



PATIENT

Zorro Ramirez

SPECIES

Canine

BREED

Dachshund Wire
Hair

SEX

MN

AGE

15 years

WEIGHT

10.10 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Jessica Miller

HOSPITAL NAME

Millburn VH

REFERRING VET

Dr. Turowsky

INVOICE

12388

DATE

10/19/21

PRESENTING CLINICAL SIGNS

Elevated liver and kidney value, recent bloody diarrhea. Current meds: Metro 50mg
Abnormal PE/Chem/CBC/UA Results: SDMA 21, BUN 32, ALT 349, ALP 224, GGT 51, T4 0.6

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder was non-distended in size with primary anechoic urine. A small, nonhomogeneous, yet nonmineralized mass was noted at the level of the urinary bladder neck potentially extending into the proximal prostatic urethra. The small mass at the level of the urinary bladder neck measured approximately 0.8 cm x 0.8 cm.

The residual prostate itself was normal in size, measuring 0.79 cm in width.

The area of the aortic trifurcation was normal, without evidence of regional metastasis.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. The kidneys exhibited variably sized cortical cysts, most prominent in the right kidney with areas of medullary mineral and mild pyelectasia in both kidneys. No evidence of pelvic dilation was present. The left kidney measured 4.5 cm in length. The right kidney measured 5.0 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 1.7 cm length x 0.54 cm width in the caudal pole. The right adrenal gland measured 1.6 cm length x 0.66 cm width in the caudal pole. No overt evidence of significant hyperplasia or adrenal tumors was noted.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

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 exhibited mild distention with noninflamed gallbladder mucocele. The cystic and common bile ducts were normal.



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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. Intermittent duodenojejunal mucosal speckling was present. 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 semi-formed to soft feces in lumen. The colon wall width measured 0.20 cm.

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

- Small urinary bladder neck mass potentially extending into proximal / prostatic urethra - concern for emerging transitional cell carcinoma warranted, although not definitive
- Bilateral chronic renal changes with variably sized cortical cysts, medullary mineralization, and mild pyelectasia
- Hepatopathy- subjectively benign, vacuolar hepatopathy and cholestasis in light of elevated ALP/GGT combination, with potential for primary concurrent inflammatory hepatobiliary process given the ALT elevation, possible
- Noninflamed gallbladder mucocele
- Mild colitis with potential concurrent inflammatory enteropathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening BRAF Assay may be considered. However, if negative, sonographic monitoring and/or biopsy of the small urinary bladder neck mass would be required for a definitive diagnosis.

The pyelectasia may be owing to chronic renal changes or potential pelvic scarring possibly owing to previous calculi passage.

Screening UCCR may be considered if clinical suspicion for hyperadrenocorticism. However, gallbladder mucoceles are over-represented in hypothyroidism. Hepatosupportive medications and Ursodiol are warranted with close monitoring for evidence of increasing cholestasis or cranial abdominal discomfort or pain on palpation. An immediate recheck sonogram is indicated if increasing cholestasis or cranial abdominal pain are noted. Eventual cholecystectomy may be required.



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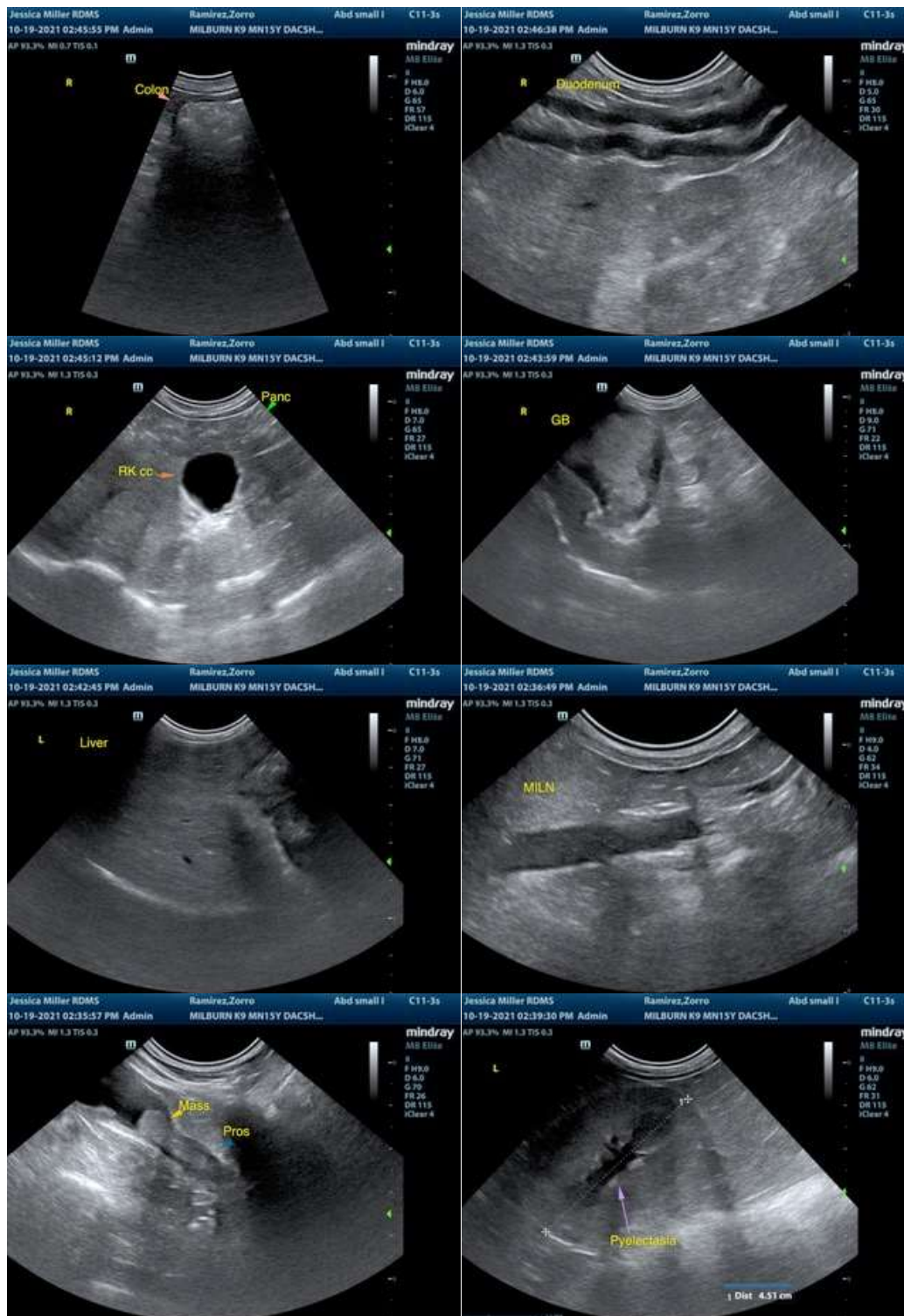
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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