

**DATE PRESENTING CLINICAL SIGNS**

6/20/23 In Jan 2023, treated at ER for possible toxin exposure of unknown source due to neurologic signs. Found elevated ALT. On repeat bloodwork, ALT has slowly come down, but Alb has stayed low. PE-back to normal neurologically at ER and since then. No other PE abnormalities.

PATIENT

Maximus Elgin Current Medications: Denamarin since January 2023.

Lab Results: Albumin 2.4, TP 5.3 Chronically low.

Date of Previous IntraPet Ultrasound: No previous.

SPECIES

Sedation: Sedated with Dexdomitor & Torbugesic.

Canine

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, RDMS.

BREED**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Dachshund

Urinary System**SEX**

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

Neutered Male

AGE

The prostate is normal in size (1.05 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

7/19/17

WEIGHT

The left kidney has a normal shape and size (4.25 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

11.8 Pounds

INTERPRETED BY

Kathleen Sennello DVM,
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(Small Animal Internal
Medicine)

The right kidney has a normal shape and size (4.47 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

HOSPITAL NAME**Adrenal Glands**

Aberdeen Vet Clinic

The left adrenal gland is normal in size measuring 0.52 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

REFERRING VET

Dr. Fritz

The right adrenal gland is normal in size measuring 0.50 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

INVOICE

43339

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains moderate fluid, ingesta and gas. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measures 0.33 cm. Duodenum wall measures 0.41 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

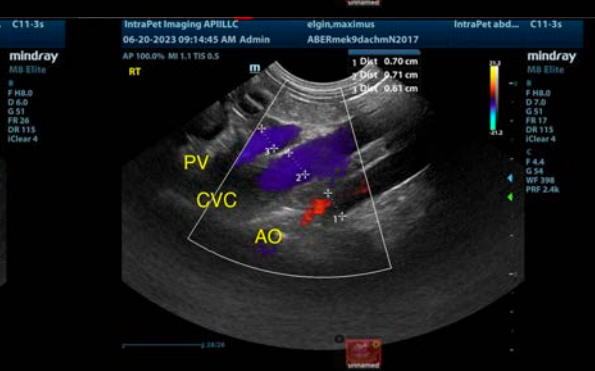
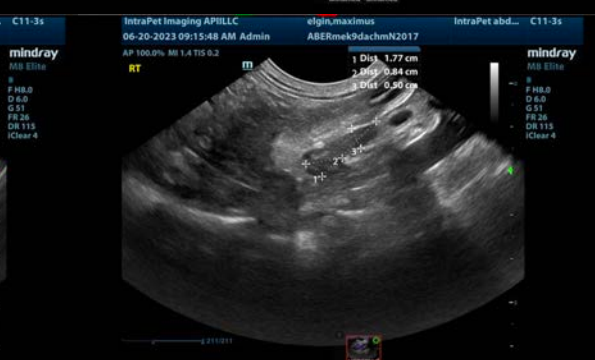
ULTRASONOGRAPHIC FINDINGS

- Moderate fluid/ingesta visualized within the gastric lumen – Correlate with the feeding history. If the patient was adequately fasted, consider such differentials as delayed gastric emptying or a pyloric outflow tract obstruction (none observed).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan is relatively normal. No prominent focal lesions are visualized.

The primary general differentials for hypalbuminemia would include liver dysfunction/failure (this is much less likely with a normal liver function test), a protein losing nephropathy (consider a urinalysis and urine protein to creatinine ratio), or a protein losing enteropathy. Other than a fluid dilated stomach, the GI tract appears relatively normal. Recommend a GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate, looking for additional evidence of underlying gastrointestinal disease. If a urine protein to creatinine ratio is normal, then GI protein loss is most likely, and additional diagnostics may be necessary. Additionally, I would recommend screening for Addison's disease.





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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