

PATIENT PRESENTING CLINICAL SIGNS

Daisy Braim History: IMHA/ITP diagnosis 9.21, elevated liver enzymes

Medication: Cyclosporine, Prednisone, Clavamox, Metronidazole, Melatonin

SPECIES

ALP 1294, ALT 811, AST 93, GGT 437, TBili 0.2, USG 1.012, HCT 52.6, Platelets 472

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 were noted.

SEX

FS

The area of the aortic trifurcation was free of pathology.

AGE

5 years

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.9 cm. The right kidney measured 5.2 cm.

Adrenal Glands

WEIGHT

17.4 Pounds

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.33 cm at the cranial pole and 0.40 cm at the caudal pole. The right adrenal gland measured 0.63 cm at the cranial pole and 0.49 cm at the caudal pole.

INTERPRETED BY

Spleen

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

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

Liver

Rebekah Jakum, CVT
 ARDMS/RVT

The liver presented increased in size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content and mild primarily dependent, particulate to mineralized debris. The cystic and common bile ducts were normal.

HOSPITAL NAME

Lehigh Valley AH
 (Allen)

REFERRING VET

Gastrointestinal

Dr. Meyer

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained ingesta exhibiting strong distal acoustic shadowing.

INVOICE

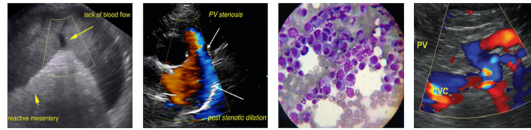
35437

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.

DATE

2.3.2022



PATIENT *Pancreas*

Daisy Braim The parenchyma of the pancreas was hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

SPECIES

Canine *Free Abdomen*

No overt lymphadenopathy or peritoneal effusion was present.

BREED

Dachshund

ULTRASONOGRAPHIC FINDINGS

SEX

FS

- Hepatopathy exhibiting generalized uniform parenchyma hyperechogenicity
- Mild particulate to mineralized gallbladder debris (non-mucocele)
- Shadowing gastric ingesta
- Hyperechoic pancreas – non-specific, chronic pancreatitis or early pancreatic fibrosis possible

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

5 years

The appearance of the liver was nonspecific but may indicate steroid or other vacuolar hepatopathies given the Prednisone administration, chronic hepatitis/cholangiohepatitis, lipidosis, cholestasis or other hepatopathy. No overt evidence of hepatic neoplasia, which is considered an unlikely differential diagnosis. Assuming normal coagulation parameters, ultrasound guided FNA of the liver using a 25-gauge needle may be considered for cytology, primarily to assess for evidence of inflammatory cells. Vitamin K administration would be suggested prior to FNA if elected. Serum cobalamin levels may be considered if hepatic lipidosis is confirmed. Hepatosupportive medications including Denamarin and Ursodiol (given the presence of gallbladder debris) may prove beneficial.

WEIGHT

17.4 Pounds

INTERPRETED BY

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

The strongly shadowing gastric ingesta may indicate dense food (if recent meal ingestion). The possibility of gastric foreign body is considered a less likely differential diagnosis. Correlation with most recent meal ingestion is recommended. A spec cPL may be considered for further assessment of the pancreatic presentation.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Lehigh Valley AH
(Allen)

REFERRING VET

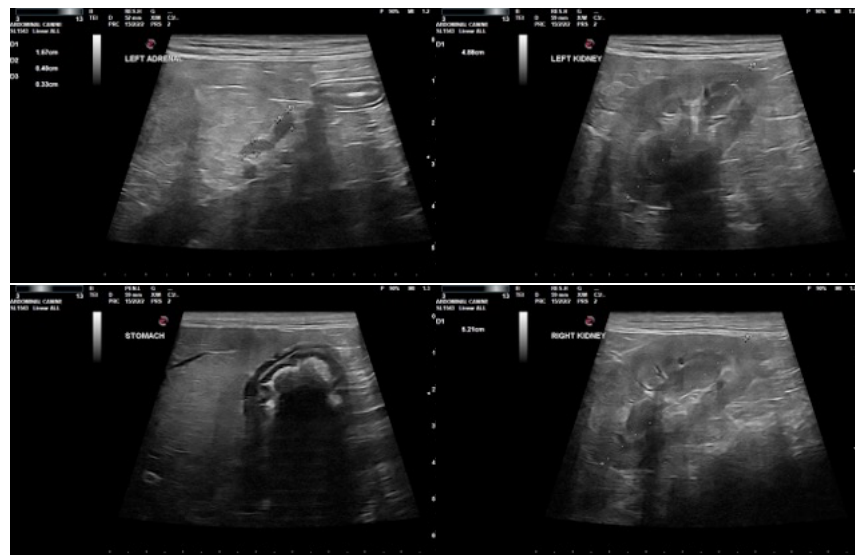
Dr. Meyer

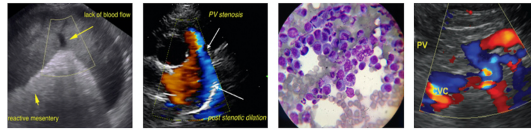
INVOICE

35437

DATE

2.3.2022





PATIENT

Daisy Braim

SPECIES

Canine

BREED

Dachsund

SEX

FS

AGE

5 years

WEIGHT

17.4 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Lehigh Valley AH
(Allen)

REFERRING VET

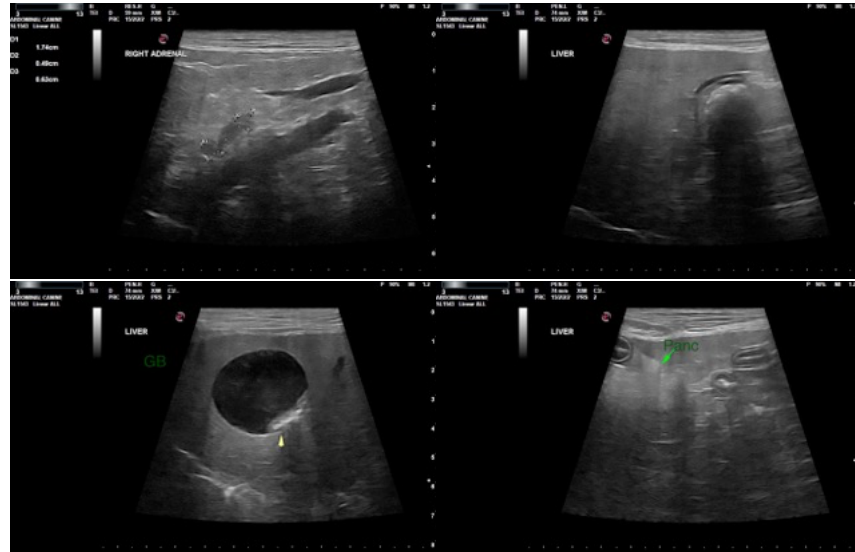
Dr. Meyer

INVOICE

35437

DATE

2.3.2022



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