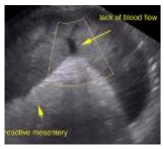
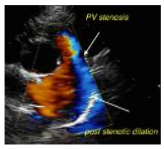
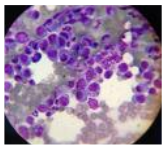
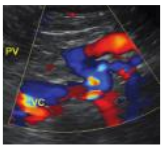

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PATIENT

Remy Wolf

SPECIES

Canine

BREED

Dachshund

SEX

Spayed Female

AGE

13.5 Years

WEIGHT

8.7 Lbs.

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jose

HOSPITAL NAME

Animal Clinic of Queens

REFERRING VET

Dr. Caporale

INVOICE

13156

DATE

12/27/21

PRESENTING CLINICAL SIGNS

History: Hx of loss stool for the past 3-4 weeks, Hyporexia for 4 weeks, increased water intake, hx of seizure, RX: Phenobarbital, losing weight.

Abnormal PE/Chem/CBC/UA Results: Muscle waste, losing weight, periodontal dz stage III. BW: Chem: Bun: 86 High 6-31 Creatinine: 3.9 High 0.5-1.6 T4: 1.2 0.8-3.5 CBC: Platelet: 523 High 170-400 Phenobarbital level: 12.0 Low 15-35 Accuplex: NEGATIVE. UA: Natural Voiding. SG: 1.018 1.015-1.050 Protein: 1+ Casts: Fine Gran 2-3

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 **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 and no evidence of pelvic dilation was present. The left kidney measured 3.9 cm. The right kidney measured 3.83 cm.

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 left adrenal gland measured 1.87 cm x 0.5 cm. The right adrenal gland measured 1.2 cm at the cranial pole and 0.5 cm at the caudal pole.

Spleen

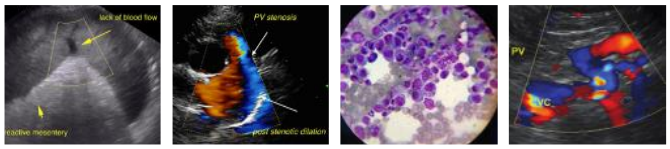
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or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

Liver

The **liver** revealed diffusely hyperechoic parenchyma with multifocal hypoechoic nodular changes, the largest of which measured 0.46 cm. The **gallbladder** was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet 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

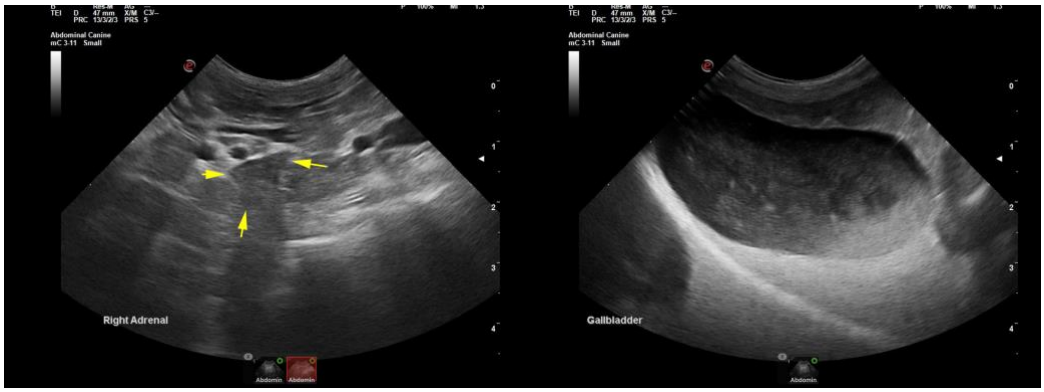
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes.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

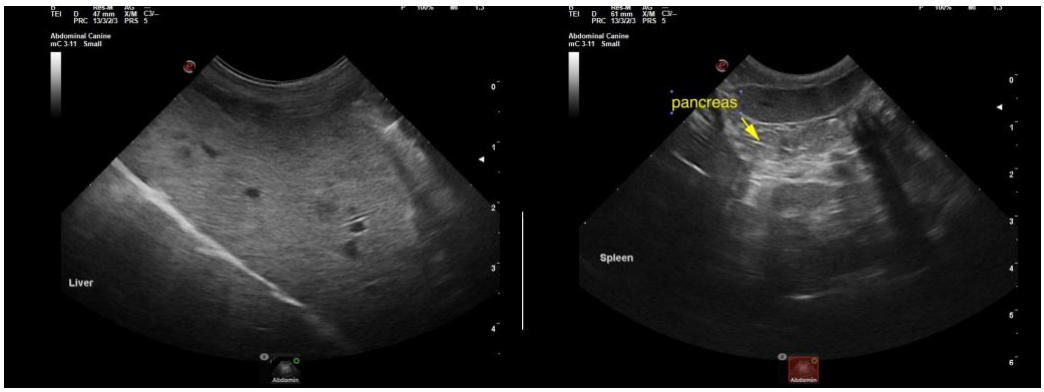
ULTRASONOGRAPHIC FINDINGS

- Nodular hyperplasia/vacuolar hepatopathy liver pattern
- Age-related renal and pancreatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the nodules and general parenchyma would be ideal. Bile acid profile would be ideal. Probability of neoplasia is minimal. The adrenals appear structurally normal, however, if urine specific gravity is persistently <1.020, then eventual work up for Cushing's/PDH could be considered. If the seizure activity has increased, then CT of the CNS would be ideal given the seizure history, to ensure underlying CNS neoplasia is not playing a role given the breed and age. The abdomen appears subjectively stable. Ursodiol therapy as well as nutraceutical support recommended as a preventative given the excessive gallbladder debris and mild overdistention.





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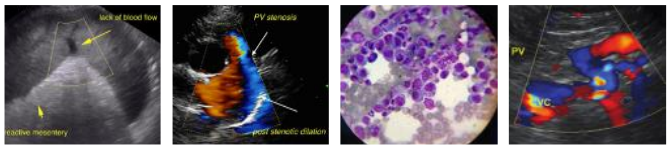

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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