



PATIENT

Pronto Kessler

SPECIES

Canine

BREED

Dachshund

SEX

M/N

AGE

14 years

WEIGHT

11.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

The Veterinary
Hospital

REFERRING VET

Dr. Berman

INVOICE

16283

DATE

2/23/23

PRESENTING CLINICAL SIGNS

-1. Left apical systolic grade I murmur 2. Hesitation on going down stairs, mild guarding to forelimbs/neck/thoracic region 3. Hx chronic bronchitis (previous workup indicated high suspicion for allergic bronchitis) 4. Grade 3 dental tartar/calculi 5. Aging changes OU (decreased lens clarity)

Abnormal PE/Chem/CBC/UA Results: Diagnostics: - CBC - stress leukogram (NEU 15.5k, LYM 0.49k), otherwise wnl -- linked - Chemistry - Mild cholangiohepatopathy (T. Bili 0.7, GGT 28, ALKP 469, ALT 190), TRIG >500, Elevated LIP (338), Mild decreased CI (100), otherwise wnl -- linked **Liver changes could be secondary to chronic prednisone, but cannot rule out pathology** - SDMA - normal at 9 ug/dL - T4 - LOW at 0.7 ug/dL **could be artifact from chronic prednisone** - UA (cysto, pale yellow) - USG 1.028, pH 9.0, KET 15 mmol/L, GLU/PRO/BIL/BLD neg, UBG wnl, WBC and RBC <1/hpf, Non-squamous epi cells <1/hpf, otherwise wnl; Sediment microscopy unremarkable Blood Pressure Measurements N/A Current Medications Gabapentin 50mg PO BID-TID PRN, Tramadol PRN, Prednisone 2.5mg SID for bronchitis

Radiographic Findings Radiographs (R+L lateral, VD): - Multifocal mineralizations in region of R liver (could be summation artifact from intestinal material) - Spondylosis deformans T1-T4 - Ingesta in fundus and colon - Otherwise no changes

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. No mineral or calculi was noted. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The residual prostate was free of pathology.

The area of the aortic trifurcation was free of pathology.

Normal size and mild asymmetrical margination were present in the kidneys. Mild nonuniform increased cortex echogenicity with moderate to marked loss of corticomedullary border demarcation were present. Minor dystrophic medullary mineral was present. Multiple cortical cysts were present in both kidneys. The left kidney measured 4.7 cm in length. The right kidney measured 4.3 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia and no adrenomegaly or tumors. The left adrenal gland measured 2.0 cm length x 0.49 cm width at the caudal pole. The right adrenal gland measured 2.3 cm length x 0.46 cm width at the caudal pole.



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Spleen

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Liver/ Gallbladder

The liver was moderate to possibly markedly enlarged with the caudoventral liver extending past the level of the gastric axis. 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. Normal hepatic vascular volume was noted with no masses or nodules. The gallbladder was non-distended in size with mildly prominent to thickened walls containing anechoic content with mild echogenic debris along with multiple areas of variably sized luminal mineral to small choleliths. An example measured 0.7 cm diameter. The common bile duct was indistinctly visualized indicating non-distention. No evidence of post-hepatic obstruction.

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

- Moderate chronic degenerative polycystic kidneys
- Nonenlarged to mildly heterogeneous adrenal glands - no overt adrenal pathology
- Benign splenic nodules



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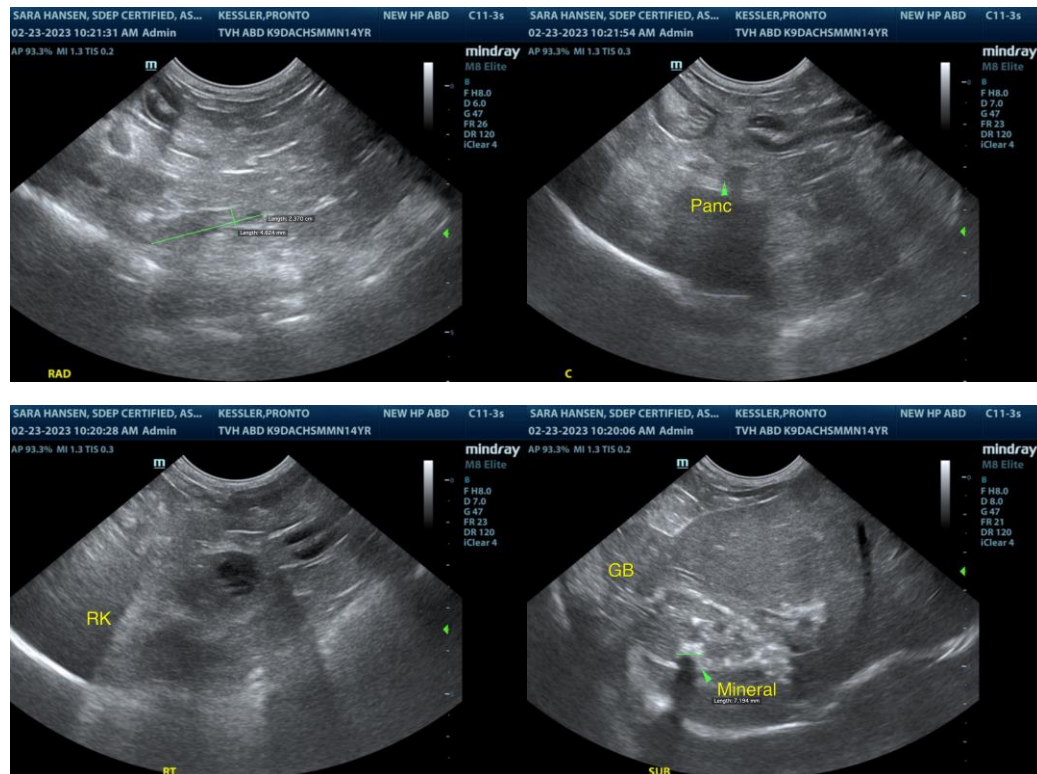
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- Hepatomegaly - subjective benign, vacuolar hepatopathy, cholestasis, cholangiohepatitis, secondary hepatopathy owing to chronic prednisone, all potentials, no evidence of neoplastic or post-hepatic obstructive criteria
- Moderate gallbladder mineral / non-obstructive cholelithiasis, possible low-grade chronic cholecystitis
- Mild remodeled pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hepatosupportive medications including Denamarin and Ursodiol are suggested if not currently instituted. Sonographic reassessment of the gallbladder is recommended if progressive evidence of cholestasis or cranial abdominal / subxiphoid discomfort on palpation.

No evidence of intraabdominal neoplastic criteria was noted.





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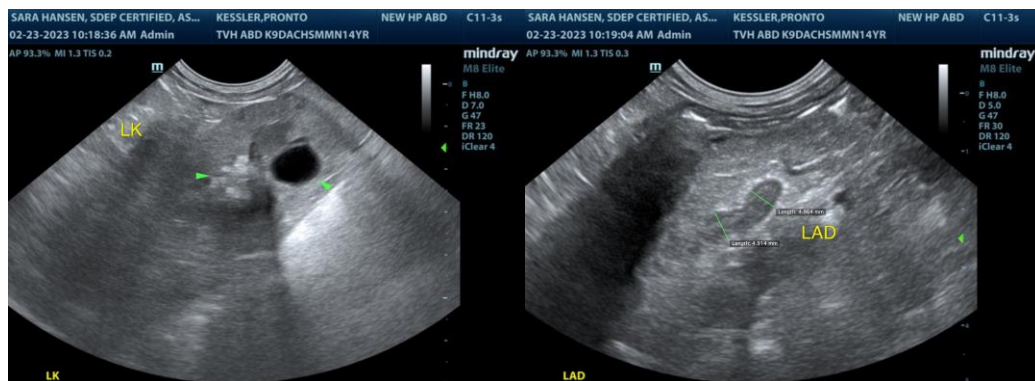
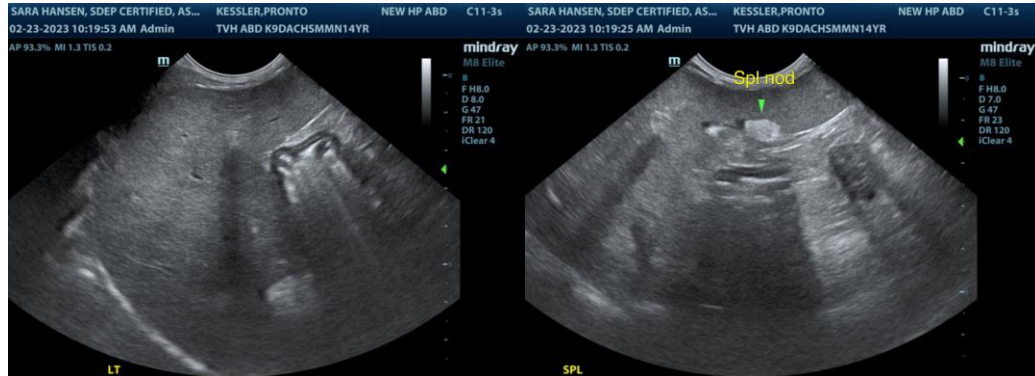
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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