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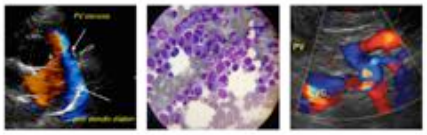

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Clinical Sonography & Telecytology
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PATIENT

Ivy Fogarasi

SPECIES

Canine

BREED

Dachshund

SEX

Spayed Female

AGE

14 years

WEIGHT

26 Pounds

INTERPRETED BY

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

IMAGING PERFORMED BY

Amy Mayhew LVT

HOSPITAL NAME

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REFERRING VET

Dearborn Family Pet Care

INVOICE

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PRESENTING CLINICAL SIGNS

History: Chronic inappetence in the am and has had some blood in the stool
Abnormal PE/Chem/CBC/UA Results: Recent labs in February were normal except a slightly elevated Triglyceride level. Last fecal check was negative in December. Had a dental cleaning 3/18/22 at a Dental specialty hospital.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately filled. The wall is mildly irregular. There is no evidence of sediment, cystoliths, polyps or a mass.

The left kidney measures 4.72 cm (within normal limits). The capsule is smooth. However, the cortex is mildly hyperechoic and a mild loss of the normal definition of the cortico-medullary junction is present. An anechoic structure, measuring 0.33 cm, consistent with a cyst is noted. Very small, punctate, mineralizations of the diverticulae are present without evidence of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

The right kidney measures 5.37 cm (within normal limits). The capsule is smooth. The cortex is mildly hyperechoic and a mild loss of the normal definition of the cortico-medullary junction is present. mineralizations of the diverticulae are present without evidence of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

Adrenal Glands

The left adrenal gland measures 0.52 cm at the cranial pole, 0.50 cm at the caudal pole and 1.81 cm in length. No abnormalities are noted with the gland's shape, overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

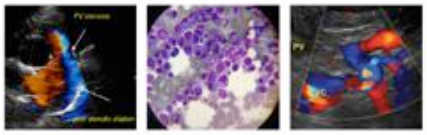
The right adrenal gland measures 0.42 cm at the caudal pole. The cranial pole was not visualized due to gas in the surrounding gastrointestinal tract. No abnormalities are noted with the echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

Spleen

The spleen is within normal limits in size, architecture, echotexture, and echogenicity. The capsule is smooth. A hypoechoic nodule is noted in the body of the spleen; it measures 1.05 cm. A second hypoechoic nodule, measuring 0.46 cm, is noted in the body. The second nodule is more hypoechoic than the first. The nodules do not disrupt the integrity of the splenic capsule. They both appear benign; nodular or lymphoid hyperplasia and extramedullary hematopoiesis are the most likely diagnoses.

Liver

Subjectively, mild hepatomegaly appears to be present for a deep chested dog like a Dachshund, however, this is better evaluated at the time of the ultrasound or by radiographs. The borders are smooth and sharp. Mild, diffuse hyperechogenicity is noted. The latter is a non-specific change, which may be suggestive of a vacuolar hepatopathy, which may occur due to stress (chronic illness). Other



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differential diagnoses include hyperadrenocorticism, cholangitis/cholangiohepatitis or immune-mediated hepatitis with a secondary bacterial infection. These seem less likely.

The gall bladder is moderately dilated. A moderate amount of echogenic material (sludge) is present within the lumen. The sludge is free floating, and has also settled by gravity. Inspissated sludge, in the form of nodules, is attached to the wall. There are no signs of an obstruction.

Gastrointestinal

Ivy was fed. The stomach is filled with ingesta. The gastric wall is normal in thickness, however, subjectively, the mucosa and muscularis appear thicker than what is considered normal. 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.

Fogging in the duodenum and small intestines is observed. The small intestinal wall thickness is within normal limits and the definition of the wall layers is preserved. Dilated loops of bowel are not observed.

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.

Pancreas

No overt abnormalities are observed. There is no evidence of hyperechogenicity of the surrounding mesenteric fat, i.e., there are no signs of active pancreatitis.

Other:

Lymph nodes: No abnormalities are observed.

Abdominal effusion is not visualized.

ULTRASONOGRAPHIC FINDINGS

A urinary tract infection may be present. Although the renal cortices are not markedly abnormal, they are hyperechoic enough to consider glomerulonephritis as a cause of the renal changes. Age-related degeneration are also considered a component of the renal changes observed. Pyelonephritis cannot be excluded, despite the absence of overt sonographic signs.

The splenic nodules appear benign in origin; nodular or lymphoid hyperplasia and extramedullary hematopoiesis are the most likely diagnoses. However a FNA would be required to confirm this statement.

The subtle, diffuse hyperechogenicity of the liver is suggestive of a vacuolar hepatopathy, which may occur due to stress (chronic illness). The hypoechoic nodules observed are most likely due to nodular regeneration, which is a benign age related change. There are no obvious signs of neoplasia. The presence of sludge in the gallbladder is most likely clinically insignificant; however, the client should be asked about signs of gastroesophageal reflux. Signs of cholecystitis are not appreciated.

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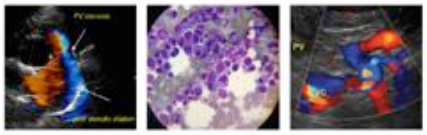

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The mucosal fogging of the intestinal tract and the prominent mucosa and muscularis of the stomach may occur due to inflammation secondary to inflammatory bowel disease. However, infiltrative disease, such as lymphoma or other round cell tumour, cannot be excluded.

Both limbs of the pancreas show signs suggestive of nodular hyperplasia and fibrosis, which are age related changes. Fibrosis may also occur secondary to previous episodes of pancreatitis. There are no signs of neoplasia or active pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A trial of analgesics for visceral pain or osteoarthritis, is suggested to exclude pain as a cause of her decreased appetite in the morning.

A urinalysis and urine culture and sensitivity are recommended. If negative, a urine protein: creatinine ratio is suggested.

Evaluation of the blood pressure is also suggested, ideally in the presence of the client to minimize the effects of stress.

A fundic exam is also recommended.

As mentioned above, the renal changes are considered secondary to age related degeneration, however glomerulonephritis (GN) cannot be excluded. Causes of GN include leptospirosis, tick borne diseases and heartworm disease, and the appropriate tests are suggested to exclude an underlying cause depending on Ivy's risk of exposure.

Deworming with a broad spectrum dewormer, such as fenbendazole, is suggested.

A veterinary prescription brand low fat, hypoallergenic diet, whether hydrolyzed or novel protein, should be fed.

If there is no response to deworming and diet trials, one may consider pursuing endoscopy and biopsies of the upper and lower GI tract.

Secondary ascending bacterial infections of the liver and bile are common. Although indiscriminate use of antibiotics is not recommended, one could start treatment with a broad-spectrum antibiotic and reassess liver enzyme activities, including a GGT, in a few weeks.

If there is still no improvement, A FNA of the liver may be pursued, however, a tissue biopsy is required to evaluate the hepatic architecture.

A baseline cortisol may be considered if clinical signs persist.

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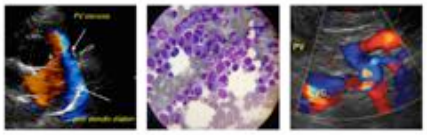

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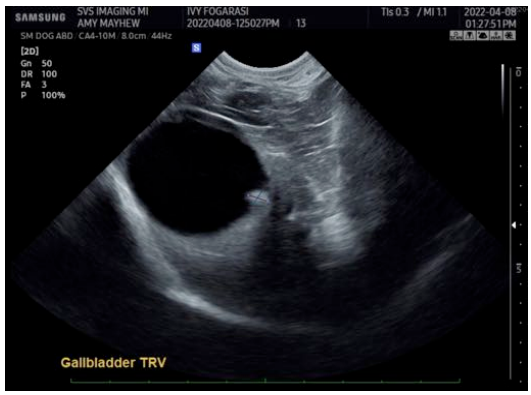

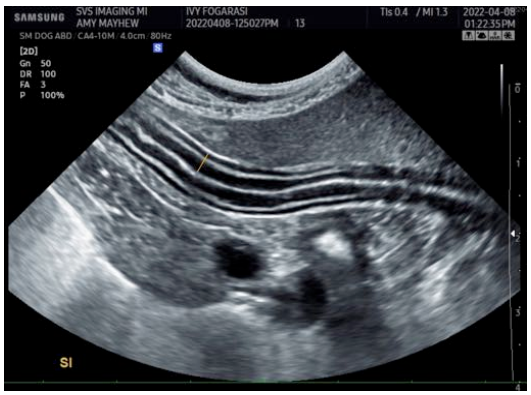

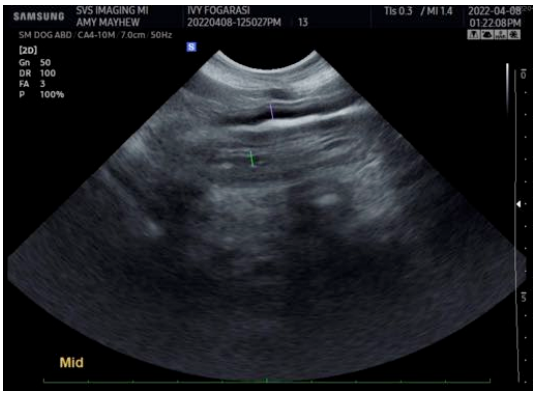

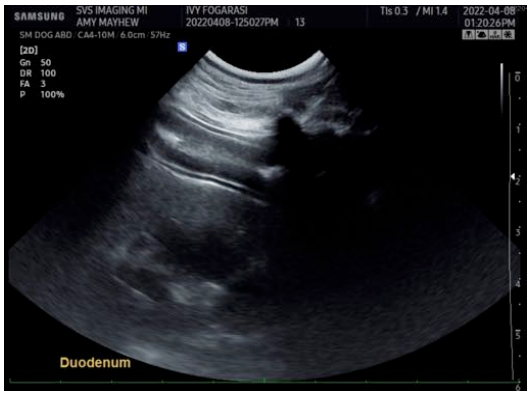

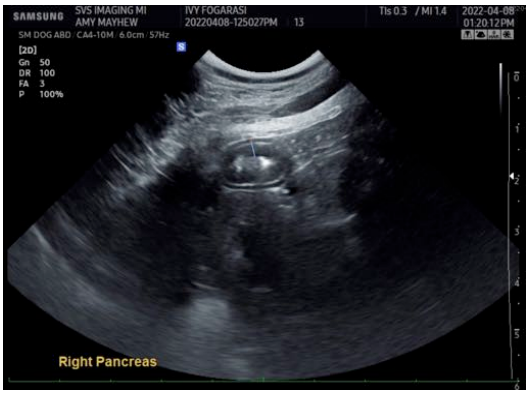

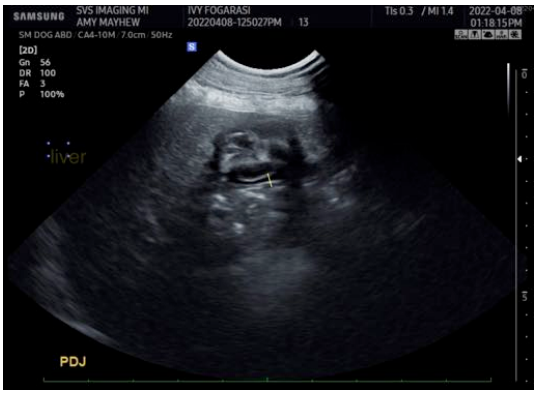

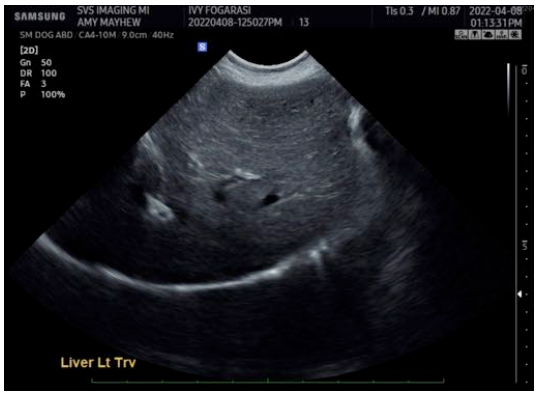

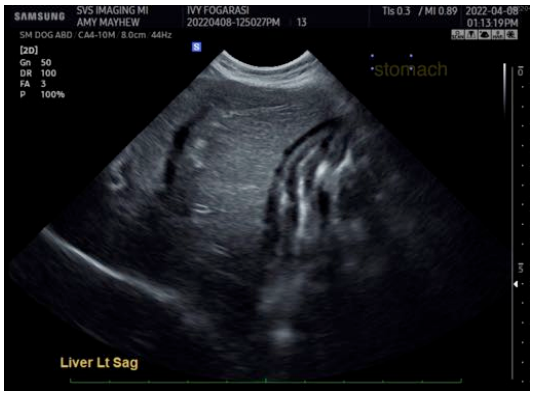

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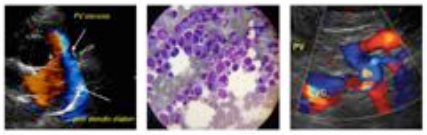

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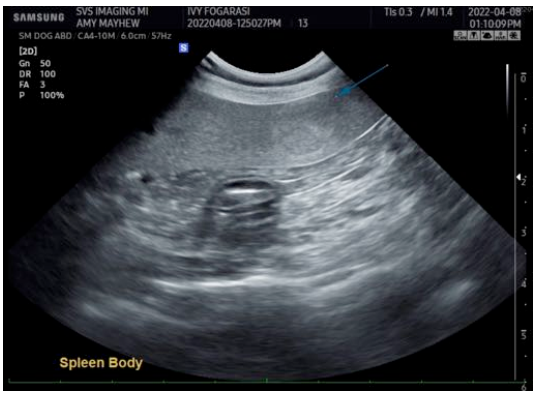

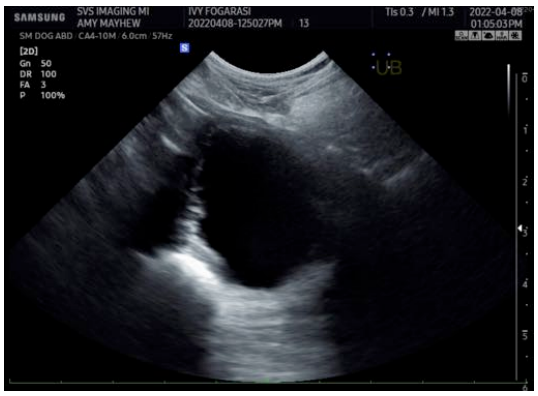

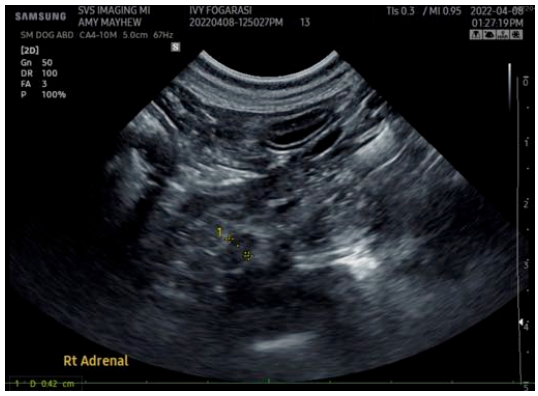

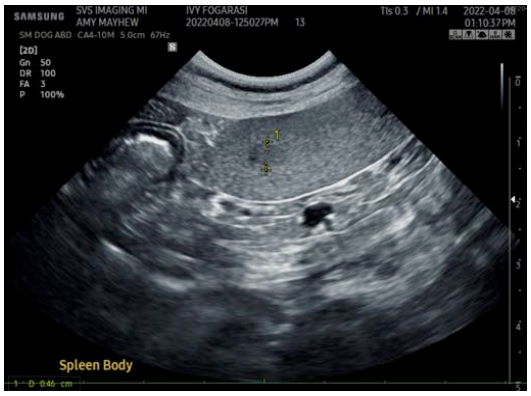

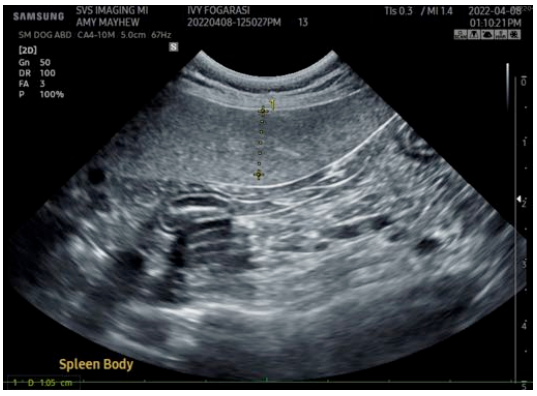

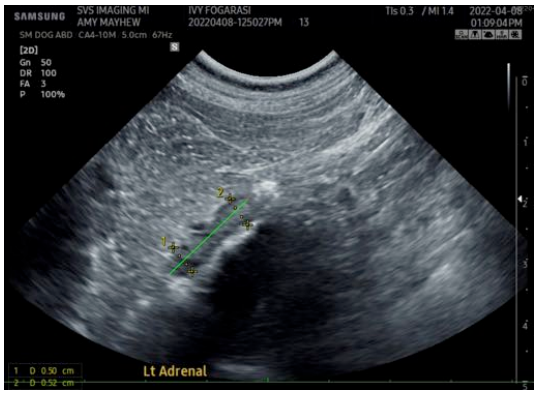

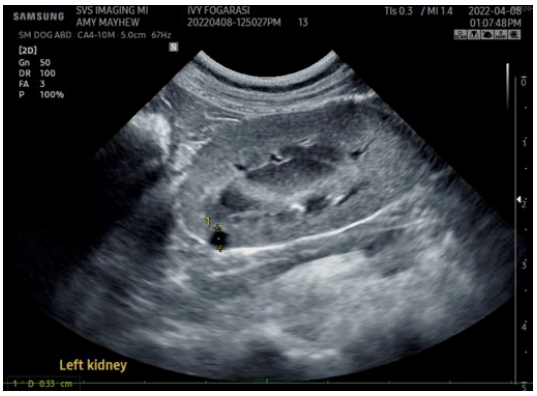

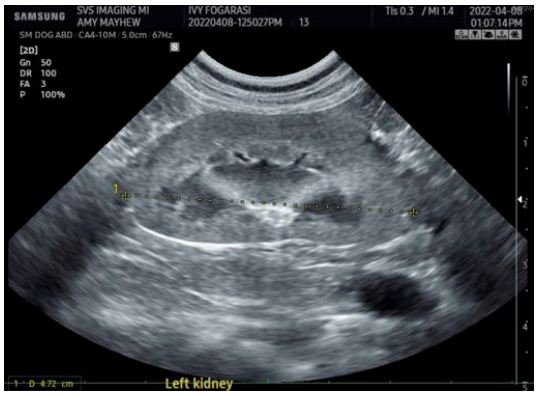

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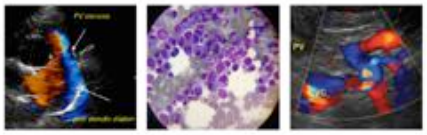

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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