



PATIENT PRESENTING CLINICAL SIGNS

Sadie Galina 2.65; Neu 13.38; HCT 37.1. Anorexia x 48 hours; drooling. Past history kidney disease. ALT 270; BUN 107; Crea 2.6; GGTy 68; Phos 8.3; Na 171; Cl 135; WBC 17.11; Mono. Radiographs: pending.
 Medications: Pred 5 mg SID; Gabapentin 100 mg BID; Denamarin; Mitrtazapine; Chlorpheniramine

SPECIES

Canine

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild non-dependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

BREED

Dachshund

SEX

The area of the aortic trifurcation was free of pathology.

FS

AGE

10 years

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some mild increased cortex echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. Mild bilateral pyelectasia was present. No evidence of retroperitoneal inflammation/effusion. A focal small cortical cyst was present in the left kidney. The left kidney measured 5.3 cm in length. The right kidney measured 6.0 cm in length.

WEIGHT

6.06 kg

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.46 cm width at the caudal pole and 0.43 cm width at the cranial pole.

INTERPRETED BY

R. McKenzie Daniel, DVM,
 DABVP (Canine and
 Feline)

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.55 cm width at the caudal pole and 0.41 cm width at the cranial pole.

Spleen

The spleen was normal in size and contour with subtle generalized splenic parenchyma heterogeneity with multiple pinpoint to focal hyperechoic foci, which may indicate pinpoint to focal areas of microinfarction, fibrosis or emerging mineralization. This is not indicative of underlying pathology and considered incidental. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

IMAGING

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Pamela Harrigan, RDCS

HOSPITAL NAME

New England AMC

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

REFERRING VET

ALberto Fernandez,
 DVM

The gallbladder was non-distended in size with thin walls. Moderate congealed yet nonorganized gallbladder debris was present, which appeared to be subjectively mobile. No overt evidence of gallbladder or peripheral gallbladder inflammation. The cystic and common bile ducts were normal.

INVOICE

13370

Gastrointestinal

DATE

1/10/22

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained pyloric fluid was present.



PATIENT

Sadie Galina

The small intestine presented intact wall layering and maintained 1:3 muscularis/mucosa ratio with subtle subjective increased mucosa echogenicity. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The duodenum wall measured 0.44 cm. The jejunum wall measured 0.43 cm.

SPECIES

Canine

The colon exhibited intact yet mildly prominent wall layering. The descending colon contained semi-formed feces.

BREED

Dachshund

Pancreas

The parenchyma of the pancreas was hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

SEX

FS

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

AGE

10 years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

6.06 kg

- Mild urinary bladder sediment- likely mild cellular or crystalline debris
- Mild nonspecific chronic renal changes with mild pyelectasia and small left kidney cyst
- Low-grade hepatopathy- subjectively benign
- Moderate congealed gallbladder debris, potential emerging mucocele
- Chronic pancreatitis
- Gastritis/gastroenteritis pattern with mild gastric stasis- potential for inflammatory bowel
- Benign hyperechoic splenic parenchyma foci

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left and right pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended. Baseline UPC for further renal staging, if no evidence of significant inflammatory cells could be considered.

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Assessment for evidence of cranial abdominal or subxiphoid discomfort or pain associated with the pancreas or the gallbladder could be considered. In addition to current Denamarin, Ursodiol therapy may prove beneficial. Recheck sonogram advised if evidence of increasing cholestasis. Potential for low-grade cholangiohepatitis, given the ALT elevation and gallbladder debris possible.

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Hospitalization with 24–48-hour IV fluids and gastrointestinal support with assessment of renal response may prove beneficial.

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Sadie Galina

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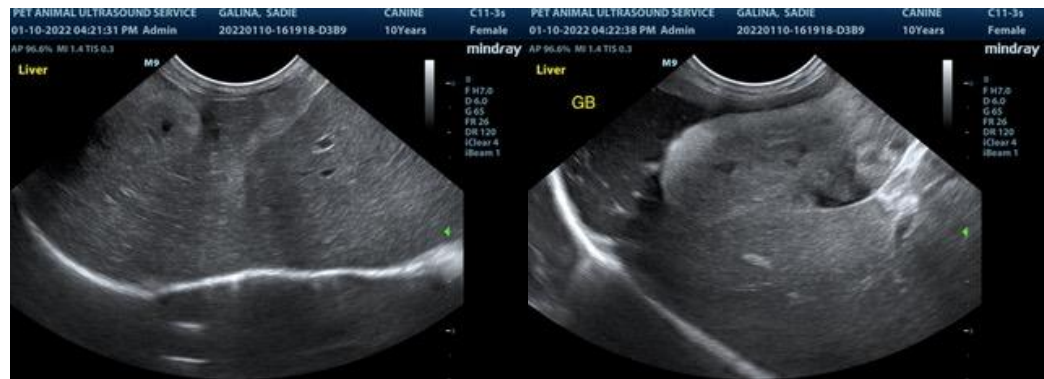
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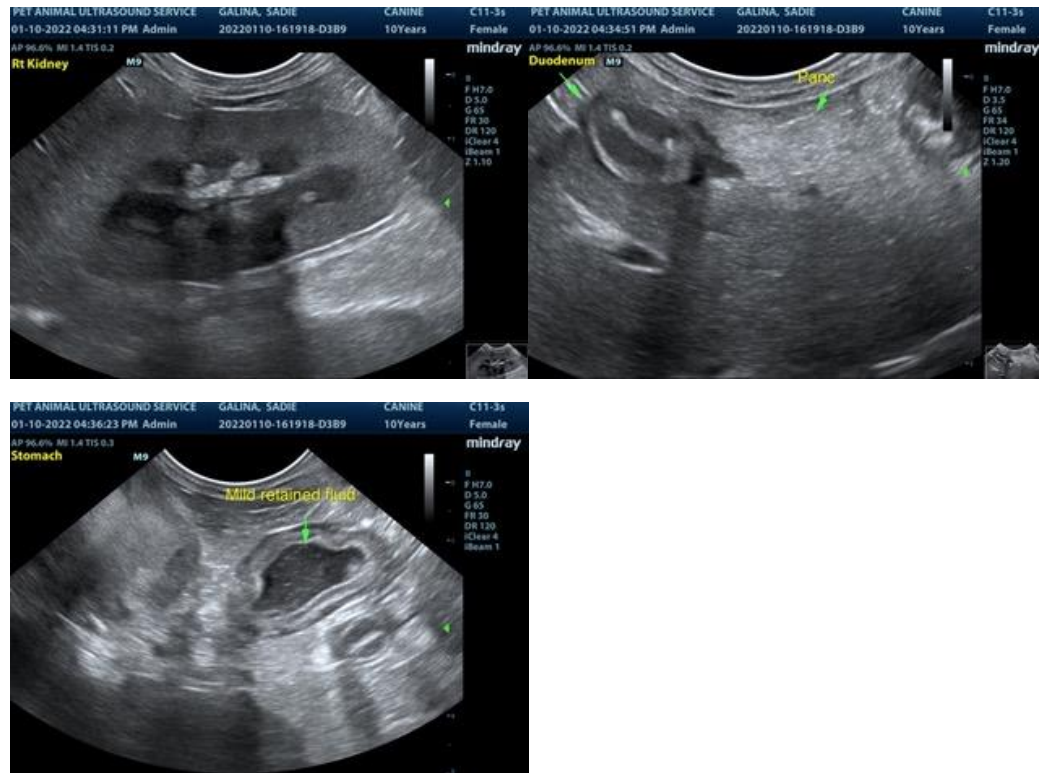
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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