



**PATIENT PRESENTING CLINICAL SIGNS**

Ducky Frantz Elevated liver values.

Medication: Denamarin, L/d

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

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, 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**

The residual prostate was free of pathology.

MN

The area of the aortic trifurcation was free of pathology.

**AGE**

2014

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 4.2 cm in length. The right kidney measured 4.0 cm in length.

**WEIGHT**

12.4

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.5 cm length x 0.44 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.7 cm length x 0.49 cm width at the caudal pole. Both adrenals were normal based on caudal pole width measurement in light of body weight. No adrenal tumors were noted.

**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**

White Havel VH

**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 mild non-dependent to congealed, variably hyperechoic gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

**REFERRING VET**

Dr. Dengler

**INVOICE**

16057

**DATE**

2/7/23



**PATIENT**

***Gastrointestinal***

Ducky Frantz

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, nonshadowing ingesta without signs of 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.

**BREED**

Dachshund

***Pancreas***

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**

MN

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

**AGE**

2014

**ULTRASONOGRAPHIC FINDINGS**

- Nonspecific yet subjective benign hepatopathy
- Mild gallbladder debris - not consistent with mucocele criteria
- Mild gastric ingesta

**WEIGHT**

12.4

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

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

Although nonspecific, the liver was consistent with benign hepatopathy with potential vacuolar hepatopathy, nonobstructive cholestasis, and concurrent low-grade inflammatory hepatopathy all potentials. Screening hepatic FNA cytology could be considered primary to assess for evidence of inflammatory cells. No evidence of hepatobiliary neoplastic criteria or post hepatic obstruction was noted.

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Rebekah Jakum, CVT  
ARDMS/RVT

In addition to Denamarin, Ursodiol therapy with continued monitoring of hepatic enzymes would be reasonable. Hepatic core surgical biopsy may be required for a definitive diagnosis. Underlying primary adrenal disease is considered unlikely, given the lack of reported clinical signs i.e. PU/PD, polyphagia, etc.

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