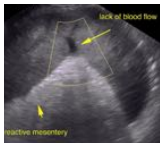
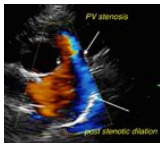
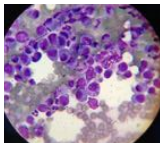
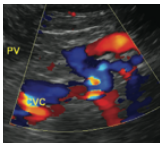

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PATIENT

Bogi Bernier

SPECIES

Canine

BREED

Dachshund

SEX

Neutered male

AGE

15 years

WEIGHT

7.6 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Kutagulla

HOSPITAL NAME

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REFERRING VET

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PRESENTING CLINICAL SIGNS

History: pet was presented for vomiting in February and was treated symptomatically- bloodwork CBC- anemia, elevated BUN, low TP(4.8),cPL- normal. rechecked CBC after a week - anemia still persistent so pet was put on prednisone. rechecked CBC but the anemia hasn't resolved. a week ago pet was admitted to ER for gastric dilation.
Abnormal PE/Chem/CBC/UA Results: (03/04)4dx - negative 02/24 - CBC- anemia with low reticulocytes, leukocytosis 03/04- regenerative anemia (prednisone started this day)-normal leukocytes 03/11- regenerative anemia, leukocytosis

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 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 his age patient. Medullary structure differed distinctly from that of the cortex. Left kidney cysts were noted in this patient and measured 1.25 cm. A smaller cyst was noted in the right kidney. The right kidney measured 3.7 cm with corticomedullary mineralization and slight pyelectasia with echogenic debris.

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 0.5 cm. The right adrenal gland revealed minor heterogenous parenchymal changes in the mid body. The right adrenal gland measured 0.77 cm at the cranial pole and 0.56 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 was noted.

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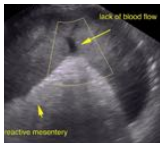
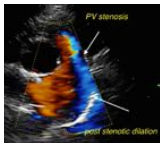
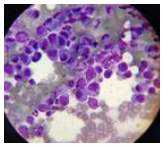
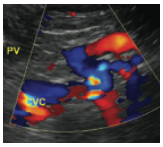

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Liver

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 presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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 demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

Diffuse hyperechoic changes were present in the area of the **pancreas**. The pancreatic remodeling was evident with multifocal to diffuse hyperechoic changes. These changes are consistent with fibrosis, amyloid, saponification of fat and may contain areas of low-grade chronic active inflammation especially if pain on imaging (+ Murphy sign) was present +/- focal subxiphoid palpation reveals pain response. No overt masses were noted.

ULTRASONOGRAPHIC FINDINGS

Age related renal changes with cortical cysts.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes are expected for this age and breed. There was no other evidence of pathology. Full urinary work-up is warranted to assess for any renal dysfunction; however, subjectively the kidneys appear to only have mild to moderate degenerative changes. The cause of anemia is unclear GI blood loss is a potential versus bone marrow disease. Blood pressure measurements are warranted. The Prednisone may be suppressing a more significant presentation.

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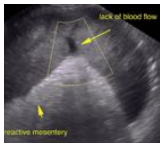
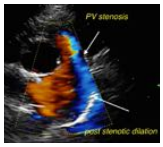
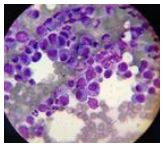
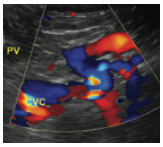

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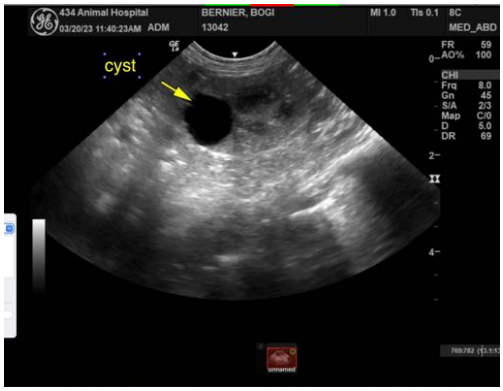

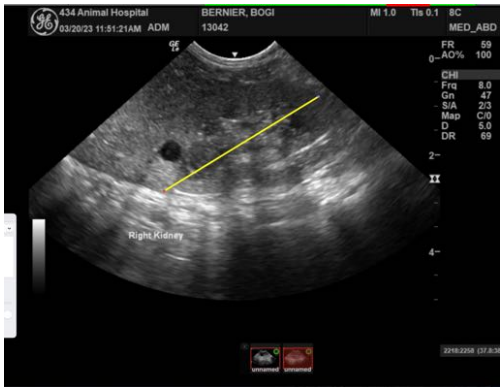

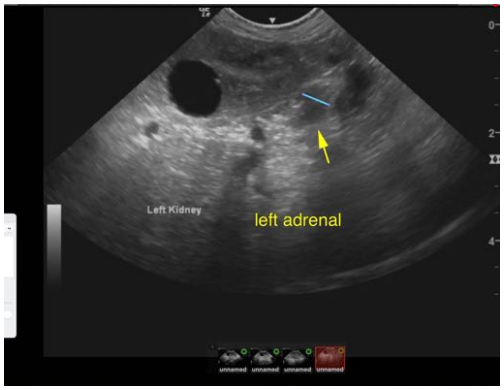

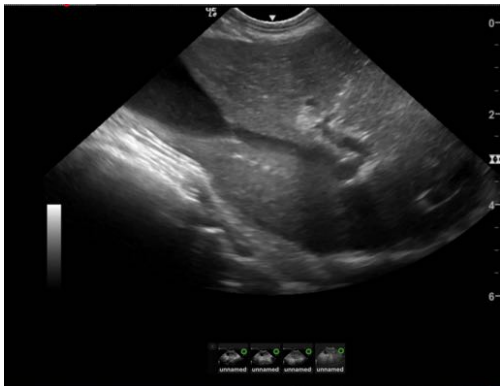

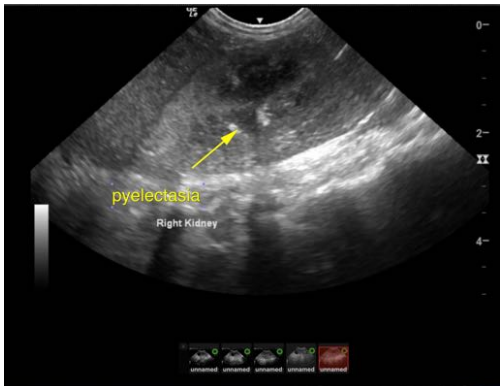

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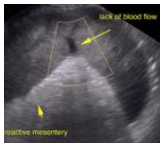
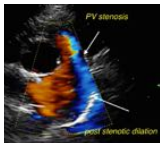
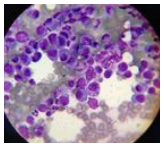
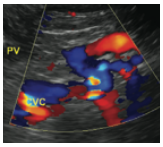

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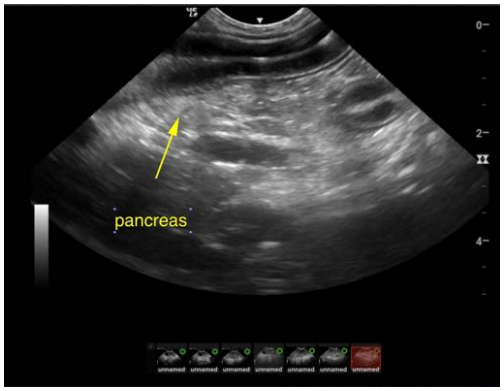

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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