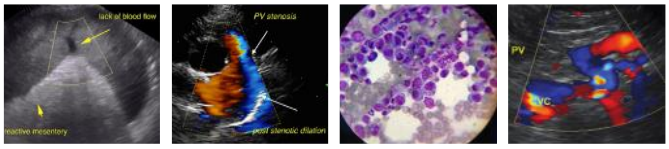
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Hula Lert

SPECIES
Canine

BREED
Dachshund

SEX
FS

AGE
13 years

WEIGHT
15 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
15322

DATE
11/2/22

PRESENTING CLINICAL SIGNS

Hx of 3/6 left systolic murmur, recent coughing episode. Also recent PU/PD. No current meds.
Abnormal PE/Chem/CBC/UA Results: ALT 128

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

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. Intermittent small cortical cysts were present in the kidneys. Pinpoint areas of medullary mineral were noted in both kidneys. The left kidney measured 5.2 cm in length. The right kidney measured 5.6 cm in length.

Adrenal Glands

Bilateral symmetrical adrenal gland enlargement with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 2.0 cm length x 0.72 cm width at the caudal pole. The right adrenal gland measured 2.2 cm length x 0.79 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent, 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 echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver/ Gallbladder

The liver was mildly enlarged in size with normal structure and contour. The liver parenchyma exhibited normal overall echogenicity with a moderate coarse echotexture and subjective mild parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with several nonobstructive calculi present in the gallbladder lumen. An example of a gallbladder calculus measured 0.69 cm diameter. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

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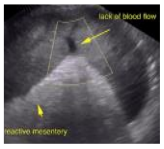
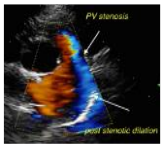
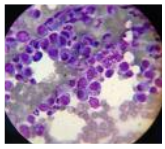
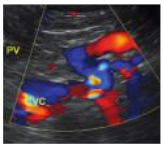

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Gastrointestinal

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 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

- Bilateral chronic renal changes with small cortical cysts
- Bilateral prominent adrenal glands, no adrenal tumor
- Hepatomegaly exhibiting minor parenchymal remodeling - benign
- Mild nonobstructive cholelithiasis
- Heterogeneous pancreas - likely age-related pancreatic changes and incidental, potential for minor remodeling owing to previous inflammatory episode or low-grade to chronic pancreatitis possible

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full adrenal workup with LDDST or ACTH stimulation test is suggested if strong clinical suspicion of Cushing's Syndrome. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

Additional further assessment may include screening hepatic FNA cytology, primarily to assess for evidence of inflammatory cells, given the ALT elevation, and/or Leptospirosis titers / PCR if endemic to the area or potential exposure.

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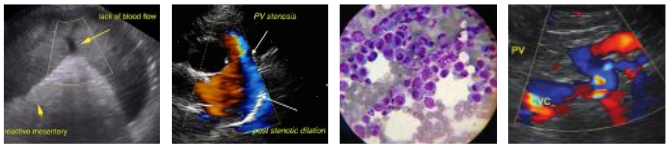

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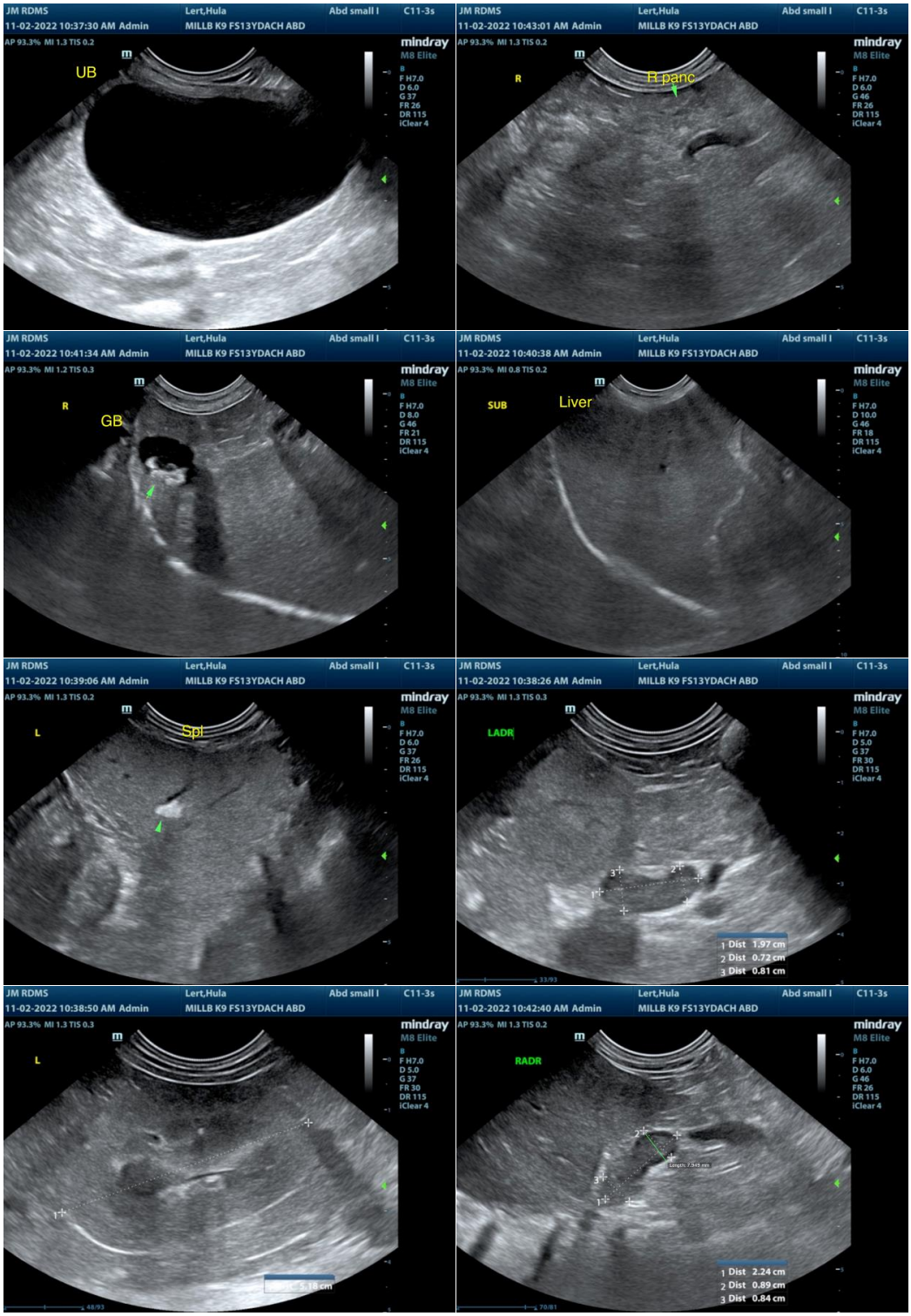

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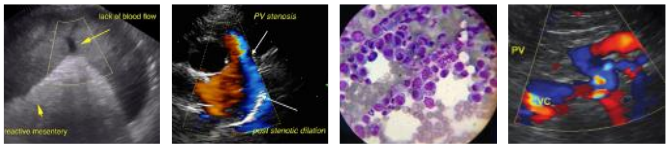

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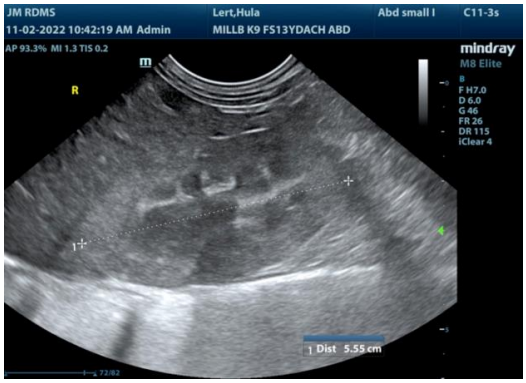

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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