



**PATIENT**

Gracie Dimiceli

**PRESENTING CLINICAL SIGNS**

History: History of elevated liver enzymes and past mucocele? Proteinuria.  
Abnormal PE/Chem/CBC/UA Results: ALKP 780, ALT= 166.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Dachshund

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 normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. Minor anechoic cortical cysts were noted. This is consistent with degenerative changes. The right kidney measured 4.96 cm. The left kidney measured 4.8 cm.

**AGE**

13 ½ years

**WEIGHT**

21 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 left adrenal gland measured 2.07 x 0.45 cm at the cranial pole and 0.5 cm at the caudal pole. The right adrenal gland measured 1.71 x 0.4 cm at the cranial pole and 0.52 cm at the caudal pole.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**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.

**IMAGING PERFORMED BY**

Dr. Chirstensen

**HOSPITAL NAME**

Tranquility VC

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. 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 overdistended with enhanced pericapsular fat primarily in the neck of the gallbladder. The gallbladder measured 6.0 x 4.0 cm in long axis.

**REFERRING VET**

Dr. Christensen

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**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.

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Canine

***Pancreas***

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.

**BREED**

Dachshund

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Spayed female

Gallbladder mucocele.

Mildly enhanced pericapsular fat, suggestive for inflammation or history of inflammation.

Mineralized spleen, possibly owing to underlying endocrinopathy.

**AGE**

13 ½ years

Renal cysts.

Otherwise, geriatric abdomen.

**WEIGHT**

21 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ideally, I recommend proactive cholecystectomy. However, gallbladder motility study can be performed. If no motility is noted in the gallbladder then this would further suggest proactive cholecystectomy. If Ursodiol has not been initiated in this patient then this can be considered as a trial over the next 6-8 weeks as long as the patient is stable. However, proactive removal is likely in this patient's best interest.

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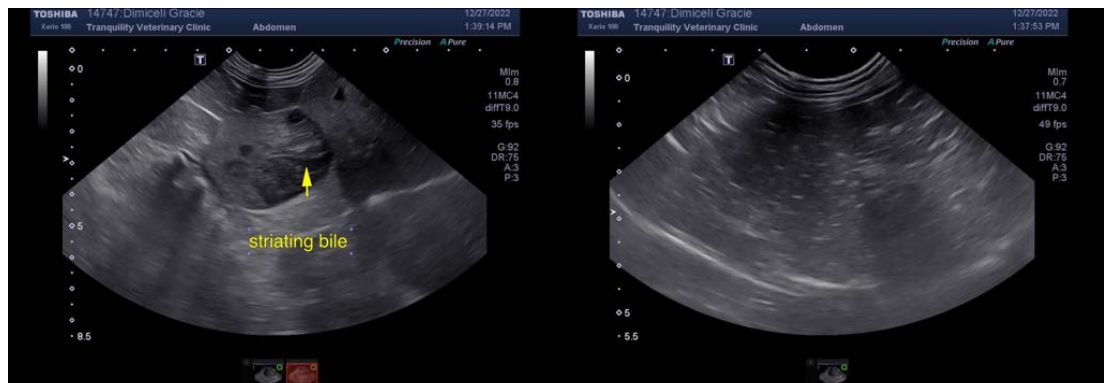
Dr. Chirstensen

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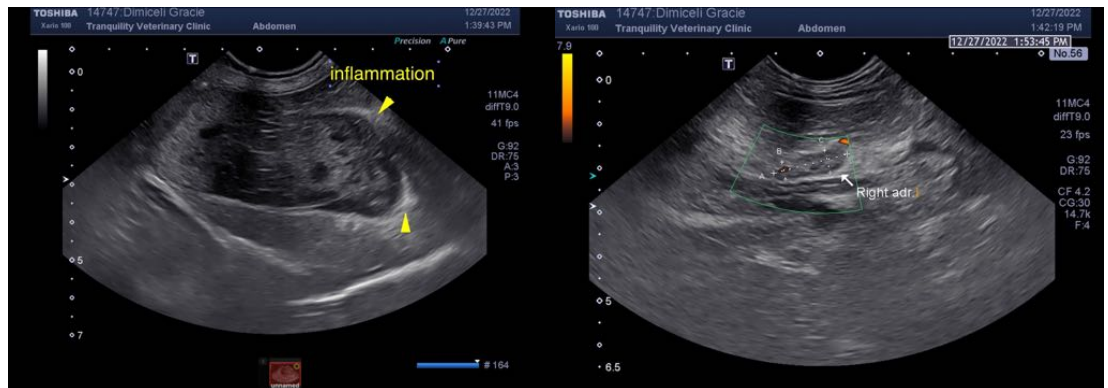
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**  
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