



PATIENT PRESENTING CLINICAL SIGNS

Tippy Fisher Chronic respiratory issues, cardiomegaly.

Medication: Vetmedin 1.25 BID, Lasix 12.5 tapering dose

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Dachshund

The urinary bladder presented uniformly thickened urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. Urinary bladder wall measured 0.49 cm wall width. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal tone. Mild anechoic urine was present in the lumen with no calculi or sediment. No urinary bladder tumors were present. The ureteral papillae were normal. The ureters were not visible which is normal. Minor micropolypoid apical luminal surface changes were present.

SEX

MN

AGE

2009

The residual prostate was free of pathology.

The area of the aortic trifurcation was free of pathology.

WEIGHT

16.5

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Focal nonobstructive medullary mineral was present, along with small cortical cysts present in both kidneys. The left kidney measured 4.8 cm in length. The right kidney measured 5.0 cm in length.

INTERPRETED BY

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

Adrenal Glands

The bilateral adrenal glands were mildly prominent in size based on caudal pole measurement in light of body weight. Mild parenchyma heterogeneity and mild capsule asymmetry was present without evidence of overt neoplasia. No evidence of adrenal tumors noted. The left adrenal gland measured 0.58 cm width in the cranial pole and 0.64 cm width in the caudal pole. The right adrenal gland measured 0.61 cm width in the cranial pole and 0.65 cm width in the caudal pole.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

Spleen

HOSPITAL NAME

Maple Hills VH

The spleen was normal in size with areas of mild capsule asymmetry and generalized parenchyma heterogeneity. Multifocal, mildly expansive cystic appearing splenic nodules were present. An example of nodule size measured 1.6 cm in diameter.

REFERRING VET

Dr. Eckman

Liver/ Gallbladder

The liver was mildly enlarged in size with normal structure and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

INVOICE

20907

The gallbladder was non-distended in size with anechoic content with primarily mild to moderate variably hyperechoic nonorganized debris. The cystic and common bile ducts were normal.

DATE

2/1/23



PATIENT *Gastrointestinal*

Tippy Fisher 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 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.

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

BREED *Pancreas*

Dachshund The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

SEX
 MN *Free Abdomen*

AGE No overt lymphadenopathy or peritoneal effusion was present.

2009 **ULTRASONOGRAPHIC FINDINGS**

- Mild micropolypoid cystitis
- Bilateral moderate chronic degenerative renal changes, exhibiting medullary mineralization and cortical cysts
- Bilateral mild prominent heterogenous adrenal glands- nonspecific
- Mildly expansive nonhomogenous to cystic splenic nodules- nonspecific, hyperplasia, hematopoiesis, hematomas, splenitis, emerging neoplasia are all potentials
- Subjective benign hepatopathy- suggestive of vacuolar hepatopathy pattern, potential for concurrent or primary inflammatory/immune mediated disease, hyperplasia, hematopoiesis, minor fibrosis or other hepatopathy with neoplastic criteria considered less likely.
- Mild gallbladder debris (non-mucocele)

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

HOSPITAL NAME

Maple Hills VH

REFERRING VET

Dr. Eckman

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, and using a 25-gauge needle, screening hepatosplenic FNA cytology could be considered for further clarification. Sonographic monitoring of the splenic cystic nodules for evidence of progression would be a more conservative approach. Adrenal testing could be considered if clinical signs, consistent with Cushings syndrome are present. Empirically, hepatosupportive medications, including Denamarin and Ursodiol may prove beneficial. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

INVOICE

20907

DATE

2/1/23



PATIENT

Tippy Fisher

SPECIES

Canine

BREED

Dachshund

SEX

MN

AGE

2009

WEIGHT

16.5

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Maple Hills VH

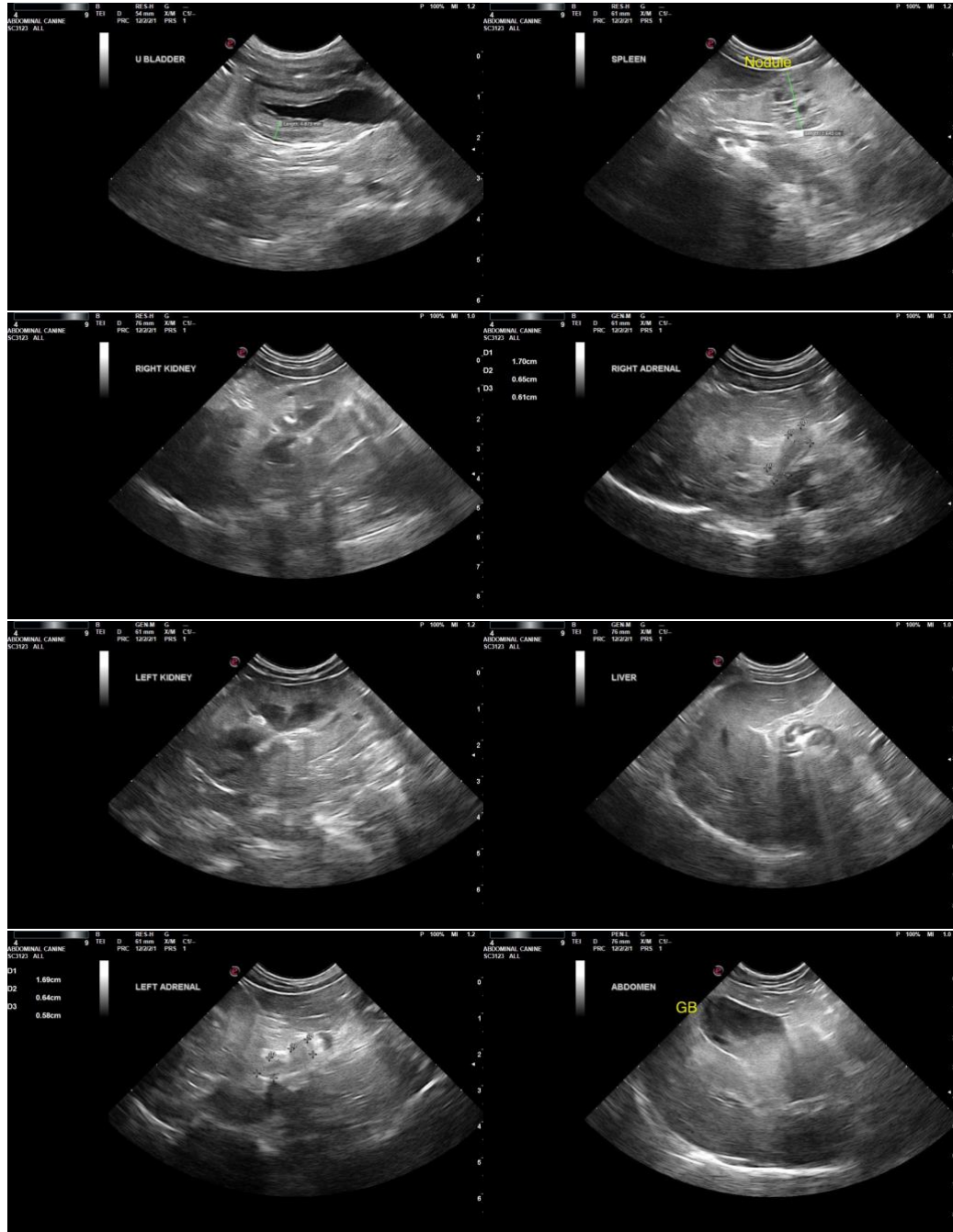
REFERRING VET

Dr. Eckman

INVOICE

20907

DATE
2/1/23



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)



PATIENT mac.daniel@sonopath.com

Tippy Fisher

SPECIES

Canine

BREED

Dachshund

SEX

MN

AGE

2009

WEIGHT

16.5

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Maple Hills VH

REFERRING VET

Dr. Eckman

INVOICE

20907

DATE

2/1/23