

PATIENT

Mia Stormes

PRESENTING CLINICAL SIGNS

History: Elevated liver value.
Abnormal PE/Chem/CBC/UA Results: ALK PHOS 268

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Dachshund

The urinary bladder is adequately filled. The wall is smooth and regular. No abnormalities are present with the trigone or proximal urethra, and there is no evidence of sediment, cystoliths, polyps or a mass.

There are no signs of a pyometra.

SEX

Intact female

A structure measuring 1.69 cm in diameter x 1.98 cm in length is observed in the right cranial abdomen. It has a hypo to anechoic center and a hyperechoic outer area. The structure may be a cystic ovary or ovary containing both cysts and a follicle.

AGE

11 years

The left kidney is within normal limits in size for the patient's weight (4.3 cm). The capsule is smooth. The cortex is mildly hyperechoic and a mild to moderate loss of the normal definition of the cortico-medullary junction is present. Very small, punctate, mineralizations of the diverticulae are present without evidence of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

WEIGHT

17.5 lbs

The right kidney is within normal limits in size for the patient's weight (4.76 cm). The capsule is smooth. The cortex is mildly hyperechoic and a mild loss of the normal definition of the cortico-medullary junction is present. Very small, punctate, mineralizations of the diverticulae are present without evidence of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

INTERPRETED BY

Lisa Carioto, DVM,
DVSc, Diplomate
ACVIM

Adrenal Glands

The left adrenal gland measures 0.55 cm at the cranial pole, 0.51 cm at the caudal pole and 1.98 cm in length. No abnormalities are noted in the gland's shape, overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

IMAGING PERFORMED BY

JK

The right adrenal gland measures 0.54 cm at the cranial pole, 0.56 cm at the caudal pole and 2.08 cm in length. No abnormalities are noted in the gland's shape, overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

HOSPITAL NAME

Hamburg VC

REFERRING VET

Dr. Martens

Spleen

The portion of the spleen visualized is within normal limits in size, architecture, echotexture, and echogenicity. The capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.

INVOICE

97904

Liver

There are no obvious signs of hepatomegaly; however, this is better defined at the time of ultrasound based on the conformation of the dog. The liver borders are smooth and sharp. Subjectively, the liver is

DATE

3/29/22



PATIENT

mildly, but diffusely hyperechoic. Certain views reveal a granular texture, which may be due to a reactive hepatopathy. No abnormalities are observed with the hepatic vessels.

Mia Stormes

SPECIES

A trivial amount of echogenic material is visualized within the gallbladder, which is considered clinically insignificant. Some of the material is adhered to the inner wall. The biliary system is otherwise within normal limits.

Canine

BREED

Gastrointestinal

Dachshund

The gastric wall and pylorus are normal in thickness. There is no loss of definition of the normal architecture of the layers of the stomach wall. No obvious abnormalities are observed with its peristalsis.

SEX

The small intestinal wall thickness is within normal limits and there is no evidence of dilation. The definition of the wall layers is preserved. The colonic wall is not thickened and mural detail is considered normal. There are no obvious signs of a mass, foreign body, infiltrative disease or an obstruction.

Intact female

AGE

11 years

Pancreas

WEIGHT

17.5 lbs

Both the left and right limbs of the pancreas have a coarse echotexture and are heterogeneous. These changes are most likely due to nodular hyperplasia and areas of fibrosis. The changes are considered age related and possibly secondary to previous episodes of pancreatitis, respectively. There are no signs of active pancreatitis.

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Other

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Lymph nodes: No abnormalities are observed.

Abdominal effusion is not visualized.

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ULTRASONOGRAPHIC FINDINGS

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- Very mild degenerative changes of both kidneys, which are suggestive of age related degeneration. There are no obvious signs of pyelonephritis, however, the latter cannot be excluded based on the absence of sonographic abnormalities.
- The diffuse hyperechogenicity of the liver is highly suggestive of a vacuolar hepatopathy. Differential diagnoses, such as hepatitis or cholangitis/cholangiohepatitis are considered unlikely. Cholestasis cannot be excluded based on the presence of the diffuse hyperechogenicity and GB sludge. The hypoechoic nodules observed are most likely due to nodular regeneration, which is a benign, age-related change. The granular echotexture is suggestive of reactive hepatopathy, which is a non-specific change.

REFERRING VET

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- The presence of sludge in the gallbladder is most likely clinically insignificant. However, cholestasis cannot be excluded particularly with the hyperechoic liver.

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- The elevated ALP enzyme activity may be due to a cystic ovary, which could also cause both a vacuolar hepatopathy or reactive hepatopathy.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further diagnostics are not considered necessary for the moment, however, a re-evaluation of Mia's blood work, including a GGT, is suggested in 3-6 weeks.

SPECIES

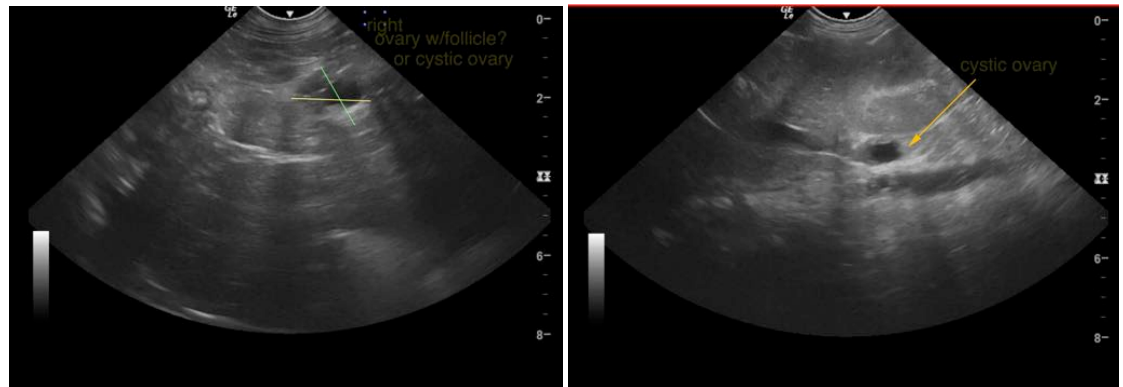
Canine

It is prudent to ask the client whether or not Mia is showing signs of gastroesophageal reflux based on the presence of gall bladder sludge.

A GGT enzyme activity is recommended to exclude cholestasis.

BREED

Dachshund



SEX

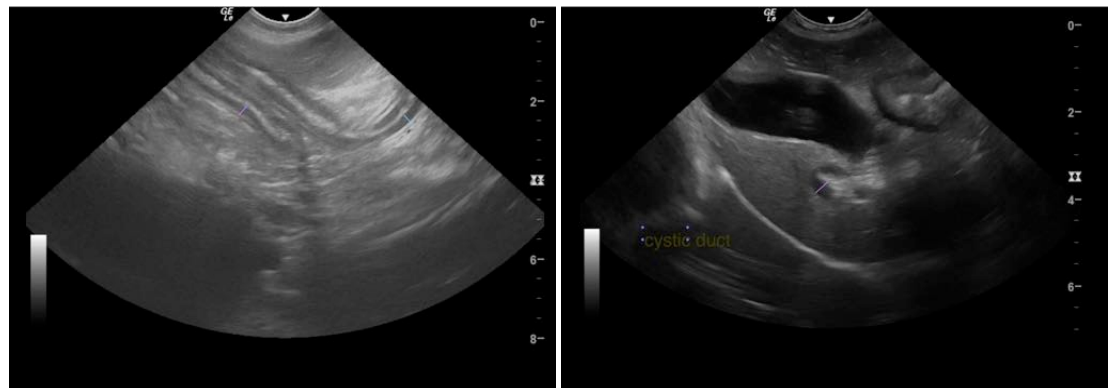
Intact female

AGE

11 years

WEIGHT

17.5 lbs



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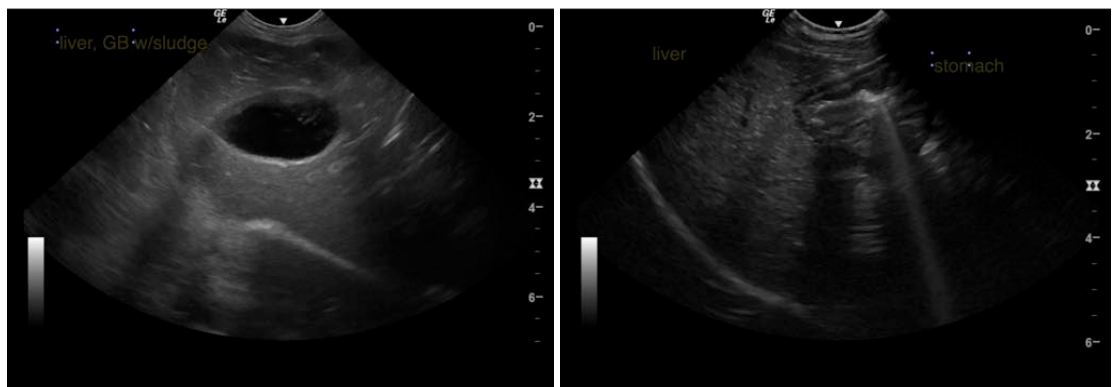
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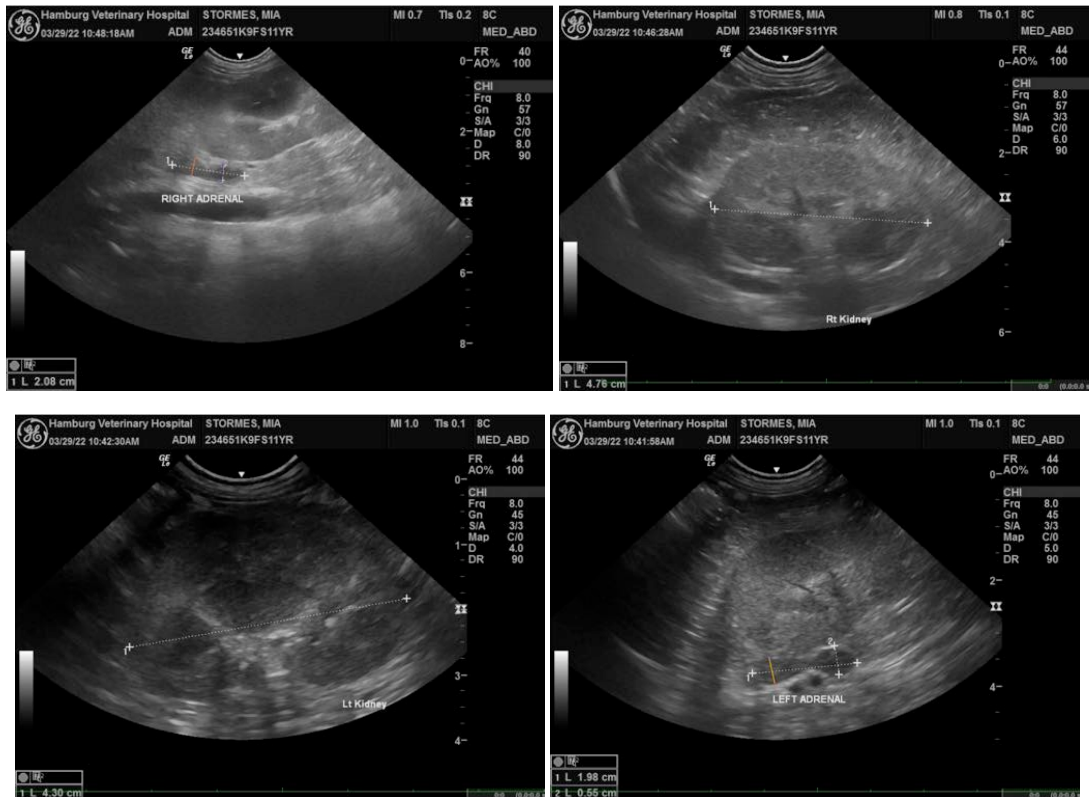
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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