



PATIENT PRESENTING CLINICAL SIGNS

Rosie Lloyd Elevated liver values, recent enlarged peripheral lymph nodes.
Medication: Ursodial, fish oil, SamE

SPECIES Calcium 12.4, ALP 295, ALT 245, GGT 63, TBili 0.1

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Dachshund 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.

SEX

FS The area of the aortic trifurcation was free of pathology.

AGE

2012 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint medullary mineral was present. The left kidney measured 5.2 cm in length. The right kidney measured 5.1 cm in length.

WEIGHT

14.7

Adrenal Glands

Bilateral symmetrical adrenal gland enlargement with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 2.2 cm length x 0.89 cm width at the caudal pole. The right adrenal gland measured 2.5 cm length x 1.1 cm width at the caudal pole.

INTERPRETED BY

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

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical 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, neoplastic, or benign parenchyma changes were not noted.

IMAGING PERFORMED BY
Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Lehigh Valley AH
(Allen)

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 was non-distended in size containing anechoic content with moderate, nondependent, subjective mobile, nonorganized, gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Meyer

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PATIENT *Gastrointestinal*

Rosie Lloyd 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 *Free Abdomen*
 FS

AGE No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

2012 **ULTRASONOGRAPHIC FINDINGS**

- Mild age-related kidneys with pinpoint medullary mineral
- Bilateral symmetrical to homogeneous adrenomegaly
- Benign hepatopathy
- Gallbladder debris - not consistent with mucocele criteria

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full urinary workup including urinalysis +/- C/S or baseline UPC for additional renal staging or if evidence of inflammatory sediment / proteinuria is suggested.

IMAGING

PERFORMED BY
 Rebekah Jakum, CVT
 ARDMS/RVT

Given the lack of reported clinical signs suggestive of Cushing's Syndrome, the bilateral adrenomegaly is of unclear clinical significance. However, if these clinical signs are present or for further clarification, adrenal workup with LDDST or ACTH stimulation test is suggested. No overt suspicion for adrenal neoplastic criteria. Screening BP to assess for hypertension which may potentially allude to a more aggressive adrenal pathology is recommended. Sonographic monitoring of the adrenals specifically the right adrenal gland is likely ideal.

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 (Allen)

Screening hepatic FNA cytology is warranted assuming normal clotting status given the hypercalcemia. Empirically, continued hepatosupportive medications with possible gallbladder sonographic reassessment if evidence of progressive cholestasis is suggested.

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Canine

BREED

Dachshund

SEX

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REFERRING VET

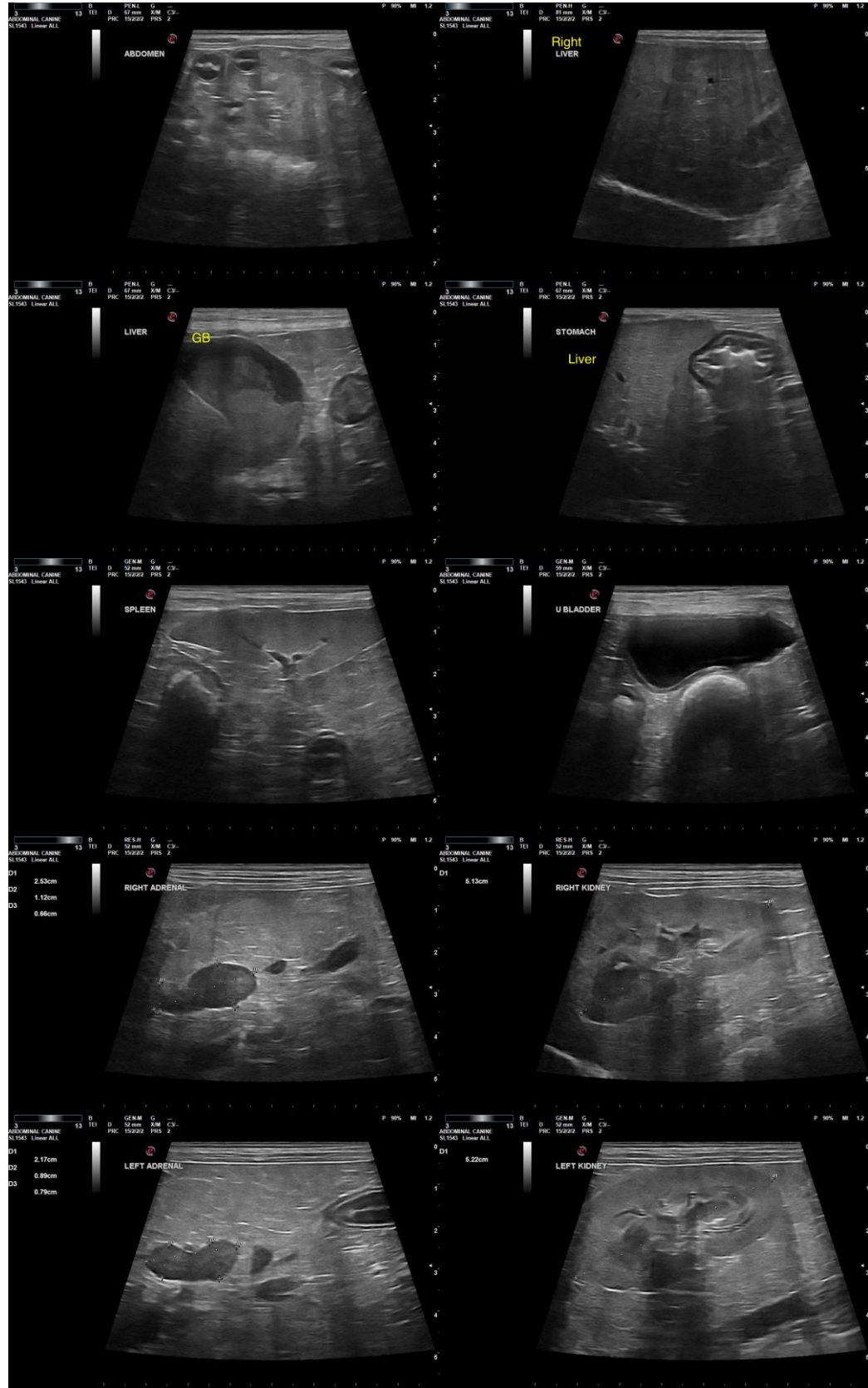
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PATIENT

Rosie Lloyd

SPECIES

Canine

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.

BREED

Dachshund

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.

SEX

FS

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