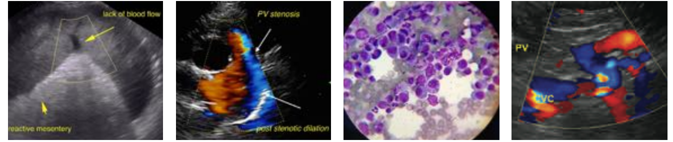


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Chase Ludwig

SPECIES
Canine

BREED
Dachshund Mix

SEX
Neutered male

AGE
14 years

WEIGHT
17.2 lbs

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Moon

HOSPITAL NAME
Shiloh VH

REFERRING VET
Dr. Owings

INVOICE
98065

DATE
4/5/22

PRESENTING CLINICAL SIGNS

History: "Clingy" for a few weeks, started last night with labored breathing, restless, ate only a small amount after vomiting last night
BUN 41 (7-27) Creat 1.9 (0.5-1.8) ALT 785 (10-125) ALP 365 (23-212)

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 residual prostate measured 0.5 cm.

The **kidneys** revealed moderate degenerative changes with corticomedullary calculi and pyelectasia. Subnormal renal size was noted. The left kidney measured 3.0 cm. The right kidneys revealed non-obstructive calculi. The right kidney measured 4.5 cm.

Adrenal Glands

The left **adrenal gland** was slightly enlarged, hypoechoic and swollen measuring 2.15 x 0.96 cm and was slightly enlarged and hypoechoic. The right adrenal gland was enlarged, heterogenous and irregular with a maximum width of 1.5 cm.

Spleen

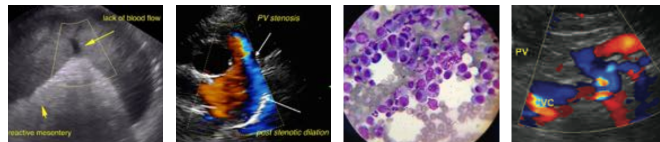
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** revealed heterogenous parenchymal changes with uniform swelling. Hypoechoic nodular changes were noted throughout the liver. This is consistent with hyperplasia without significant disruption of architecture. The gallbladder was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele. Minor gallbladder polyps were noted. However, the sludge appears to be mildly excessive. No adjunctive inflammation was noted.

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.



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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.

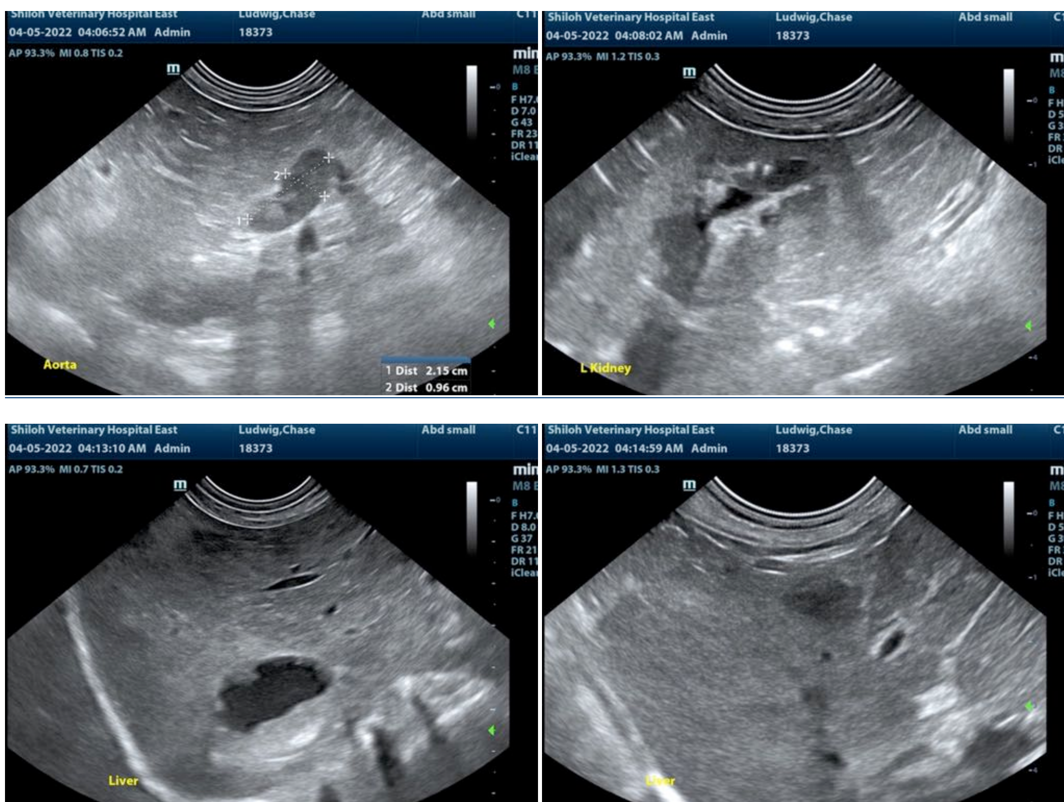
ULTRASONOGRAPHIC FINDINGS

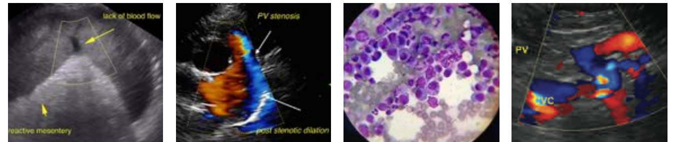
Chronic inflammatory hepatopathy, nodular hyperplasia and remodeling.

Moderate degenerative renal changes with calculi.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bile acid profile is warranted. If urine specific gravity is less than 1.020 then work-up for PDH/Cushing's is indicated. Bile acid profile and ultrasound-guided FNA of the general hepatic parenchyma and nodular changes are recommended. Correction of azotemia is recommended with 72 hour IV fluid protocol. Urine culture and sensitivity should be obtained. If any inflammatory sediment is present then blood pressure measurements are indicated. Leptospirosis titers are indicated. Full CNS examination is warranted. If any CNS signs are present then CT with contrast given the potential for primary pituitary tumor is recommended. The kidneys appear 50-60% compromised from a subjective structural standpoint.





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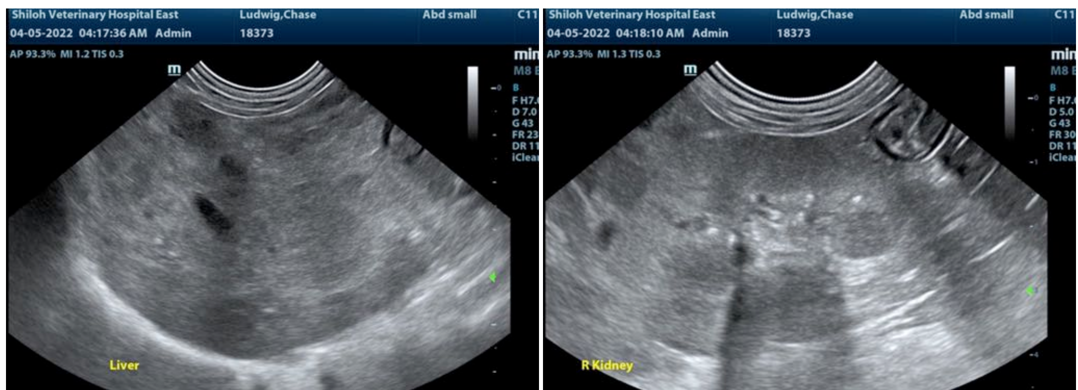

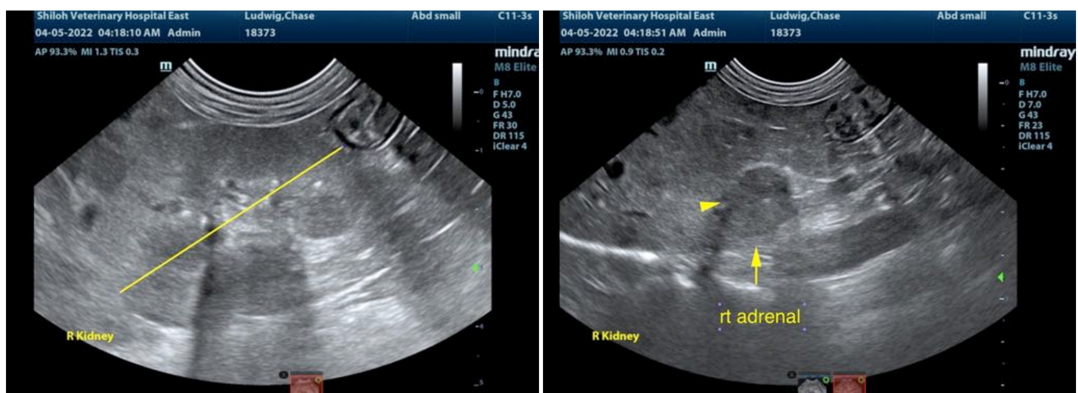

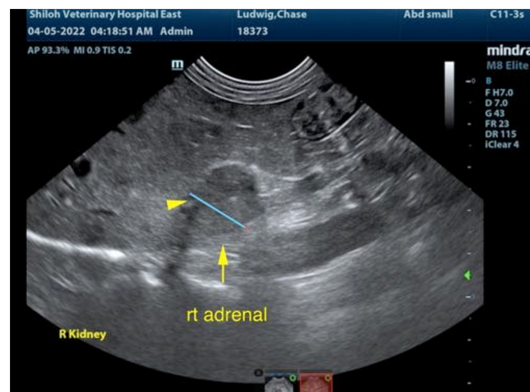

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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