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Clinical Sonography & Telecytology
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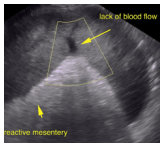
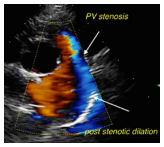
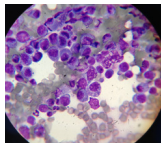
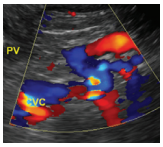




SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Frankie Foschini

SPECIES
Canine

BREED
Dachshund

SEX
Neutered male

AGE
14 years

WEIGHT
10.8 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Salas

HOSPITAL NAME
Tenafly VC

REFERRING VET
Dr. Salas

INVOICE
32624

DATE
8/29/22

PRESENTING CLINICAL SIGNS

History: 14 yr old dachsund. Had labwork on July 8th with a very mildly elevated ALT- rest of bloodwork was normal. had diarrhea at that visit and was on Metronidazole for 1 month. SEVERE periodontal disease also diagnosed- bilateral oronasal fistulas, dental done 1 month later and pet had extensive work on all 4 quadrants- part of his mandible had already resolved due to the extent of his periodontal disease. Did well during and post op. 2 weeks after started to show signs of decreased appetite and finickiness. Repeat labs showed marked ALT elevation 3900, ALP elevations 1200, GGT 105- full liver profile submitted shows: total bili elev at 4.9 elevated, bile acid single at 497, marked elevations, and cPL at 436. Ultrasound done today- concerns about the gall bladder and the pancreas. pet appeared painful in this quadrant. working diagnosis of pancreatitis- started full spectrum antibiotics, gi support. post dental meds were Convenia and Meloxicam x 5days

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 **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. The right kidney measured 4.0 cm. The left kidney measured 4.0 cm.

Adrenal Glands

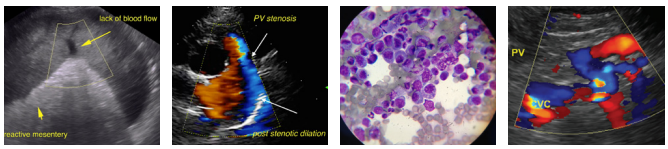
The **left adrenal gland** was uniform and measured 0.47 cm. The region of the right adrenal was imaged, yet not overtly visualized.

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** 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



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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

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

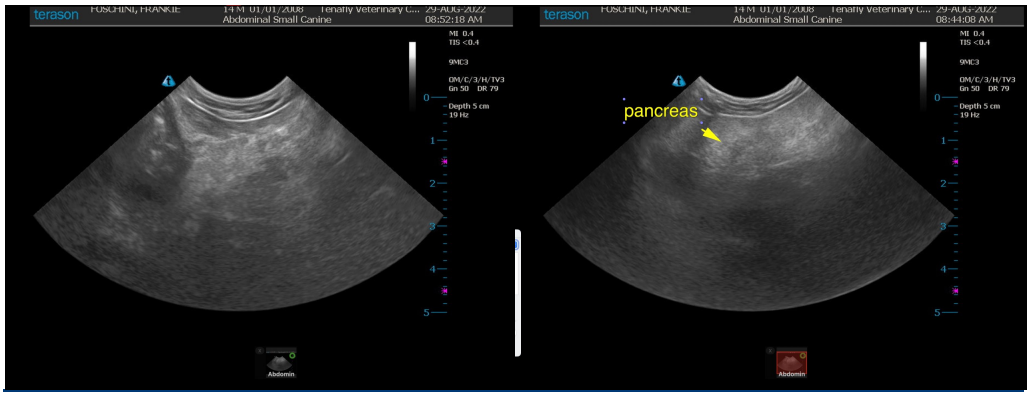
The **pancreas** revealed mixed parenchymal changes with hypoechoic nodules. This is suggestive for low-grade inflammation, chronic active form.

ULTRASONOGRAPHIC FINDINGS

Low-grade pancreatic inflammation is suspected. Low-grade, smoldering chronic active form is likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Some level of low-grade pancreatitis is possible. Deep subxiphoid palpation is recommended to assess if there is any pain or discomfort. Other causes of anorexia such as orthopedic pain should be considered as well.



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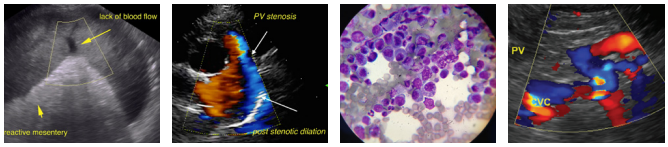

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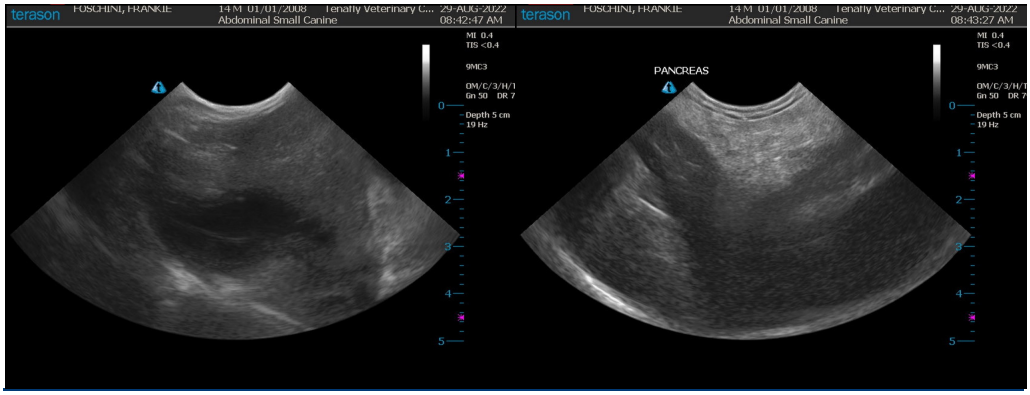

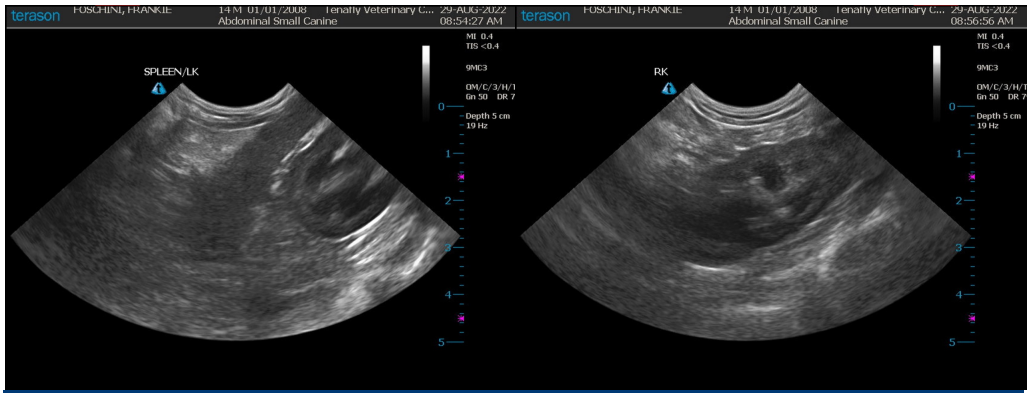

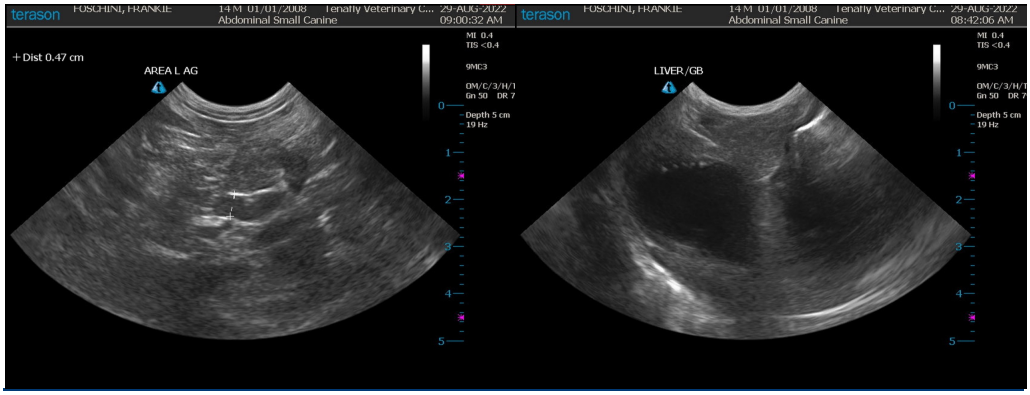

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com