



PATIENT PRESENTING CLINICAL SIGNS

Oscar Barnhart History: Senior rescue dog. June 2021 the dog had elevated Calcium (15.0). Dog presented on 1/28/2022 for PU/PD, Weight gain (or abdominal distension?) and Dermatitis. Abdomen was potbellied. Dog had marked scabbing and crusting over most of caudal dorsum.

SPECIES

Canine Abnormal PE/Chem/CBC/UA Results: SDMA 23, BUN 114, Creat 2.7, Phos 7.5, ALT 1259, AST 259 ALP 1925, GGT 19 Bili normal. Cholesterol 383. WBC normal at 9.3 and Calcium normal at 11.1 Current Medications Cephalexin for dermatitis

BREED

Dachshund

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX Urinary System

Neutered Male 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. Aortic trifurcation was normal.

AGE

12 Years

No overt pathology in the area of the residual prostate.

WEIGHT

27.8 Lbs.

Normal size and margination was 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. A small cortical cyst was present in both kidneys. The left kidney measured 5.3 cm in length. The right kidney measured 6.0 cm in length.

INTERPRETED BY

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

Adrenal Glands

The bilateral adrenal glands exhibited mild prominent size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.7 cm in length x 0.82 cm width in the caudal pole. The right adrenal gland measured 2.1 cm length x 0.82 cm width in the caudal pole.

IMAGING PERFORMED BY

Sara Hansen

Spleen

HOSPITAL NAME

Faithful Friends AC

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.

REFERRING VET

Dr. Hiatt

Liver

INVOICE

13761

The liver was mildly to moderately enlarged. The liver exhibited generalized mild increased hepatic parenchyma echogenicity. 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.

DATE

2/3/22

The gallbladder was non distended in size with mild gallbladder debris. The gallbladder was otherwise normal. The cystic duct and common bile ducts were normal without evidence of dilation.



PATIENT

Gastrointestinal

Oscar Barnhart

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained anechoic pyloric fluid was present.

SPECIES

Canine

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.

BREED

Dachshund

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

SEX

Pancreas

Neutered Male

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

AGE

12 Years

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy, exhibiting generalized uniform mild parenchyma echogenicity
- Mild gallbladder debris (non-mucocele)
- Mild prominent bilateral adrenal glands, exhibiting parenchyma heterogeneity
- Bilateral chronic renal changes with small cortical cysts

WEIGHT

27.8 Lbs.

INTERPRETED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

Full urinary work up, including urine culture and sensitivity and baseline UPC on sterile urine sample suggested. Overall liver was nonspecific yet most consistent with benign hepatopathy. Steroid or other vacuolar hepatopathies, nonspecific chronic hepatitis/cholangiohepatitis, lipidosis and cholestasis suspected. Potential for round cell hepatic neoplasia is considered a less likely differential diagnosis. Given the PU/PD, full adrenal work up, including LDDST warranted, especially if urine specific gravity is <1.020.

IMAGING PERFORMED BY

Sara Hansen

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.

HOSPITAL NAME

Faithful Friends AC

REFERRING VET

Dr. Hiett

INVOICE

13761

DATE

2/3/22





PATIENT

Oscar Barnhart

SPECIES

Canine

BREED

Dachshund

SEX

Neutered Male

AGE

12 Years

WEIGHT

27.8 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Faithful Friends AC

REFERRING VET

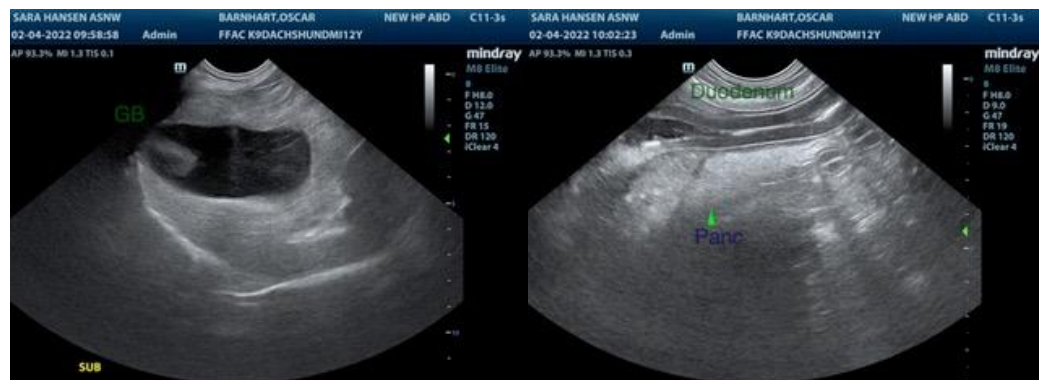
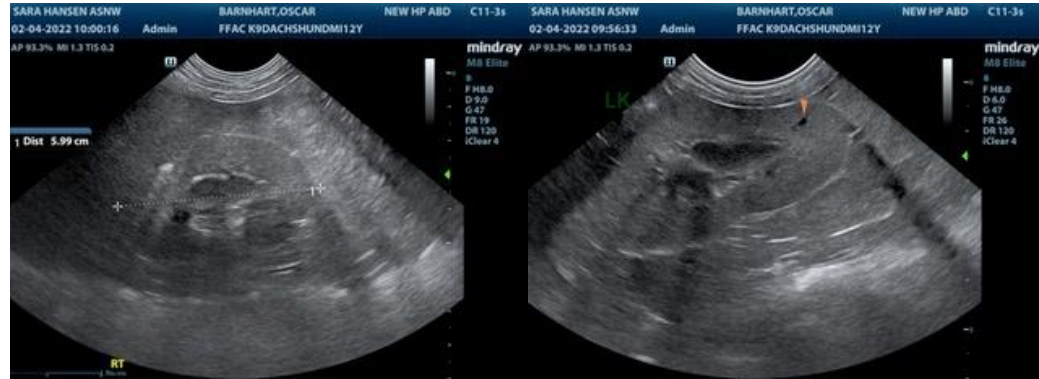
Dr. Hiett

INVOICE

13761

DATE

2/3/22





PATIENT

Oscar Barnhart

SPECIES

Canine

BREED

Dachshund

SEX

Neutered Male

AGE

12 Years

WEIGHT

27.8 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Faithful Friends AC

REFERRING VET

Dr. Hiett

INVOICE

13761

DATE

2/3/22



The information and recommendations provided are based on the images presented by the referring veterinarian. 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