



PATIENT PRESENTING CLINICAL SIGNS

Callie Maxwell

Pt presented for not acting like herself. Pt vomited 2x on Monday (was seen on Wednesday) but not since, lethargy and O did find a small blood clot in Ur over the weekend but just once and was very small. Pt is still eating and drinking well. Pt also has history of atopy and had TECA and bulla osteotomy about 3 years ago.

SPECIES

Canine

BREED

Dachshund

Abnormal PE/Chem/CBC/UA Results: Distended abdomen on physical exam but no fluid wave. temp 103.3. CBC showed elevated platlets and low Eos. Chem showed 12.10 Ca+, ALT-516, ALP-674, GGT15. UA showed protein and USG-1.020.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Female

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 3.0 cm beyond the cystourethral junction.

AGE

12 Years 8 Months

WEIGHT

20.6

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 and no evidence of pelvic dilation was present. Occasional cortical cysts noted in both kidneys. The left kidney measured 5.4 cm.

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

Adrenal Glands

The **right adrenal gland** was enlarged and irregular, visualized obliquely, measuring 2.0 cm at the caudal pole. No overt caval invasion noted.

IMAGING PERFORMED BY

Dr. Jonathan Moss

The **left adrenal gland** was visualized obliquely, mildly enlarged and uniformly swollen, measuring 1.1 cm at the caudal pole.

HOSPITAL NAME

Harvest Hills VH

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.

REFERRING VET

Dr. Jonathan Moss

Liver

INVOICE

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The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with coalesced bile, consistent with immature mucocele formation. The liver presented coarse architecture with mildly increased portal markings and heterogeneous changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

DATE

6/15/23

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and



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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 **pancreas** revealed mixed hyperechoic parenchymal changes with hypoechoic nodules, consistent with remodeling and fibrosis. Potential low-grade active inflammation.

BREED

Dachshund

ULTRASONOGRAPHIC FINDINGS

- Bilateral adrenal hypertrophy with concerning enlargement on the right
- Immature gallbladder mucocele
- Chronic pancreatic changes
- Age related renal changes
- Partially full stomach

AGE

12 Years 8 Months

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The adrenal, pancreatic, and gallbladder/presentations could all be playing a role in the clinical signs in this patient. Serial blood pressures recommended. If hypertension is present, then urine catecholamine indicated to assess possible pheochromocytoma of the right adrenal. Otherwise, the patient may be cushingoid. An argument could be made for pituitary dependent hyperadrenocorticism. Gallbladder motility study would be ideal, given the gallbladder presentation. Ursodiol therapy over a 4-6 week period and recheck warranted. FNA of the liver warranted to assess for parenchymal disease. Treatment for pancreatitis also indicated. Note that all of these abdominal presentations may be incidental, and ADR presentation may secondary to orthopedic pain or other causes.

WEIGHT

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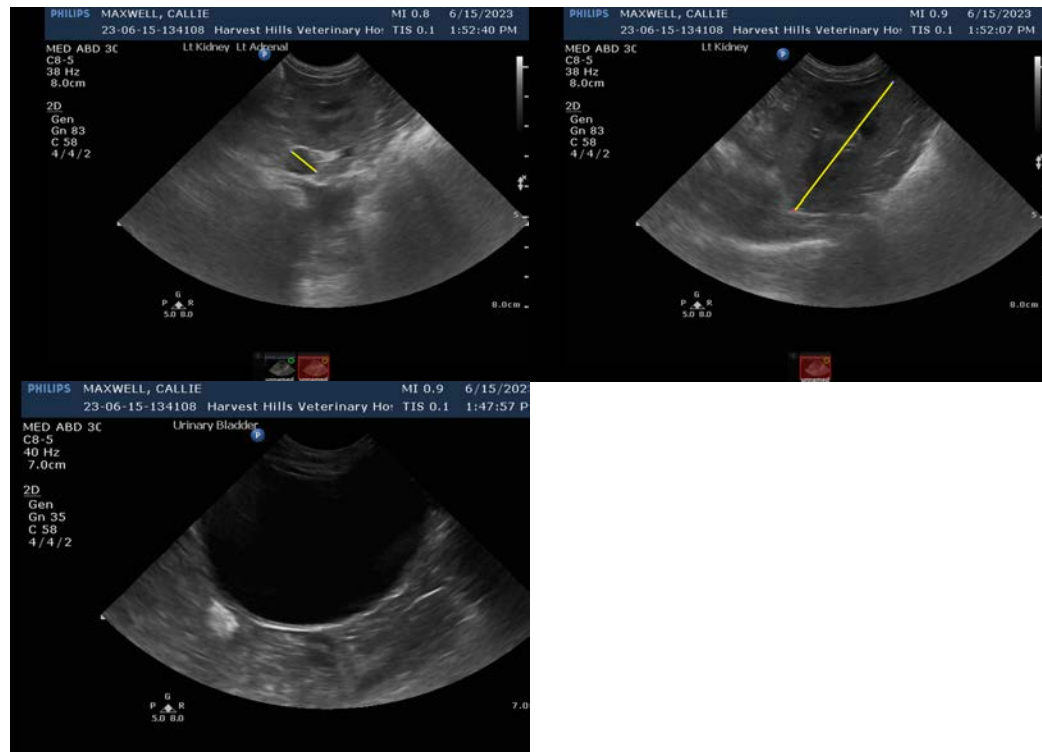
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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