

**PATIENT**

Fitty Landi

SPECIES

Canine

BREED

Dachshund

SEX

MN

AGE

11 years

WEIGHT

12.8 lbs.

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP (Canine
and Feline)**IMAGING
PERFORMED BY**

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Jennifer Simon

INVOICE

15870

DATE

1/18/23

PRESENTING CLINICAL SIGNS

Owner noticed Fitty was acting really lethargic for the last several days. Sleeping a lot more than usual.

CBC: RBC 1.27, Hematocrit 8.3, Hemoglobin 3.5, MCV 60.7, MCHC 41.8, RDW 5.9, MPV 17.9, Plateletcrit 0.68. All else WNL.

Chemistry: ALP 341. All else WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, and cystourethral junction 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 residual prostate.

No evidence of medial Iliac or sublumbar lymphadenopathy.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint to minor medullary mineralization were noted. The left kidney measured 4.8 cm in length. The right kidney measured 4.7 cm in length.

Adrenal Glands

The bilateral adrenal glands were borderline prominent in size based on caudal pole width measurement in light of body weight. Subtle to mild heterogeneous parenchyma and mild asymmetrical yet intact capsule was present without suspicion for overt neoplasia. No adrenal tumors were noted. The left adrenal gland measured 2.4 cm length x 0.69 cm width at the caudal pole. The right adrenal gland measured 2.0 cm length x 0.73 cm width at the caudal pole.

Spleen

The spleen was normal in size and contour with subtle generalized parenchyma heterogeneity. No masses or nodules were noted. Normal splenic vascularity was noted.

Liver/ Gallbladder

The liver presented enlarged in size. 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. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

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Gastrointestinal**SPECIES**

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The stomach presented sonographically unremarkable wall layering. The stomach contained a mild amount of hyperechoic shadowing ingesta to gastric echoes. An example of a gastric echo measured approximately 1.0 cm in diameter. No evidence of mechanical pyloric outflow obstruction was noted.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental mild hyperechoic nonshadowing ingesta and mild segmental luminal gas was present.

Normal visible colon wall layers were present with formed to potential semi-formed fecal matter.

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Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

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Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

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ULTRASONOGRAPHIC FINDINGS

- Age-related kidneys exhibiting minor medullary mineralization
- Borderline prominent adrenal glands exhibiting mild nonhomogeneous parenchyma
- Normal spleen
- Benign hepatopathy
- Sonographically unremarkable gastrointestinal tract with nonspecific shadowing gastric ingesta / echoes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The adrenal presentation is suspected to be a patient or age-related variant. Potential for mild to discrete adenomatous change without evidence of neoplastic criteria. Adrenal hyperfunction is thought less likely given the patient's current clinical signs.

No evidence of splenic or intraabdominal neoplastic criteria. Although nonspecific, the benign hepatopathy is suggestive of probable vacuolar hepatic changes.

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Empirically, some or all of the following protocol may be considered. A CBC pathology review +/- infectious disease serology could be considered.

(Note: ensure no underlying neoplasia as IMHA/Evans syndrome can occur as paraneoplastic manifestation especially in lymphoma/round cell neoplasia)

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Anemia +/- thrombocytopenia with spherocytes/autoagglutination in dogs and hyperbilirubinemia, bilirubinuria. (NOTE: cats do not get spherocytes in IMHA)

Consider Onion/Garlic derivative ingestion if Heinz bodies present.

BREED

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Prednisone (K9) Prednisolone (Feline): 2 mg/kg Sid/Bid initially x 3 weeks then attempt taper

Aspirin 0.5 mg/kg Sid owing to hypercoagulable state

Sucralfate 0.5-1 g po tid dogs, 0.5 g bid cats in slurry

Doxycycline if infectious suspected clinically or based on CBC path review:

Dogs, Cats: 10 mg/kg p.o. q24h with food or water bolus in cats

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Long-term management dogs: Azothiaprine 2 mg/kg Sid or Cyclosporine 10mg/kg po sid bid

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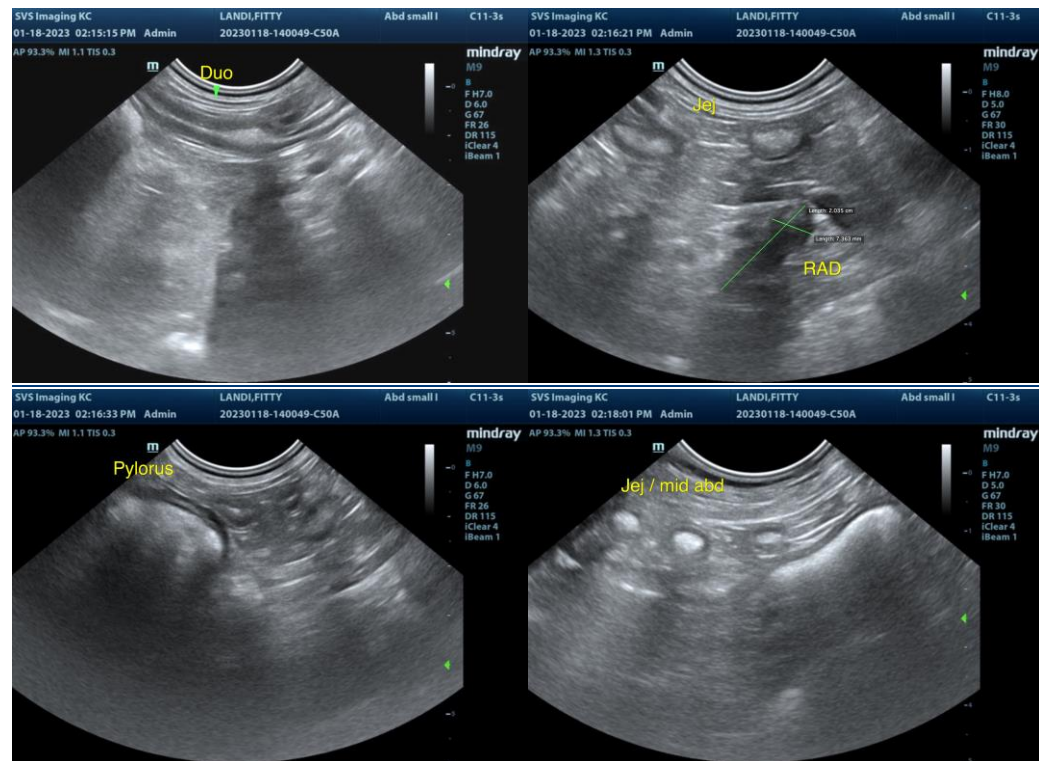
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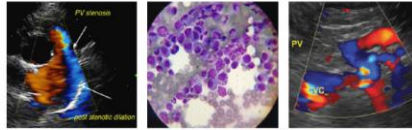
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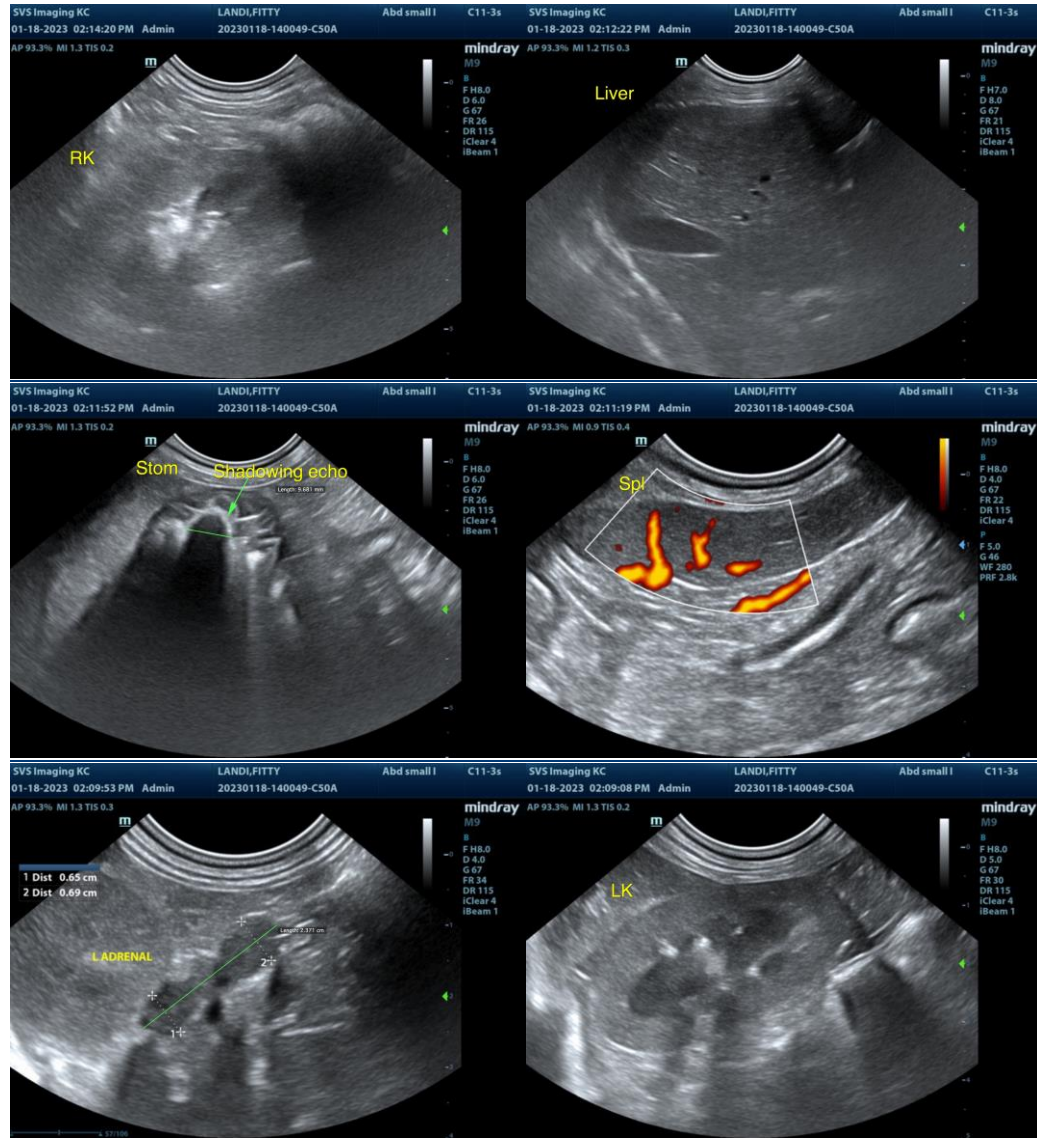
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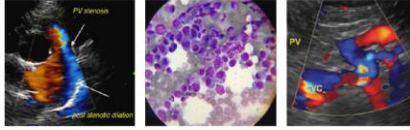
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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SVS Mobile Imaging KC 816-401-5010
svsimagingkc@gmail.com



Clinical Sonography & Telectology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

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