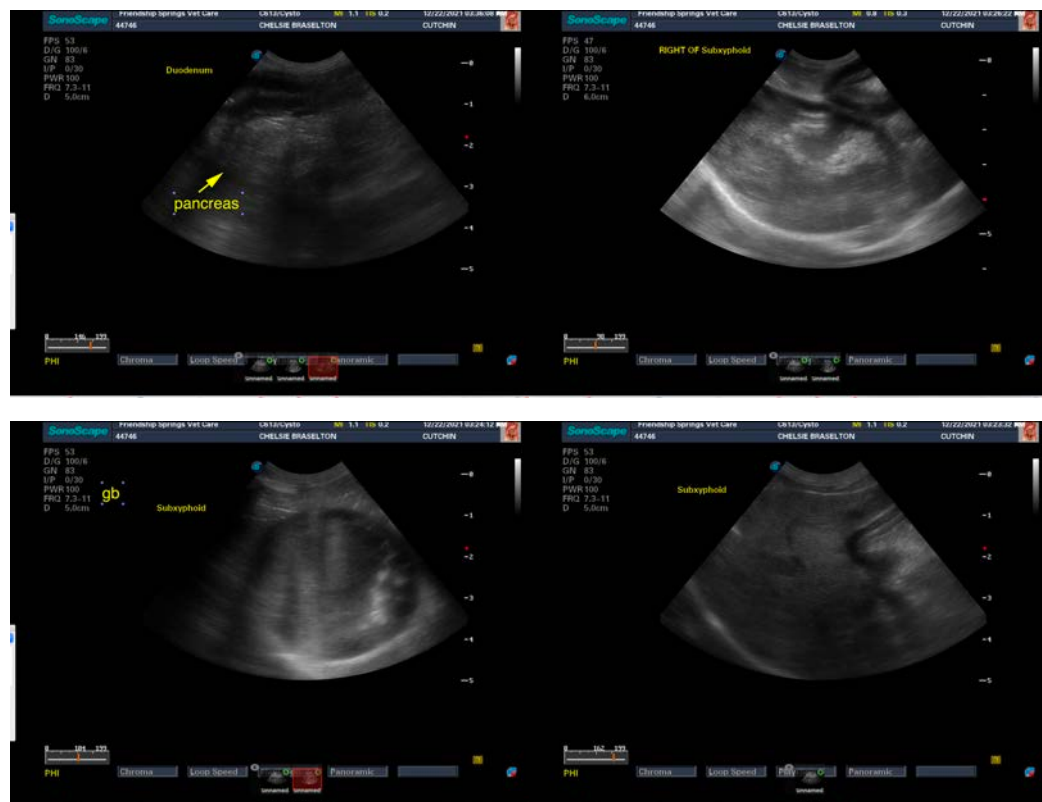
Dr. Trae Cutchin

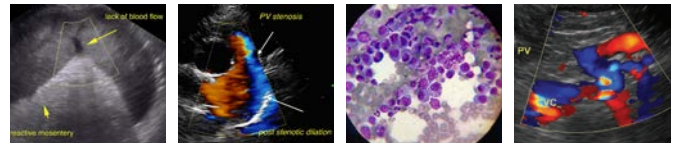
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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