



**PATIENT PRESENTING CLINICAL SIGNS**

KC Gregore Overweight, polydipsia, inappetence  
Abnormal PE/Chem/CBC/UA Results: Azotemia BUN 99 Cr 4.5 Calcium 12.5 Precision PSL 662  
Amylase 1489 Post ACTH 25.2 Current Medications none Radiographic Findings not done

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

Dachshund

**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 were noted.

**SEX**

Neutered Male

The residual prostate was symmetrically normal in size (0.72 cm diameter) with uniform parenchyma and slight coarse echotexture.

**AGE**

14 Years

The area of the aortic trifurcation was free of pathology.

**WEIGHT**

17.54 Pounds

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. The left kidney measured 3.8 cm. The right kidney measured 4.1 cm.

**INTERPRETED BY**

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

**Adrenal Glands**

Both adrenal glands were borderline/mildly prominent in size based on caudal pole with measurement in light of patient body weight. Maintained symmetrical capsule contour. Subtle non-homogeneous, non-mineralized adrenal parenchyma. The left adrenal gland measured 1.8 cm length x 0.72 cm at the caudal pole. The right adrenal gland measured 1.8 cm length x 0.58 cm at the caudal pole.

**IMAGING PERFORMED BY**

Sara Hansen

**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.

**HOSPITAL NAME**

VCA Vitality

**Liver**

The liver exhibited potential for mildly prominent/increased size with symmetrical contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. A solitary, non-disruptive, discreet, hypoechoic ventral intraparenchymal nodule was noted measuring 1.5 cm diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**REFERRING VET**

Dr. VandeBurgt

**INVOICE**

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**DATE**

11/23/22



**PATIENT**

***Gastrointestinal***

KC Gregore

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.

**SPECIES**

Canine

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.

**BREED**

Dachshund

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

**SEX**

Neutered Male

***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.

**AGE**

14 Years

***Free Abdomen***

No omental masses, lymphadenopathy, or peritoneal effusion.

**WEIGHT**

17.54 Pounds

**ULTRASONOGRAPHIC FINDINGS**

- Mild chronic renal changes
- Bilateral borderline to mildly prominent adrenal glands – non-specific. No adrenal neoplastic criteria.
- Hepatic parenchymal remodeling with solitary, discreet, non-disruptive intraparenchymal nodule – subjectively benign.
- Heterogeneous pancreas – Age related/patient variant, mild remodeling owing to previous inflammation, low-grade to chronic pancreatitis possible.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall, largely geriatric abdomen without evidence of significant visceral pathology, including no overt neoplastic criteria, given the hypercalcemia.

**HOSPITAL NAME**

VCA Vitality

The bilateral kidneys did not appear to be end stage. Correlation with full urinary workup including urinalysis, culture and sensitivity, and baseline UPC if evidence of proteinuria is suggested.

**REFERRING VET**

Dr. VandeBurgt

Subjectively, the hepatic presentation was not obviously consistent with steroid hepatopathy. Correlation of the ACTH stimulation test with LDDST could be considered if clinical concern for Cushing's disease.

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As needed gastrointestinal supportive care and conservative therapy for possible low-grade to chronic pancreatitis would be reasonable.

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**PATIENT**

KC Gregore

**SPECIES**

Canine

**BREED**

Dachshund

**SEX**

Neutered Male

**AGE**

14 Years

**WEIGHT**

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**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

VCA Vitality

**REFERRING VET**

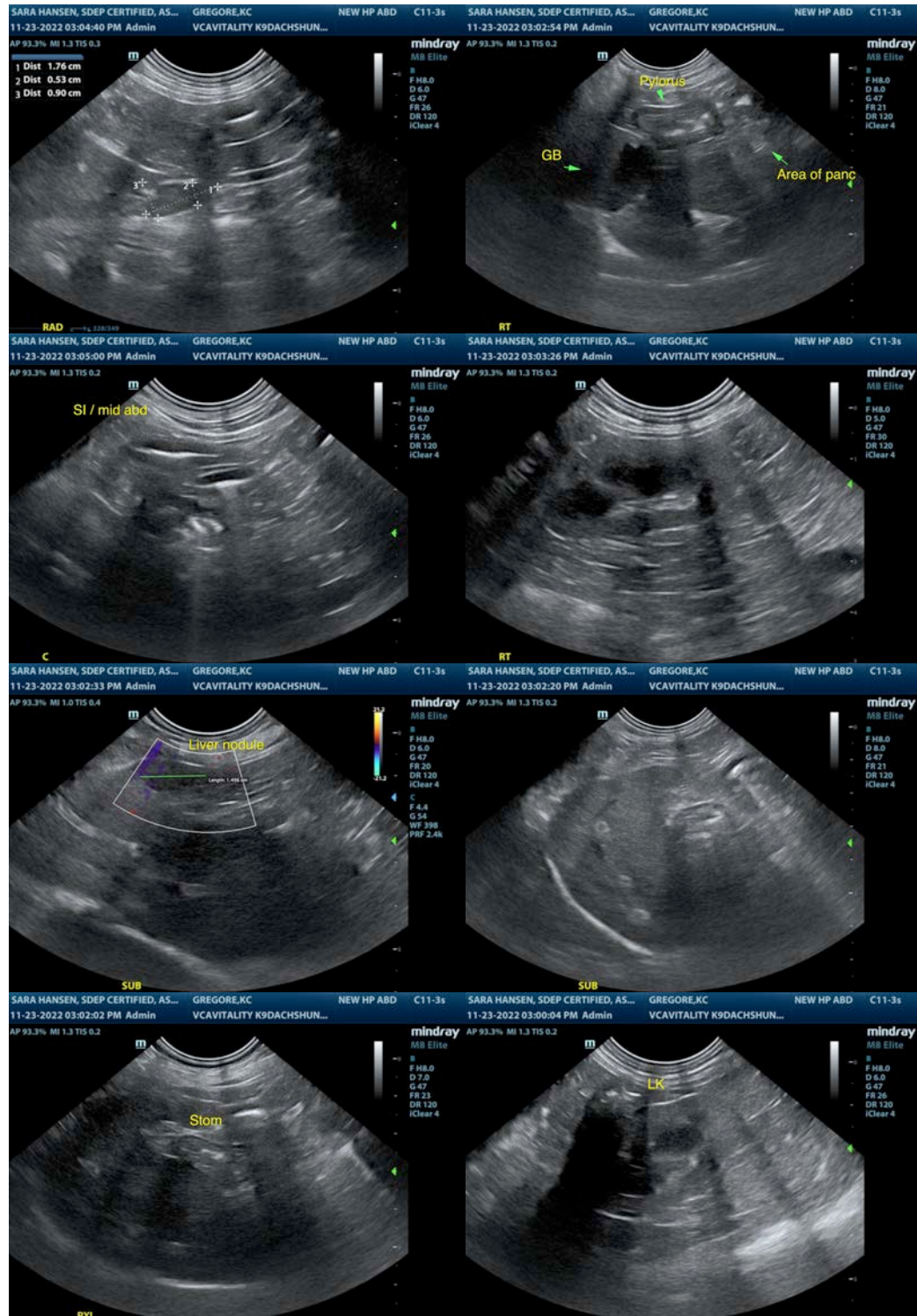
Dr. VandeBurgt

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**PATIENT**

KC Gregore

**SPECIES**

Canine

**BREED**

Dachshund

**SEX**

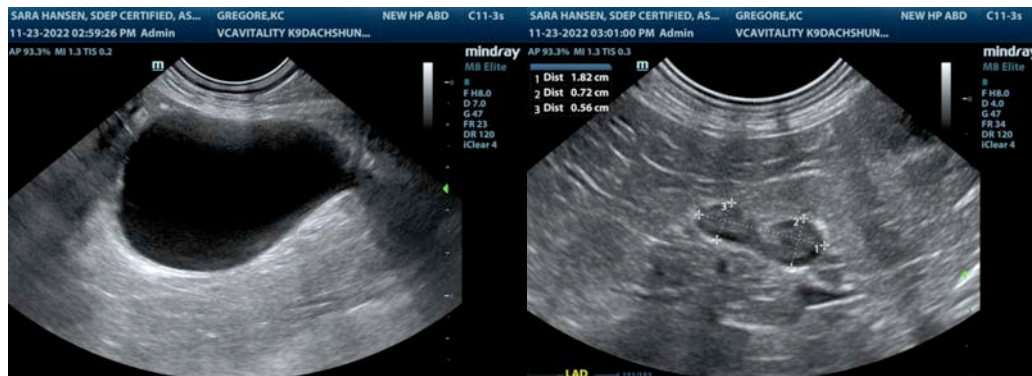
Neutered Male

**AGE**

14 Years

**WEIGHT**

17.54 Pounds



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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DVM, DABVP  
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