



PATIENT

Mickey Brasseur

SPECIES

Canine

BREED

Dachshund X

SEX

Neutered Male

AGE

13 Years

WEIGHT

33.7 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Heather Brenner

HOSPITAL NAME

Riverside AC

REFERRING VET

Dr. Heather Brenner

INVOICE

38649

DATE

6/10/22

PRESENTING CLINICAL SIGNS

July 2021 panting, cling to owner, separation anxiety, more panting after eats. Gabapentin 100mg helped some, too sleepy on 50mg Trazadone. Vomited Omeprazole 20mg trial September 2021. June 2022 worsening pacing and drooling and panting. increased thirst 3-4 cups a day (normal 3.5cups a day). Not eat as consistently. Anorexic Fluoxetine trial.

Abnormal PE/Chem/CBC/UA Results: September 2021 Chemistry ALT 160 (10-125) ALKO 541 (23-212), CBC normal, USG 1.030 inactive sediment, Urine cortisol:creatinine normal, Low dose Dex suppression normal. Radiographs abdomen liver rounded edges, crepitus stifle palpation. Radiographs chest VHS normal 10, vessels normal, lungs moderate diffuse dorsal-caudal interstitial pattern mild bronchial. Negative Heartworm test. June 2022 weight loss of 1.5lb over 9 months, inconsistent conscious proprioception slowed rear legs. CBC normal, Chem Glucose 63 (70-143), ALT 130 (10-125) ALKP 292 (23-212), Thyroid normal, USG 1.006 inactive sediment. Radiographs abdomen small intestines gas mildly distended, liver now normal to small size, lumbar spine ok, flattened right femoral head, stifles osteophytes bilaterally.

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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. Residual prostatic measured 5.0 mm.

The **kidneys** presented moderate degenerative changes with pyelectasia and irregular contour. Areas of pinpoint mineralization noted, non-obstructive. The left kidney measured 5.0 cm. The right kidney measured 5.0 cm. Blood flow to the kidneys appeared to be adequate on power doppler assessment.

Adrenal Glands

The **left adrenal gland** was enlarged, nodular and slightly irregular, measuring 2.52 cm x 1.17 cm at the caudal pole and 0.93 cm at the cranial pole.

The **right adrenal gland** presented normal size and contour, measuring 7.0 mm in width.

Spleen

The **spleen** was folded upon itself cranially, mildly enlarged and slightly heterogeneous. Occasional hyperechoic lipogranuloma noted.

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

Minor retention of ingesta and slight shadowing material noted in the **stomach**, may represent medications up to 5.0 mm, non-obstructive. Small and large intestine demonstrated normal luminal



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

Pancreas

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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. A 1.5 cm pancreatic cyst was noted at the right limb, appears benign. Minor echogenic material noted. 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 subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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- Moderate chronic renal changes with minor pyelectasia
- Enlarged left adrenal gland – differentials include hyperplasia, adenoma, adenocarcinoma, pheochromocytoma. Appears resectable.

SECONDARY FINDINGS

AGE

13 Years

- Age related pancreatic changes with cyst in the right limb.
- Gastric ingesta and shadowing material
- Mildly enlarged, heterogeneous, folded spleen with occasional lipogranuloma

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Concern for emerging renal failure in this patient. However, the left adrenal gland may also be clinically in play. Serial blood pressures recommended. If hypertension is a significant issue, then urine catecholamine warranted to rule out left adrenal pheochromocytoma. Carcinoma possible if the patient appears Cushingoid. GI protectant protocol would be indicated, given the patient history. I'm most concerned about the long-term kidney function and left adrenal pathology.

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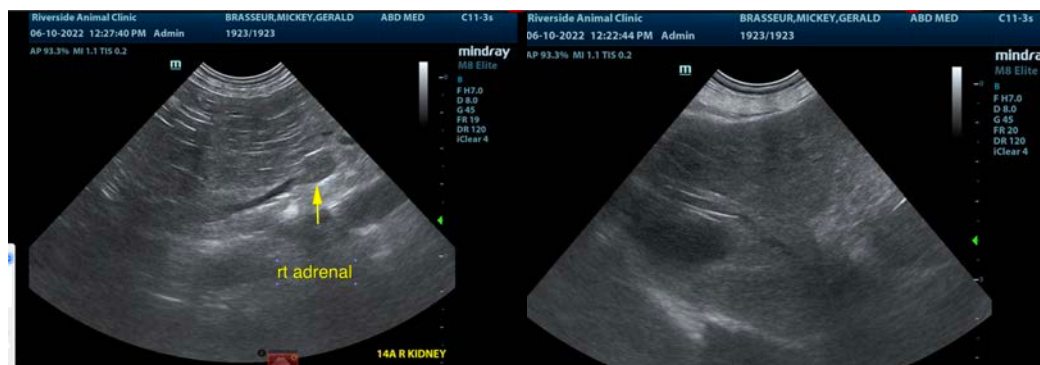
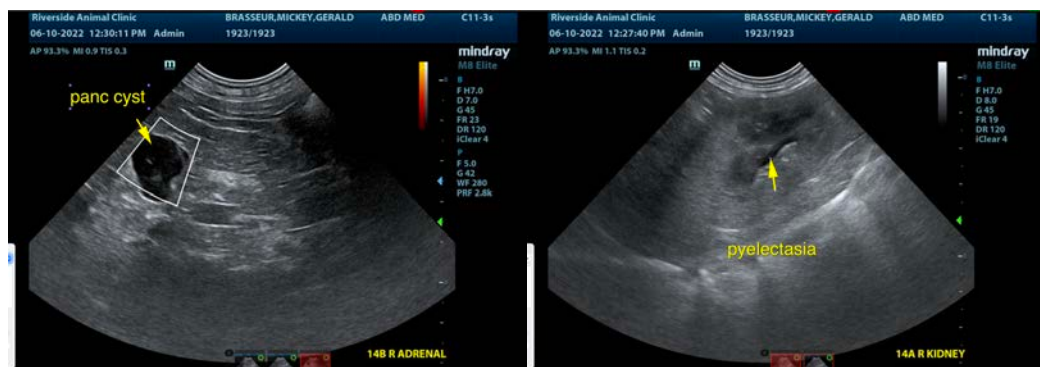
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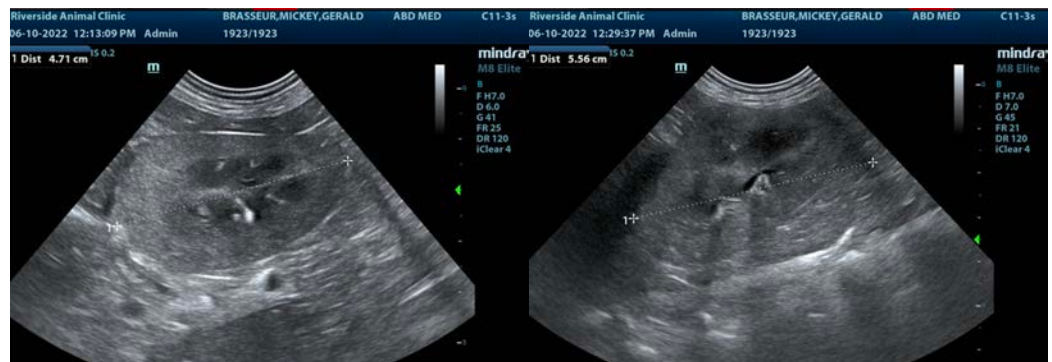
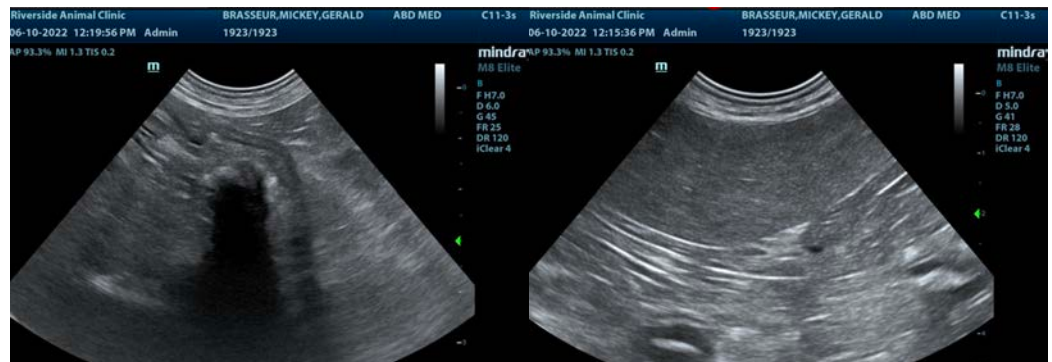
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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

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