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Clinical Sonography & Telecytology
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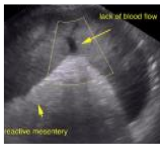
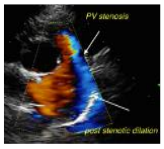
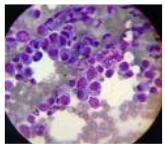
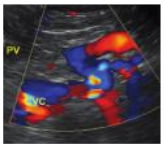

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Rex McIntyre

SPECIES

Canine

BREED

Dachshund

SEX

M/N

AGE

13

WEIGHT

6.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Legacy Vet Clinic

REFERRING VET

Dr. Jajouiei

INVOICE

20780

DATE

1/26/23

PRESENTING CLINICAL SIGNS

-PU/PD
Abnormal PE/Chem/CBC/UA Results: Elevated liver enzymes

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone. Mild nonuniform thickening of the urinary bladder wall was present. The bladder was nondistended with urine. Multiple hyperechoic focal echogenicities with distal acoustic shadowing were present in the dependent lumen. The echogenicities were primarily small, dependent to focally adhered cystic calculi to mineral. An example of a calculus measured 0.42 cm in diameter. The dorsoapical urinary bladder wall measured 0.51 cm width.

The residual prostate and proximal urethra were free of pathology.

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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.5 cm in length. The right kidney measured 4.4 cm in length. Both kidneys exhibited nonobstructive medullary renolithiasis.

Adrenal Glands

The bilateral adrenal glands were mildly prominent with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 0.74 cm width at the caudal pole and 0.76 cm width at the cranial pole. The right adrenal gland measured 0.61 cm width at the caudal pole and 0.81 cm width at the cranial pole.

Spleen

Mild generalized splenic parenchyma heterogeneity was noted. Intermittent to multiple, well-defined, symmetrical, hyperechoic nondisruptive nodules were present throughout the cranial to caudal 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 or neoplastic changes were not noted. The hyperechoic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas. No masses were noted.

Liver/ Gallbladder

The liver was enlarged with mild nonuniform increased hepatic parenchyma echogenicity, exhibiting variably echogenic nondisruptive intraparenchymal nodules. The nodules were likely consistent with areas of intraparenchymal hyperplasia, hematopoiesis, or lipogranulomas. No evidence of neoplastic criteria.

The gallbladder was mildly distended with anechoic content with moderate congealed variably echogenic luminal debris along the suspected peripheral entrapped mucus. No evidence of gallbladder or peripheral gallbladder inflammation. The cystic and common bile ducts were normal.

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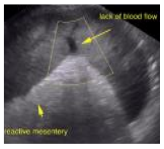
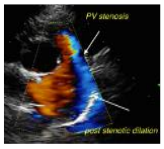
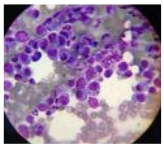
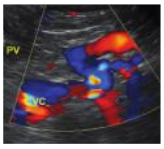

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Gastrointestinal

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 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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Chronic cystitis pattern with multiple, primarily dependent to focally adhered calculi/mineral
- Bilateral nonobstructive renolithiasis
- Prominent adrenal glands- no adrenal tumors
- Benign hepatopathy with variably echogenic nodules
- Moderate congealed gallbladder debris and likely luminal mucus- possible early noninflamed mucocele
- Chronic pancreatitis/pancreatic fibrosis pattern

Secondary Findings

- Benign splenic nodules- consistent with benign myelolipomas, potential for emerging mineralization

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine culture and sensitivity on sterile urine sample is recommended if not recently done. Full adrenal work up is warranted, especially if clinical signs consistent with Cushings syndrome are present. Hepatosupportive medications, including Denamarin and Ursodiol are recommended. Sonographic monitoring of the gallbladder is indicated, especially if increasing evidence of cholestasis or cranial abdominal/subxiphoid discomfort on palpation. Spec cPL is suggested if clinical signs consistent with chronic pancreatitis are noted.

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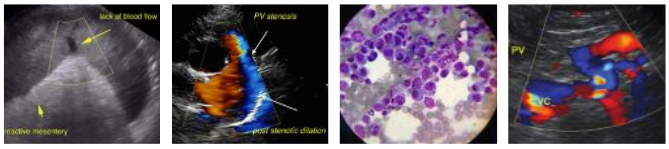

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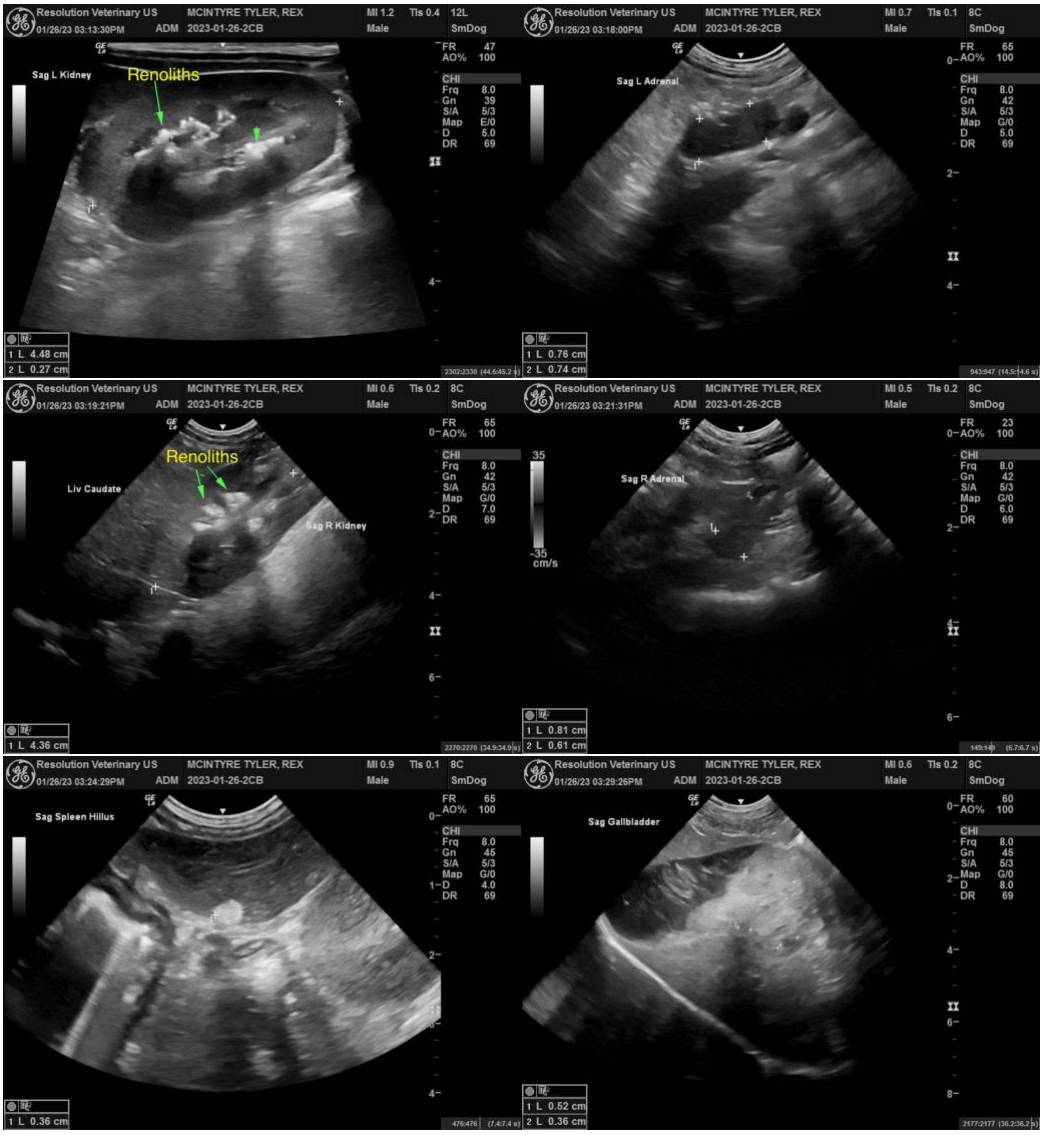

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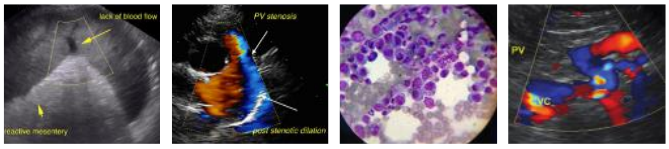

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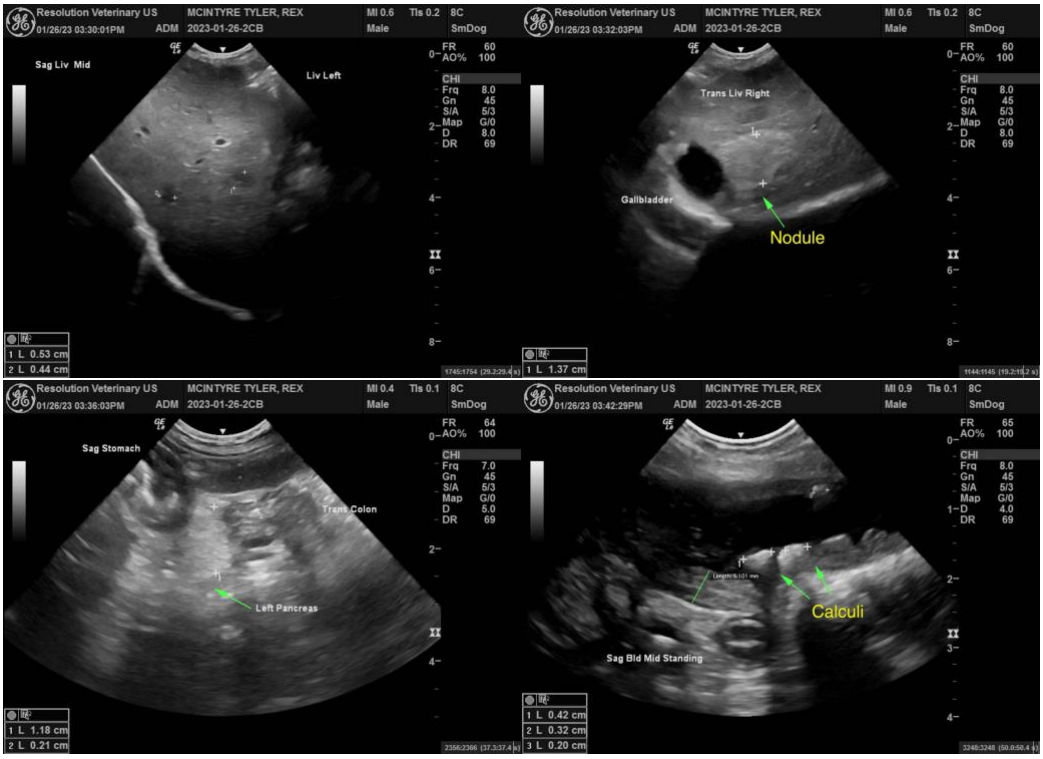

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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