



PATIENT PRESENTING CLINICAL SIGNS

Buddy Strohl Elevated Calcium and liver enzymes
Calcium 12.5, ALP 833, GGT 20, Elevated ionized calcium

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Dachshund

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

SEX

MN

The residual prostate was mildly prominent in size, given the patient breed and body weight, without evidence of neoplastic criteria. The residual prostate exhibited homogeneous parenchyma with no evidence of residual prostatic mineralization. The residual prostate measured 1.1 cm in diameter.

AGE

2007

No evidence of medial Iliac or sublumbar lymphadenopathy.

WEIGHT

15

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained with moderate loss of corticomedullary border demarcation. Pinpoint medullary mineral was noted. Multiple small cortical cysts were noted in both kidneys. The left kidney measured 5.3 cm in length. The right kidney measured 5.3 cm in length.

INTERPRETED BY

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

Adrenal Glands

The bilateral adrenal glands were mildly prominent to irregular and non-homogeneous. The left adrenal gland measured 2.5 cm length x 0.88 cm width at the caudal pole. The right adrenal gland measured 2.6 cm length x 1.2 cm width at the caudal pole.

IMAGING

PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

Spleen

The spleen exhibited possible mild enlargement yet maintained a symmetrical capsule contour with generalized mild parenchyma heterogeneity and intermittent small, non-disruptive, hyperechoic splenic nodules, consistent with benign myelolipomas. Nonspecific, mildly expansive, hypoechoic to nonhomogeneous nodule was noted in the cranio-lateral spleen measuring 2.4 cm in diameter. This nodule appeared to subtly distort the splenic capsule without evidence of parenchymal escape.

HOSPITAL NAME

Brodheads ville VC

Liver/ Gallbladder

REFERRING VET

Dr. Goldstein

The liver was mildly enlarged with areas of capsule asymmetry and moderate, nonhomogeneous, irregular to nodular hepatic parenchyma exhibiting intermittent small discrete intraparenchymal cysts. The gallbladder was non-distended in size containing anechoic content with moderate, dependent to nondependent, mild congealed yet nonorganized, hyperechoic gallbladder debris. No evidence of peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.

INVOICE

16056

Gastrointestinal

DATE

2/7/23



PATIENT

Buddy Strohl

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

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.

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

Pancreas

BREED

Dachsund

The pancreas was mildly prominent in size with areas of mild capsule asymmetry exhibiting heterogeneous to nodular pancreatic parenchyma.

Free Abdomen

SEX

MN

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

AGE

2007

ULTRASONOGRAPHIC FINDINGS

- Moderate chronic degenerative kidneys exhibiting pinpoint medullary mineral and cortical cysts
- Bilateral irregular adrenomegaly
- Nonspecific mildly expansive splenic nodule
- Moderate heterogeneous irregular to nodular liver
- Gallbladder debris - not overtly consistent with mucocele criteria, potential for very early mucocele possible
- Heterogeneous to nodular pancreas

WEIGHT

15

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

Assuming normal clotting status and using a 25-gauge needle, hepatic parenchyma and splenic nodule FNA cytology is recommended for further assessment.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

HOSPITAL NAME

Brodheads ville VC

The bilateral irregular to enlarged adrenal glands are of unclear clinical significance, given the lack of reported clinical signs suggestive of Cushing's Syndrome. Adrenal workup would be suggested if clinical signs suggestive of Cushing's Syndrome are present. Screening BP is recommended to assess for evidence of hypertension, which may allude to a more concerning emerging left or right adrenal pathology.

REFERRING VET

Dr. Goldstein

Continued hepatosupportive medications including Denamarin and Ursodiol with monitoring for evidence of progressive cholestasis is suggested. Suspect age-related or benign pancreatic remodeling potentially secondary to previous inflammation. A spec cPL could be considered to assess for low-grade or chronic pancreatitis if clinically indicated.

INVOICE

16056

DATE

2/7/23



PATIENT

Buddy Strohl

SPECIES

Canine

BREED

Dachshund

SEX

MN

AGE

2007

WEIGHT

15

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Brodheads ville VC

REFERRING VET

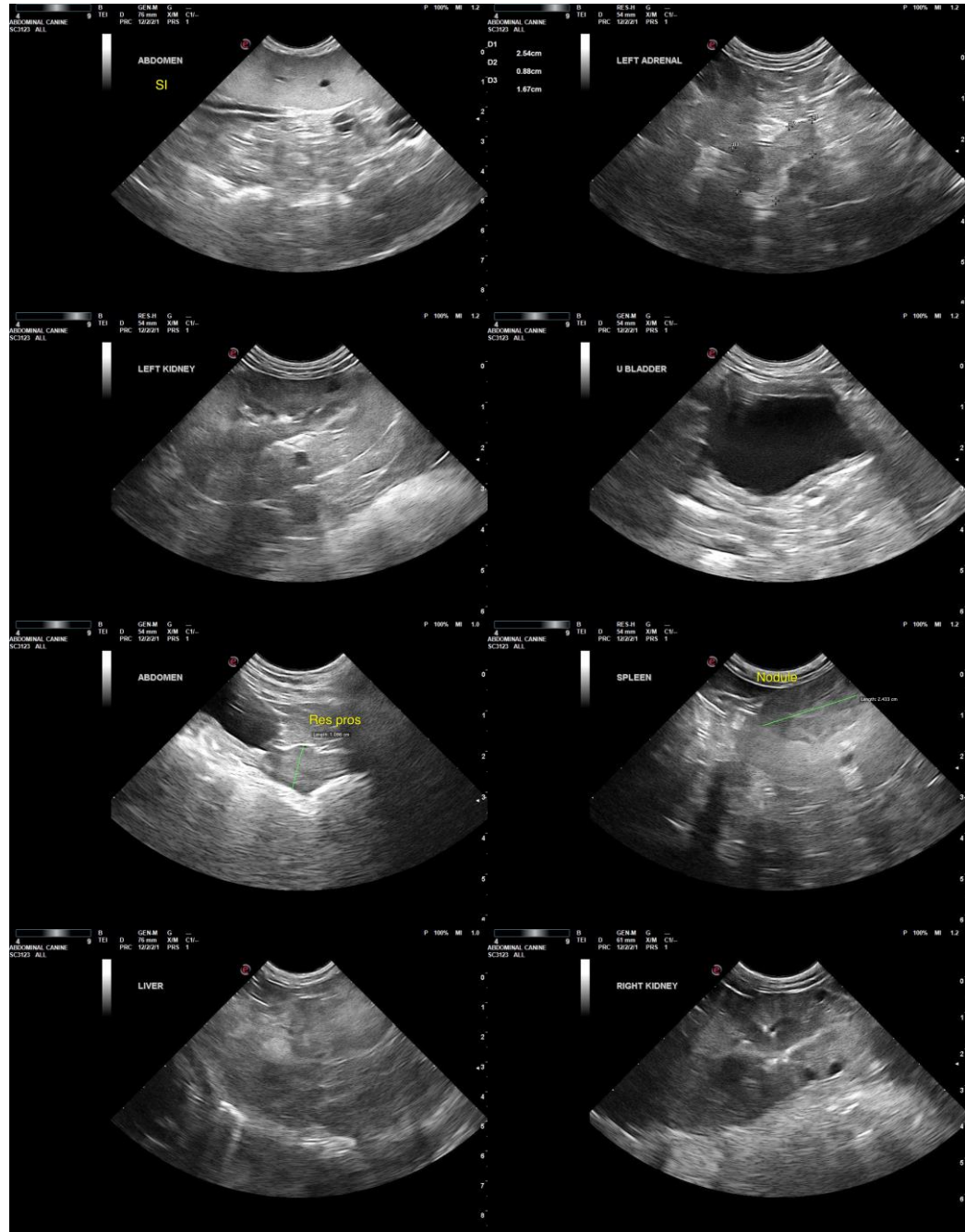
Dr. Goldstein

INVOICE

16056

DATE

2/7/23





PATIENT

Buddy Strohl

SPECIES

Canine

BREED

Dachshund

SEX

MN

AGE

2007

WEIGHT

15

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Brodheads ville VC

REFERRING VET

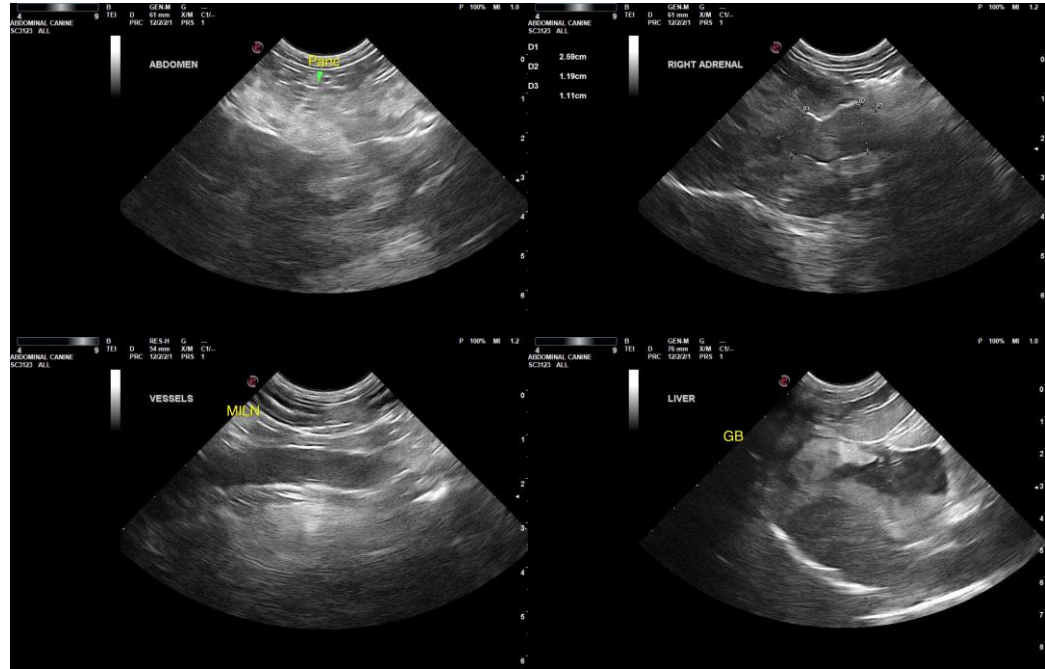
Dr. Goldstein

INVOICE

16056

DATE

2/7/23



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)
macdaniel@sonopath.com