



PATIENT

Velvet Pattison

SPECIES

Canine

BREED

Dachshund Mix

SEX

FI

AGE

13 years

WEIGHT

9.63 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Hansen

HOSPITAL NAME

West Eugene AH

REFERRING VET

Dr. Powers

INVOICE

13071

DATE

1/14/22

PRESENTING CLINICAL SIGNS

Icteric sclera and ears. Grade four periodontal disease. Decreased appetite. No vomiting. Grade II/VI systolic heart murmur.

Abnormal PE/Chem/CBC/UA Results: Biochemistry panel- severely elevated ALP (1770), severely elevated ALT (943), severely elevated total bilirubin (7.4). CBC- leukopenia (5.27), all WBC trending low

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

No overt pathology was noted in the area of the uterus or bilateral ovaries.

The area of the aortic trifurcation was free of pathology.

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 increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. Pinpoint areas of medullary mineral were present in the kidneys. No evidence of pelvic dilation was present. The left kidney measured 3.5 cm in length. The right kidney measured 3.9 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.64 cm width in the cranial pole and 0.59 cm width in the caudal pole. The right adrenal gland measured 0.41 cm width in the cranial pole and 0.50 cm width in the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ Gallbladder

The liver exhibited subjective potential for mild generalized enlargement. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. No hepatic masses or nodules were noted. The gallbladder exhibited moderate distended size with minor dilation of the cystic biliary duct. The common bile



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duct subjectively was normal in appearance without evidence of dilations, stasis, or obstructive pattern. The gallbladder walls exhibited normal thickness and were without overt evidence of inflammatory criteria. Subtle evidence of peri-gallbladder reactive mesentery without evidence of effusion was noted. Mild nondependent yet nonorganized, nonmineralized gallbladder debris was present.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Cholangitis / cholangiohepatitis hepatobiliary pattern - subjectively acute or acute on chronic
- Mild gallbladder debris (non-mucocele)
- Bilateral mild chronic renal changes
- Heterogeneous pancreas - potential for low-grade chronic to chronic active Inflammation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assessment for evidence of cranial abdominal or subxiphoid discomfort associated with either the pancreas or the gallbladder is recommended. No overt evidence of post hepatic obstruction was present, given the lack of common bile duct dilation, as well as no overt evidence of neoplastic hepatobiliary or pancreatic criteria.

Assuming normal clotting status, ultrasound-guided FNA of the liver could be considered for screening cytology and potential identification of inflammatory cell type if present.

Cholangiohepatitis / pancreatitis treatment protocol is recommended. Recheck sonogram is suggested if persistent / progressive hepatic enzyme elevations or evidence of cholestasis arise despite medical therapy.



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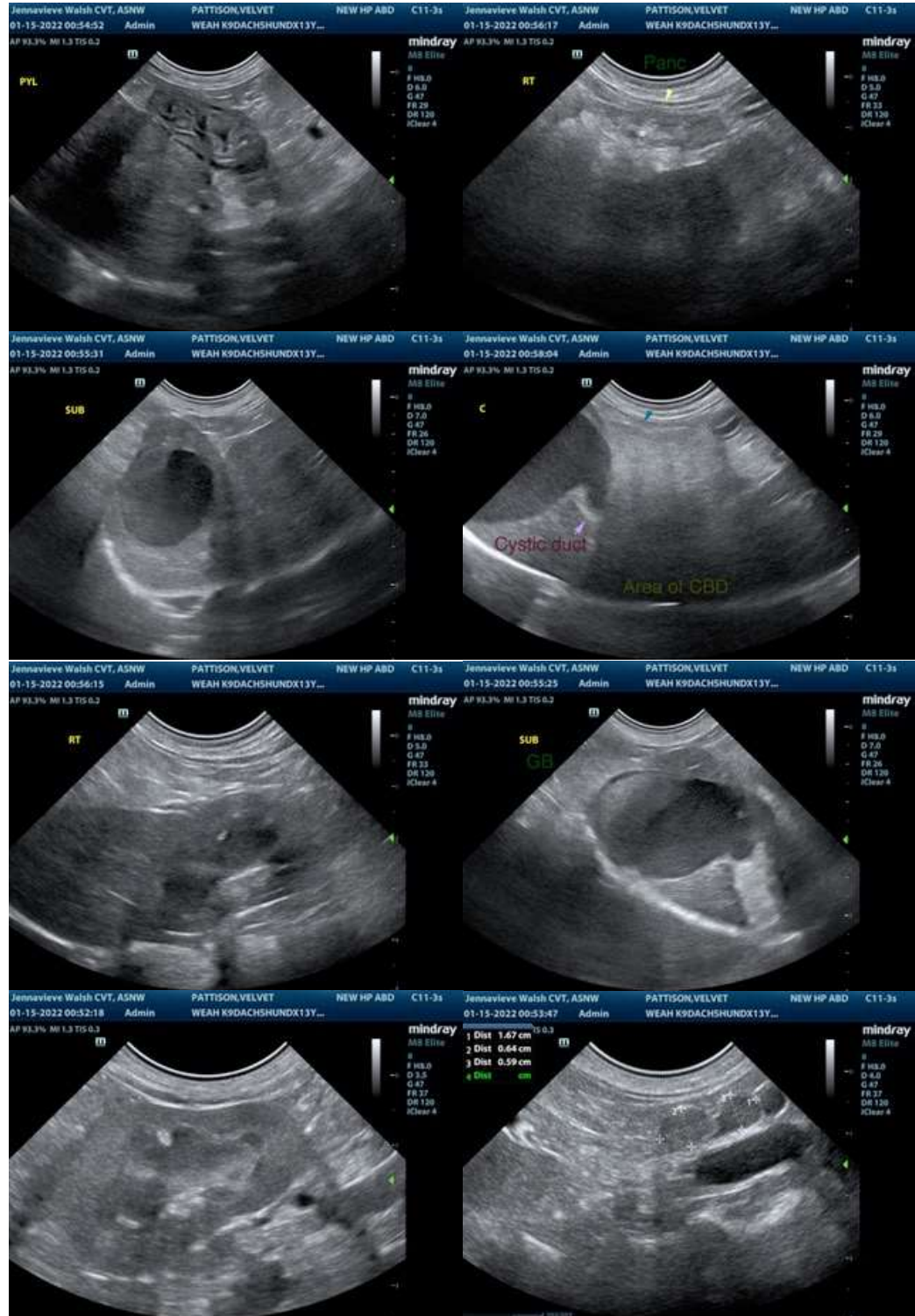
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com