

**PATIENT PRESENTING CLINICAL SIGNS**

Selina Sheppard

Vocal during scan. Did half the scan while in standing position. History: Recently rehomed, not much history of anything wrong Physical exam findings: EENT: PLR=WNL; nuclear sclerosis; halitosis and moderate to pronounced dental tartar but no signs of dental abscess; waxy/dirty ears.. MS: NSF; ambulatory x 4; BCS= 3/9 (very lean and cachectic w/ decreased muscle mass on dorsum and legs)... Halitosis: I suspect it may be from her GI (microbiome) vs. her dental dz.. Cachectic: Labs sent out to rule out endocrine or metabolic dz, etc.

**SPECIES**

Canine

**BREED**

Dachshund

Abnormal CBC values: Platelet count=885 / Eosinophils Abnormal Chemistry Values: ALT (SGPT)=163 / Alk Phosphatase=1315 / GGT=29 / Potassium =6.4 / NA/K Ratio =23 / Triglyceride =319 / Percision PSL=234 Abnormal UA Values: Microalbuminuria= >30 / protein =3+ HIGH Radiograph Findings(email radiographs if available): none Reason for Ultrasound: abnormal lab results

**SEX**

FS

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**AGE**

16 y

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. A small polyploid like non-homogenous focally hyperechoic mass was present in the area of the dorsal bladder neck measuring 1.0 cm in diameter. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

**WEIGHT**

8 lbs.

The area of the aortic trifurcation was free of pathology.

**INTERPRETED BY**

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

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT

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 4.7 cm in length. The right kidney measured 4.9 cm in length

**Adrenal Glands**

**HOSPITAL NAME**

Grass Valley VH

The left adrenal gland was indistinctly visualized with mild enlargement based on caudal pole width and body weight. The left adrenal gland measured 0.77 cm width at the caudal pole. The right adrenal gland was mildly enlarged with homogeneous parenchyma and potential for focal parenchymal expansion in the area of the right phrenicoabdominal vein. The right adrenal gland measured 0.8 cm width at the caudal pole and 1.9 cm length.

**REFERRING VET**

Dr. Bonnie Yoffe

**Spleen**

**INVOICE**

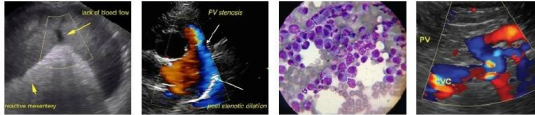
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A spherical mildly expansive mass involving the spleen with secondary capsule expansion and disruption was present in the cranial spleen measuring 3.0 cm in diameter. The parenchyma of the mass was heterogeneous to mixed echogenic without areas of cavitation. The non-affected spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

**DATE**

11/24/22

**Liver/ Gallbladder**



**PATIENT**

Selina Sheppard

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.

**SPECIES**

Canine

The gallbladder was non-distended in size with primarily anechoic luminal content, mild non-dependent echogenic debris and areas of focal mineralization to small choleliths. No evidence of post hepatic obstructive criteria was noted. The cystic and common bile ducts were normal.

**BREED**

Dachshund

**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.

**SEX**

FS

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Non-specific segmental to generalized duodenojejunal mucosal speckling was present. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

**AGE**

16 y

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

**Pancreas**

Diffuse enlargement of the pancreas base and right pancreatic limb with ill-defined, hypoechoic to non-homogeneous parenchyma and asymmetrical contour was present. The surrounding omental fat around the enlarged to hypoechoic pancreas was echogenic indicative of reactive change, adhesions, focal peritonitis, or saponification. Mild localized free fluid was present around the abnormal pancreas.

**WEIGHT**

8 lbs.

**Free Abdomen**

Regional mid-abdominal peri intestinal hyperechoic mesentery was present. No overt lymphadenopathy or peritoneal effusion was present.

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

**INTERPRETED BY**

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DABVP (Canine and  
Feline)

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Small polypoid like urinary bladder mass-concern for emerging neoplastic criteria, focal polyp or focal cystitis possible
- Splenic mass
- Bilateral adrenomegaly with possible early right phrenicoabdominal vein invasion-functional vs nonfunctional adenoma, hyperplasia, potential for emerging neoplasia possible
- Non-specific hepatopathy-subjectively benign, vacuolar hepatopathy suspected
- Non distended gallbladder containing mild echogenic to focally mineralized debris
- Non-specific small bowel mucosal speckling, regional peri intestinal hyperechoic mesentery-possible non-specific enteritis/inflammatory bowel

**Secondary Findings**

- Bilateral chronic renal changes

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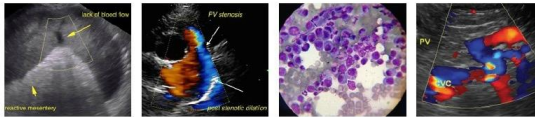
Dr. Bonnie Yoffe

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- Pancreatic remodeling-potential for chronic pancreatitis/fibrosis

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A screening BRAF assay is suggested.

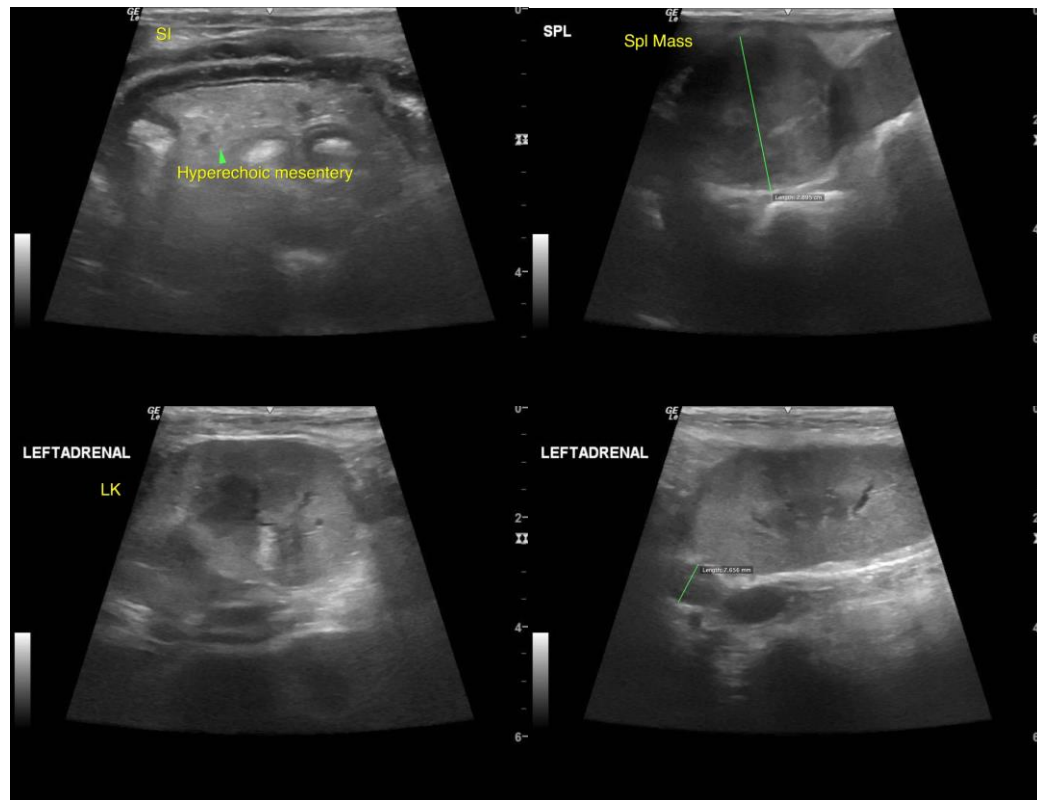
The splenic mass is nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other).

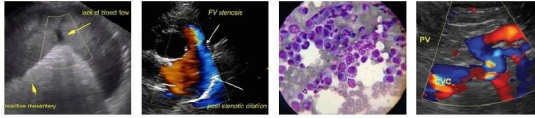
No overt evidence of regional metastasis associated with the small urinary bladder mass or splenic mass.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended to assess for pancreatic or GI disease.

Assuming normal clotting status and using a 25g needle, a hepatic and splenic mass FNA for screening cytology is warranted for further assessment.

A full adrenal workup is warranted if clinical signs consistent with Cushing's syndrome are present as well as systemic BP for evidence of hypertension.





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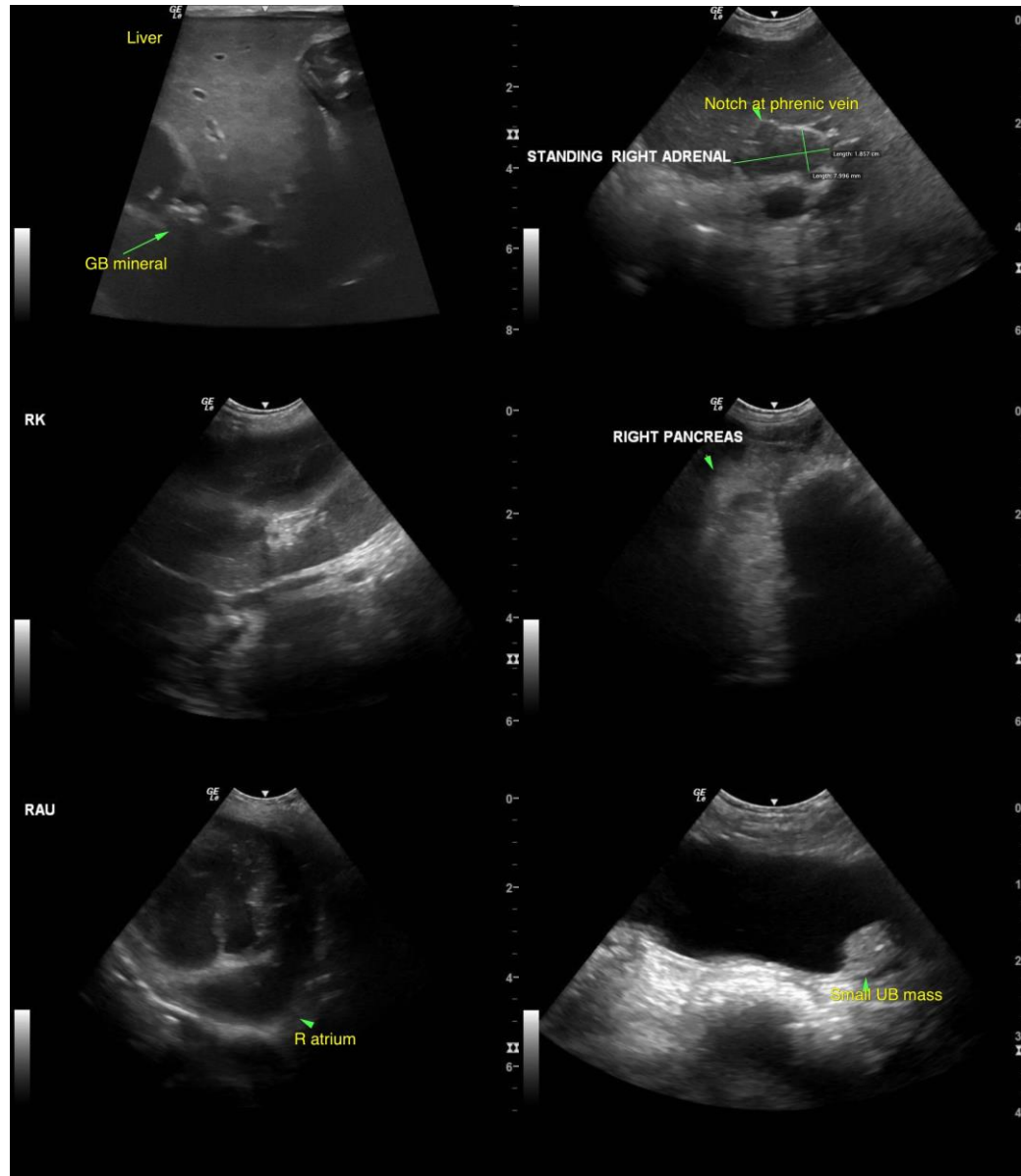
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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