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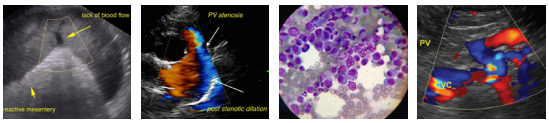


imagine SOUND LLC.
IMAGING PERFORMED BY
dbimaginesound@gmail.com 917-647-4318

PATIENT

Addie Heller

SPECIES

Canine

BREED

Dachshund

SEX

Spayed Female

AGE

14 Years 11 Months

WEIGHT

14.38 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert IVUSS

IMAGING PERFORMED BY

Denise Bruno, LVT, RDMS

HOSPITAL NAME

Brooklyn Heights VH

REFERRING VET

Dr. Venezia

INVOICE

36197

DATE

3/15/22

PRESENTING CLINICAL SIGNS

Vomiting, diarrhea, lethargy, inappetence. Blood work = pancreatitis, elevated renal values, high WBC count Hx of MVD. X-rays showing intestinal inflammation. PLS evaluate pancreas, kidneys, intestines
Evaluate for pancreatitis, neoplasia, inflammation
Abnormal PE/Chem/CBC/UA Results: Creatinine 3.7, BUN 85, Phos 13.4, WBC 21,000 w/neutrophilia, abnormal cPL. Minor excessive gastric gas on radiographs.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal.

The **kidneys** presented moderate degenerative changes with increased cortical echogenicity and microcystic cortical findings. Slight pinpoint mineralizations noted. The right kidney measured 4.05 cm. The left kidney measured 3.92 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 right adrenal gland measured 2.25 cm x 0.61 cm at the caudal pole and 0.55 cm at the cranial pole. The left adrenal gland measured 2.09 cm x 0.62 cm at the caudal pole and 0.66 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 were noted.

Liver

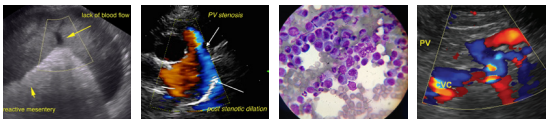
The **liver** presented minor increased portal markings and slight coarse architecture. The gallbladder was mildly overdistended with some striating bile and polypoid changes. Minor excessive debris. Slight gallbladder wall thickening noted. Minor gallbladder sand also noted.

Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.

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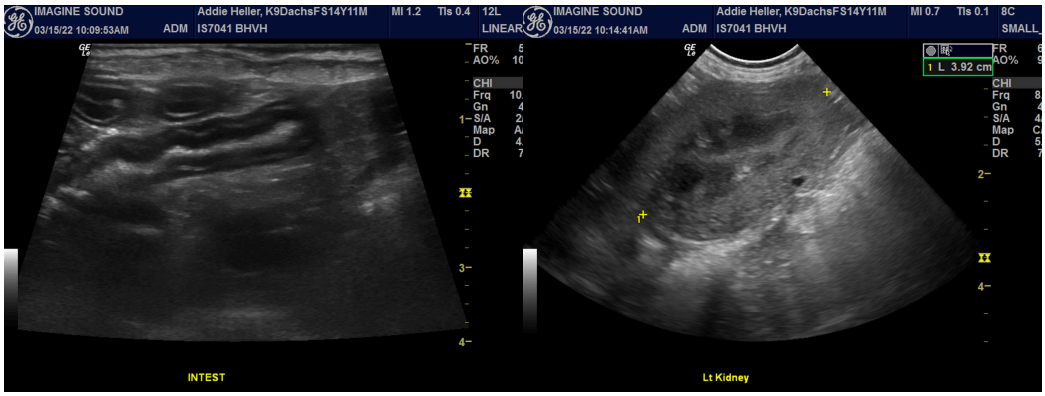
upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

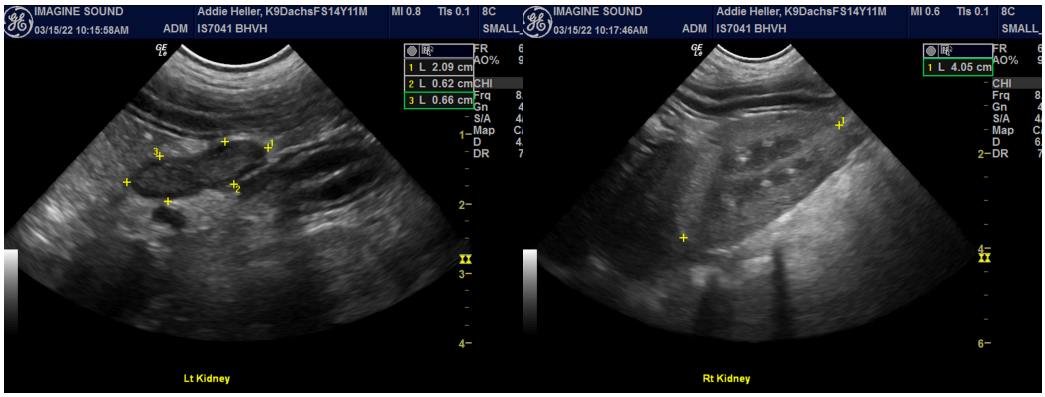
ULTRASONOGRAPHIC FINDINGS

- Chronic cholangitis pattern with emerging gallbladder mucocele with calculi
- Moderate degenerative renal changes
- Slight intestinal thickening

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The kidneys do not appear end stage. The gallbladder is not full mucocele formation. Only minor pancreatic changes noted. The lipase elevation may be secondary to poor renal function and not specifically pancreatic in origin. 72-hour IV fluid protocol, Leptospirosis titers, blood pressures, urine culture if any inflammatory sediment is present in the urine, Ursodiol therapy and/or gallbladder motility study ideal over a 6-week period. Blood pressure measurements also warranted. Prognosis long-term is guarded depending upon response to 72-hours of fluid therapy.





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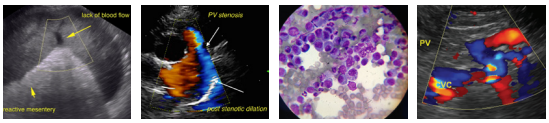

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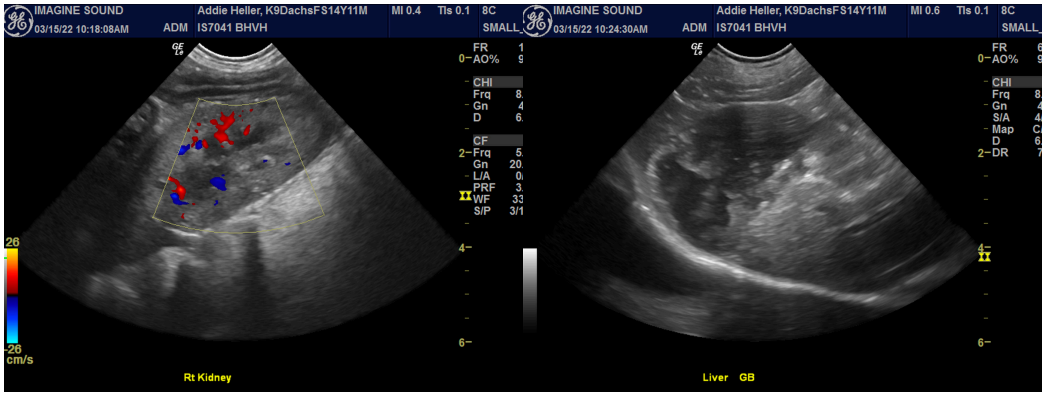

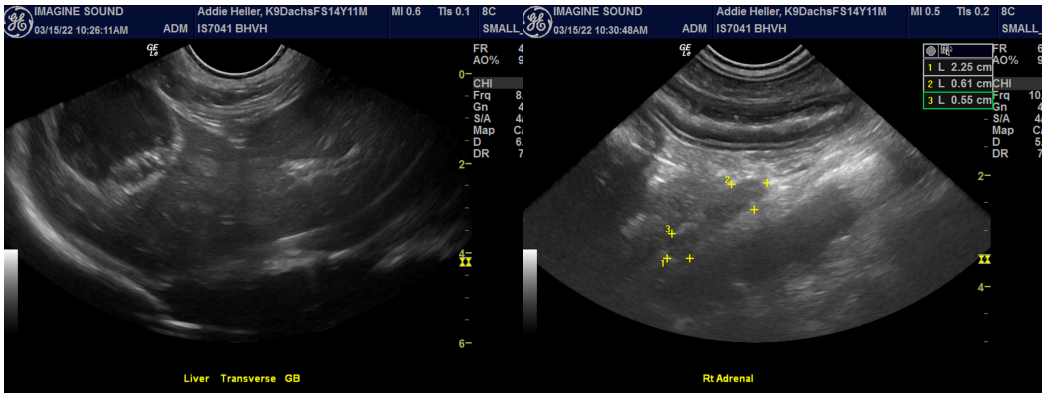

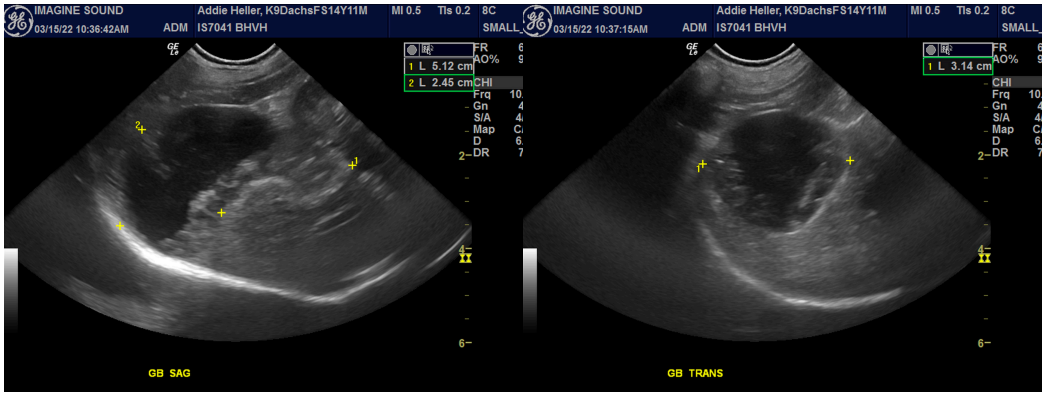

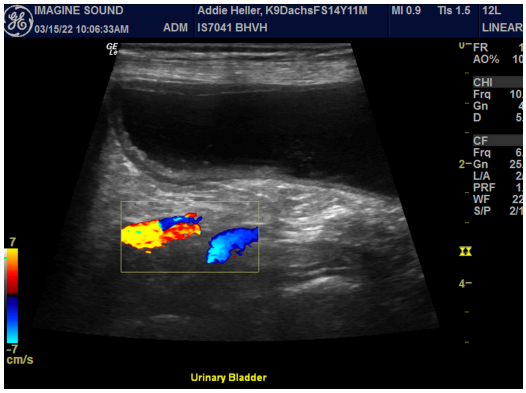

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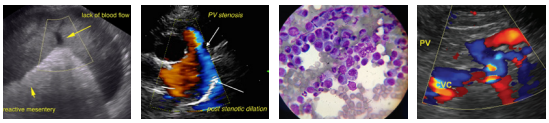

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com