



PATIENT PRESENTING CLINICAL SIGNS

PATIENT: Snickers Berg
PRESENTING CLINICAL SIGNS: History of cystoliths, suspect Cushing's and early mucocele formation on AFAST
 Abnormal PE/Chem/CBC/UA Results: Mod elevation of liver enzymes. LDDS pending today

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

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 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. The right kidney measured 4.78 cm. Minor pyelectasia was noted in the left kidney measuring 0.32 cm. The left kidney measured 5.09 cm.

AGE

8 years

WEIGHT

8.4 kg

Adrenal Glands

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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. Heterogenous parenchymal changes were noted in both adrenal glands. 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 0.74 cm at the caudal pole and 0.54 cm at the cranial pole. The right adrenal gland measured 0.68 cm at the maximum width.

IMAGING PERFORMED BY

Dr. Belan

Spleen

HOSPITAL NAME

McKnight 24 hr AH

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.

REFERRING VET

Dr. Alonso

Liver

INVOICE

99295

Exam of the cranial abdomen demonstrated excessive **liver** size and swollen contour. Mild, coarse architecture was noted with increased portal markings and minor parenchymal remodeling is suggestive of an inflammatory component. The gallbladder revealed excessive debris and over distension.

DATE

4/14/22



PATIENT

Gastrointestinal

Snickers Berg

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.

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

SEX

Spayed Female

AGE

8 years

ULTRASONOGRAPHIC FINDINGS

Excessive gallbladder debris. Emerging mucocele presentation.

Pancreatic remodeling,

WEIGHT

8.4 kg

Mild, bilateral adrenal hypertrophy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If urine specific gravity is less than 1.020 and urine cortisol to creatinine ratio is elevated then LDDST is indicated. Ursodiol therapy is warranted over the next 6-8 weeks with a recheck sonogram at that time. Gallbladder motility study would be ideal. However, all aspects of mucocele formation are not present. This is most consistent with emerging mucocele.

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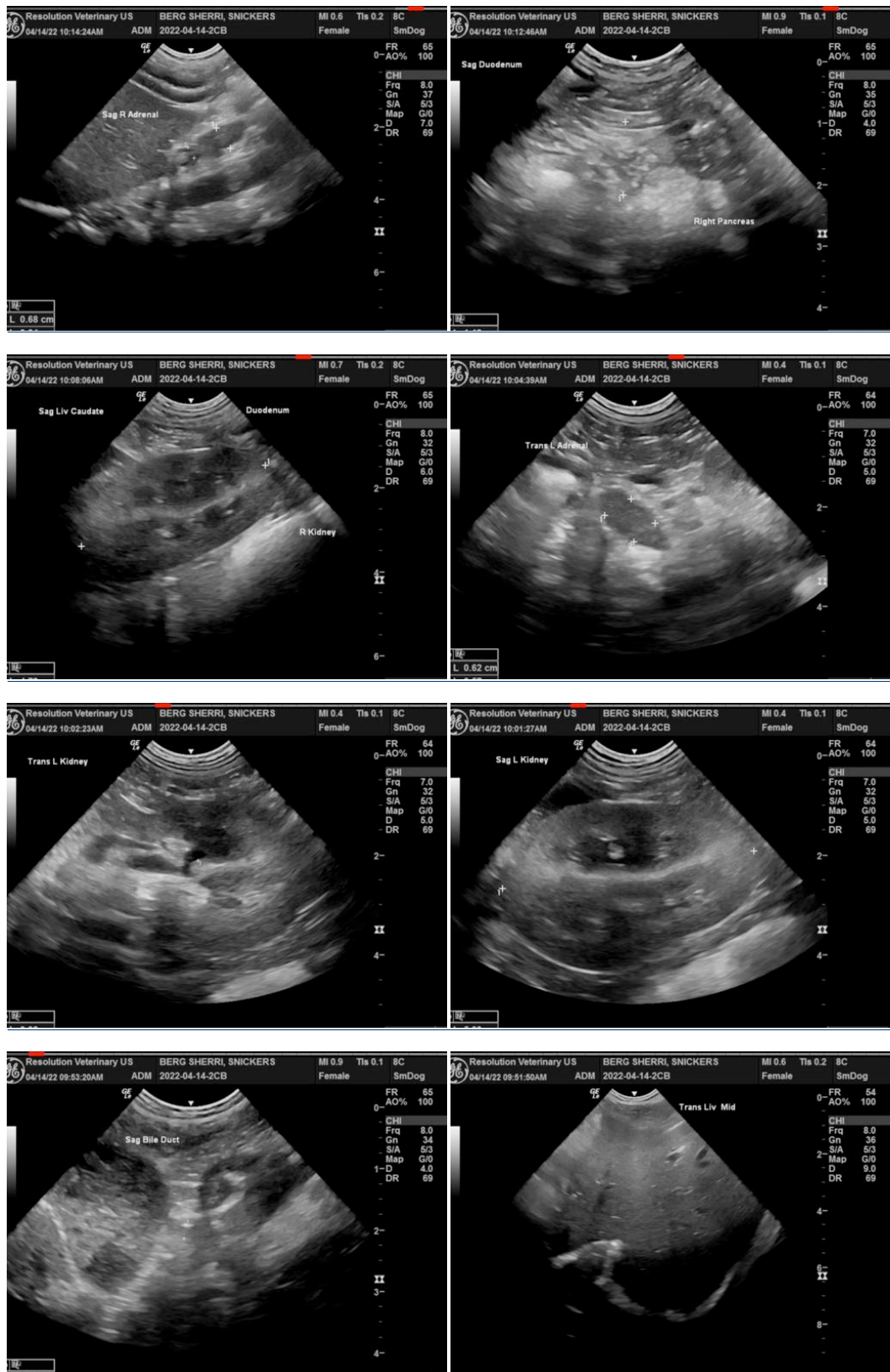
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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