



PATIENT

Bella Devil
Mantzouratos

SPECIES

Canine

BREED

Dachshund

SEX

Spayed Female

AGE

11 years

WEIGHT

18 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Prescott

HOSPITAL NAME

Roundout Valley VA

REFERRING VET

Dr. Prescott

INVOICE

94307

DATE

12/6/21

PRESENTING CLINICAL SIGNS

History: Recurrent episodes of diarrhea and hx of pancreatitis. Well controlled Cushing's disease (on veterinary).

Abnormal PE/Chem/CBC/UA Results: Normal Labs

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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 4.95 cm. The left kidney measured 4.77 cm. Power Doppler assessment appeared adequate.

Adrenal Glands

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins was 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 left adrenal gland measured 1.98 x 0.65 cm at the cranial pole and 0.71 cm at the caudal pole. The right adrenal gland measured 2.26 x 0.63 cm at the caudal pole and 0.46 cm at the cranial 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 was noted.

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.



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Gastrointestinal

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Minor shadowing material was noted in the **pylorus** and measured approximately 1.5 cm. I suspect oral medications or medication history prior to the sonogram should be evaluated. This is non-obstructive. The remainder of the stomach was empty. 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.

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Pancreas

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The **pancreas** revealed minor, heterogenous parenchymal changes. This is consistent with remodeling.

SEX

ULTRASONOGRAPHIC FINDINGS

Spayed Female

Pancreatic remodeling.

AGE

Mild bilateral adrenal hypertrophy, consistent with PDH.

11 years

Mild to moderate hepatic remodeling, benign hepatopathy.

Low-grade pancreatitis possibly owing to food intolerance or dietary indiscretion.

WEIGHT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

18 lbs

Although the adrenal glands measure normal they are slightly swollen. Hydrolyzed geriatric diet should be considered in this patient from an empirical perspective. A clinical trial of Enrofloxacin and Metronidazole over a 7 day period with a hydrolyzed diet. Reassessment is recommended of the clinical signs. Anti-parasitic protocol is also warranted.

INTERPRETED BY

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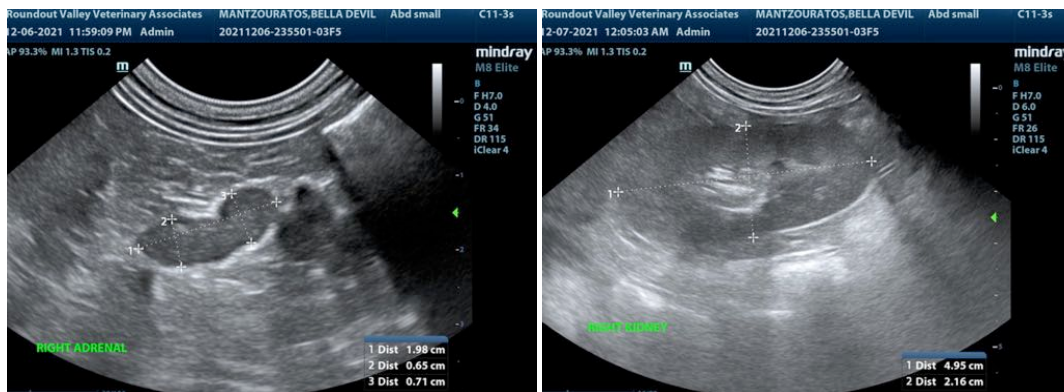
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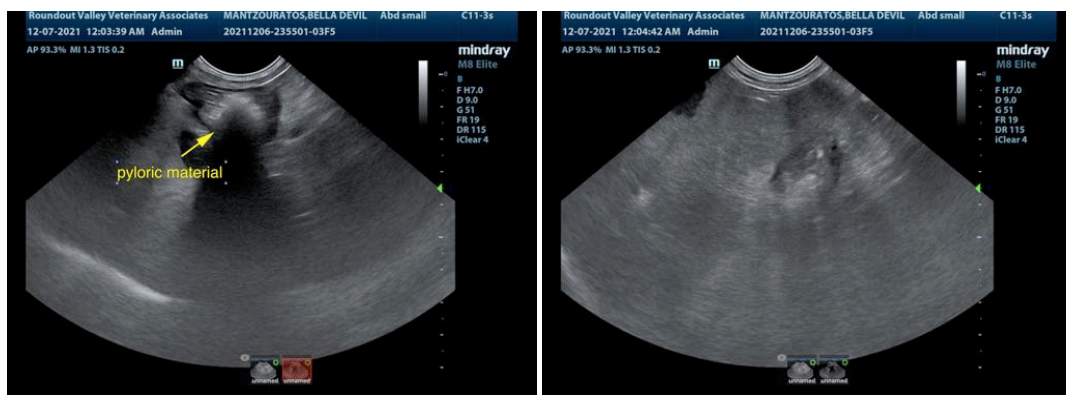
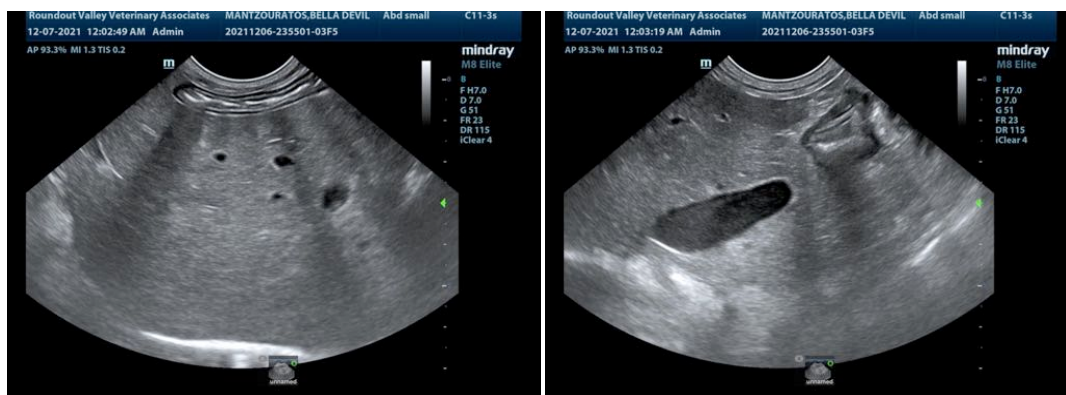
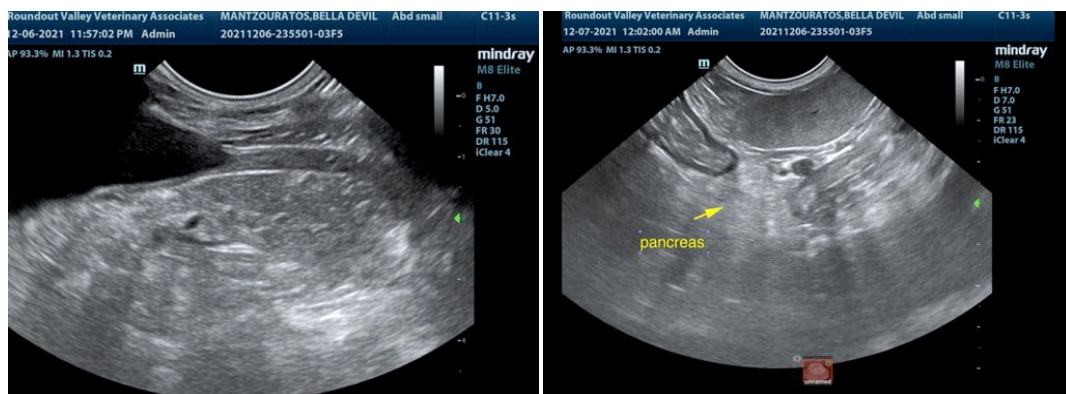
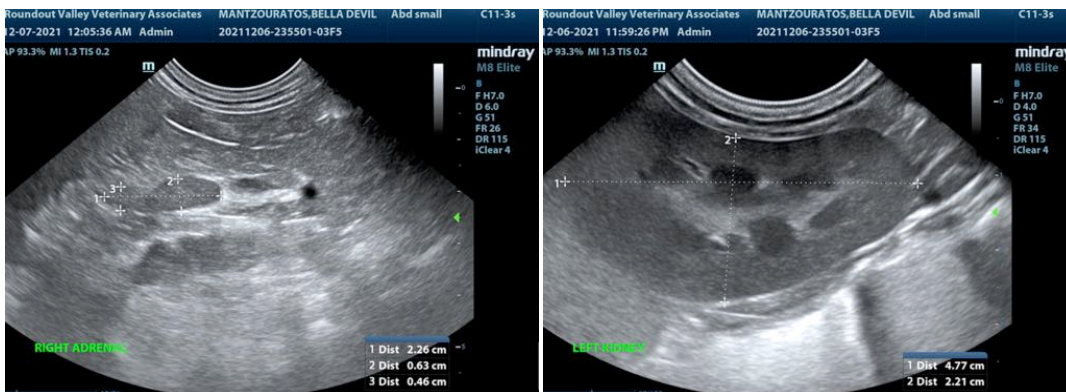
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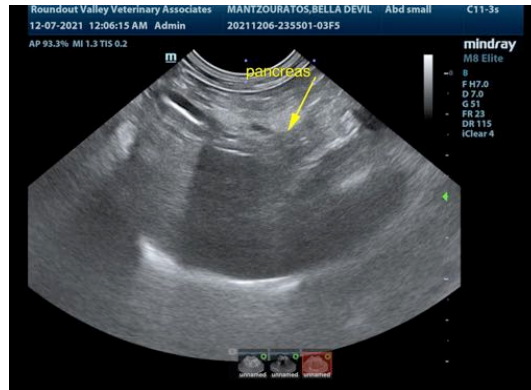
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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