



PATIENT

Abby Shockley

SPECIES

Canine

BREED

Dachshund

SEX

Spayed Female

AGE

14 Years 2 Months

WEIGHT

14.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Gallick

HOSPITAL NAME

Magnolia Springs VC

REFERRING VET

Dr. Gallick

INVOICE

23481

DATE

7/19/23

PRESENTING CLINICAL SIGNS

Chronic history of mildly elevated ALP, ALT value is normal Ultrasound done prior to dental

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a relatively uniform thickening of the cranioventral and craniodorsal mucosae with micropolypoid mucosal changes without involvement of the submucosae. The urine presented some echogenicity consistent with suspended debris. No evidence of urethral pathology was present. This presentation is most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out without histopathological review but is not overtly suspected based on this pattern. Cystocentesis and urine culture +/- pathological review of urine cytology would be warranted. No overt calculi were present at this time. This is a mild change.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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. Slight pyelectasia was noted in the right kidney. The right kidney measured 2.7 cm. The left kidney measured 3.8 cm. Microcystic cortical changes were noted in the right kidney.

Adrenal Glands

The **left adrenal gland** measured the upper limits of normal at 0.7 cm at the caudal pole and 0.62 cm at the cranial pole. Minor heterogenous changes were noted.

A minor amount of remodeling was noted in the **right adrenal gland**. The right adrenal gland measured 1.9 cm x 0.6 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 were noted.

Liver

The **liver** revealed a left medial (2.5 cm) hypoechoic nodule. Other nodular changes were noted in the liver, nondisruptive. A focal left sided nodule measured 0.73 cm. Increased portal markings were present. Gallbladder sand and dependent debris was present.

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



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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.

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ULTRASONOGRAPHIC FINDINGS

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- Chronic inflammatory hepatopathy/nodular hyperplasia liver pattern- Likely benign or low-grade nodule, however, underlying neoplasia cannot be ruled out. There is a considerable amount of remodeling in this patient.
- Gallbladder sand and dependent debris
- Chronic cystitis bladder pattern
- Age-related renal changes with pyelectasia and microcystic cortical changes in the right kidney
- Minor heterogenous changes in the left adrenal gland
- Minor remodeling in the right adrenal gland

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Bile acid profile is recommended prior to dental procedure, if not elevated, then no overt contraindication for sedation, however, suggested protocol would be Torbutrol (premed), propofol (induction) and Isoflurane (maintenance). Full urinary work up is warranted if not already performed. FNA of the nodular changes and general hepatic parenchyma is warranted, could be performed at the dental procedure if bile acids are not elevated.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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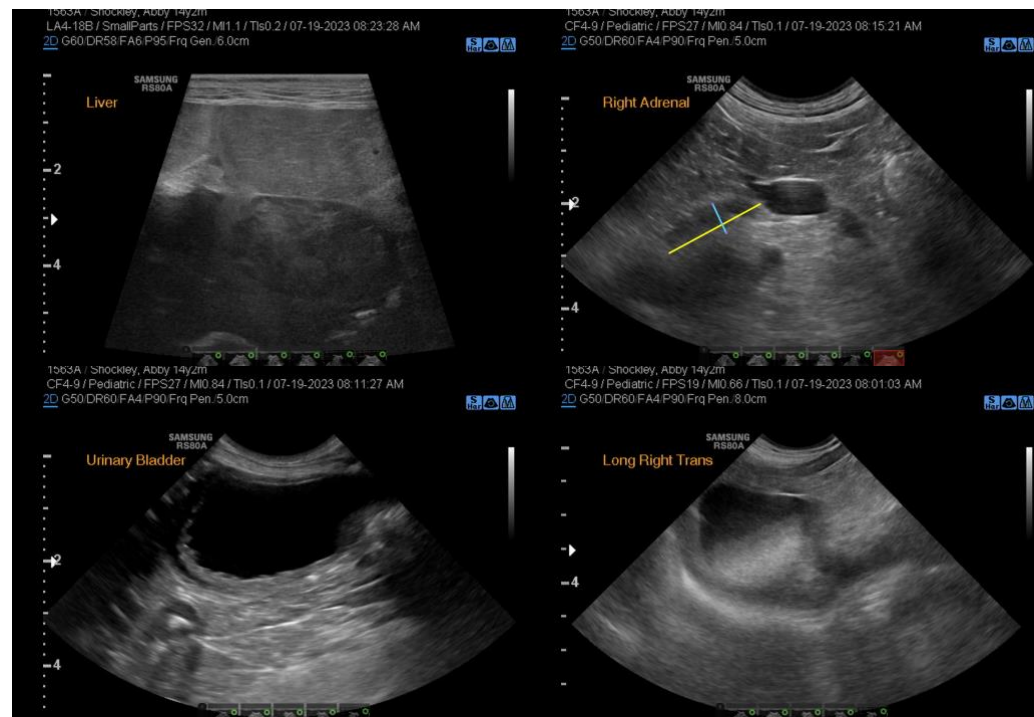
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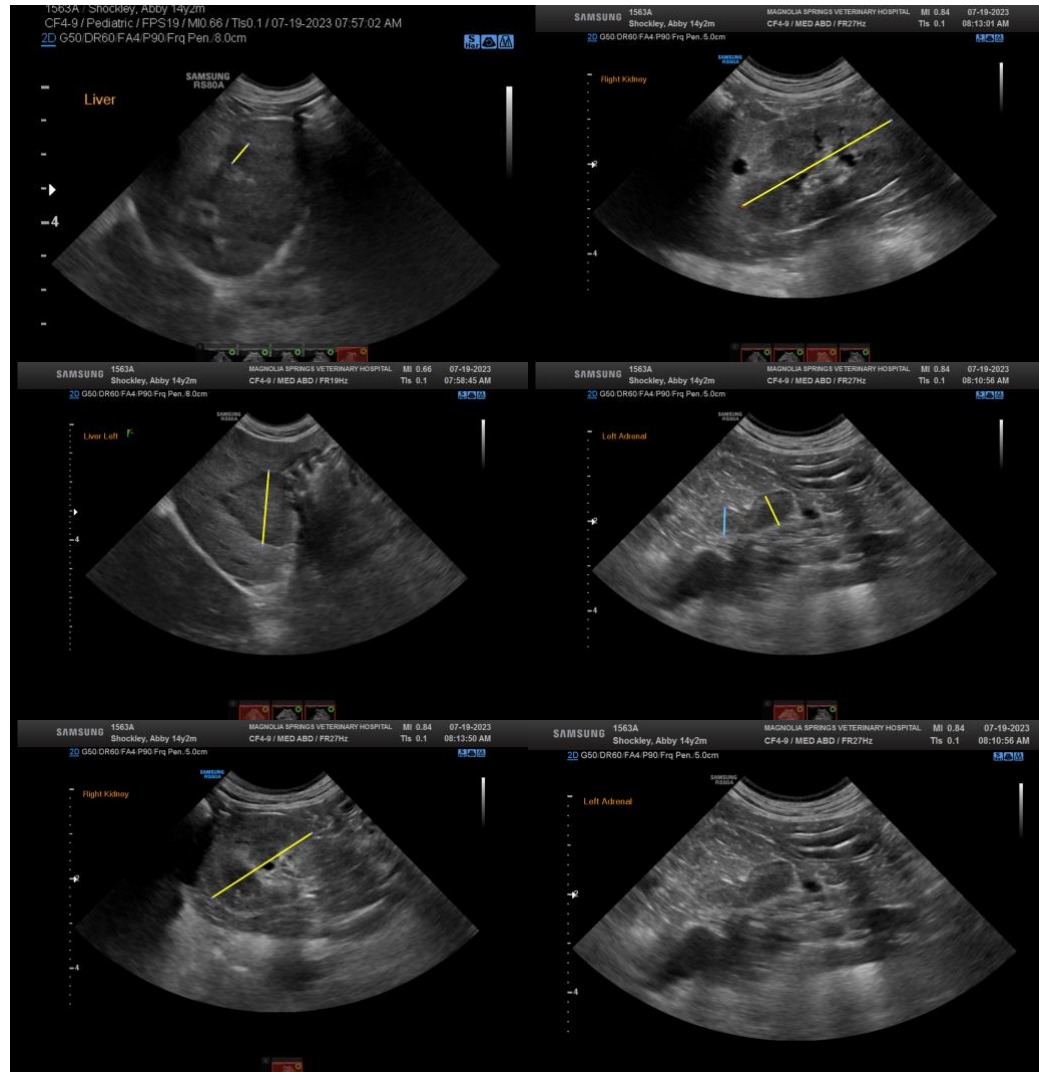
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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