

**PATIENT PRESENTING CLINICAL SIGNS**

Rondo Timrondo anesthesia assessment risk for dental plus extractions- No sedation. No meds. Hx of back injury and an episode of coughing a few months ago. No heart murmur ausculted . BAR.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: WNL, aside from Albumin high end. Inhouse LABs.

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** *Urinary System*

Dachshund Mix The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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**

MN

**AGE**

12yr

Normal size and margination were 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.2 cm in length. The right kidney measured 4.1 cm in length.

**WEIGHT**

13lb

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

**INTERPRETED BY**

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

The left adrenal gland exhibited a mildly prominent caudal pole with symmetrical contour and no evidence of parenchymal escape or vascular invasion. No evidence of nodular mineralization was present. The left adrenal gland measured 0.70 cm width at the caudal pole and 0.35 cm width at the cranial pole.

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques,  
LVT

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.41 cm width at the caudal pole and 0.39 cm width at the cranial pole.

A small well-defined, hyperechoic nodule was present in the caudal left adrenal gland with mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 0.5 cm x 0.45 cm.

**HOSPITAL NAME**

Pine Creek VC

**Spleen**

**REFERRING VET**

Dr. Nolet

The spleen exhibited normal size and contour with a primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Focal to intermittent non-disruptive discrete cystic appearing nodules present in the medial spleen, an example measuring 0.57 cm in diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

**INVOICE**

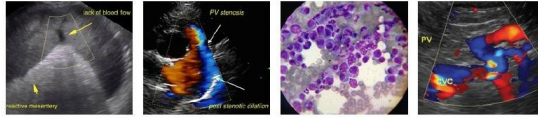
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**Liver/Gallbladder**

**DATE**

02/08/2023

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. Discrete areas of probable hyperplasia or hematopoiesis were present. 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 with



**PATIENT**

Rondo Timrondo

primarily anechoic luminal content and mild echogenic debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

**Gastrointestinal**

**SPECIES**

Canine

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.

**BREED**

Dachshund Mix

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.

**SEX**

**Pancreas**

MN

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 was evident.

**AGE**

12yr

**Free Abdomen**

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

**WEIGHT**

13lb

**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETED BY**

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DVM, DABVP  
(Canine and Feline)

- Mild age related renal changes
- Caudal left adrenal nodule-non-disruptive, suspect adenoma
- Discrete cystic appearing splenic nodules-subjectively benign
- Mild benign hepatomegaly-suggestive of vacuolar hepatopathy pattern
- Gallbladder debris-not consistent with mucocele criteria

**IMAGING**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Largely a geriatric abdomen with no overt evidence of significant abdominal visceral pathology.

Sonographic monitoring of the left adrenal nodule for evidence of progression as well as assessment of systemic BP to assess for evidence of hypertension which may allude to emerging left adrenal neoplastic criteria i.e., pheochromocytoma. Adrenal nodular neoplasia is considered unlikely at this stage.

**HOSPITAL NAME**

Pine Creek VC

The liver presentation is non-specific given the lack of hepatic enzyme elevations or cholestasis. Hepatosupportive medications such as Denamarin and Ursodiol may be considered if hepatic enzyme elevations or cholestasis are noted.

**REFERRING VET**

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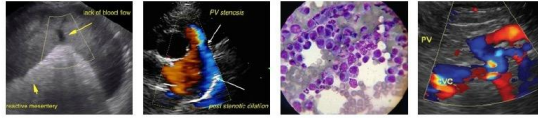
No anesthetic contraindications.

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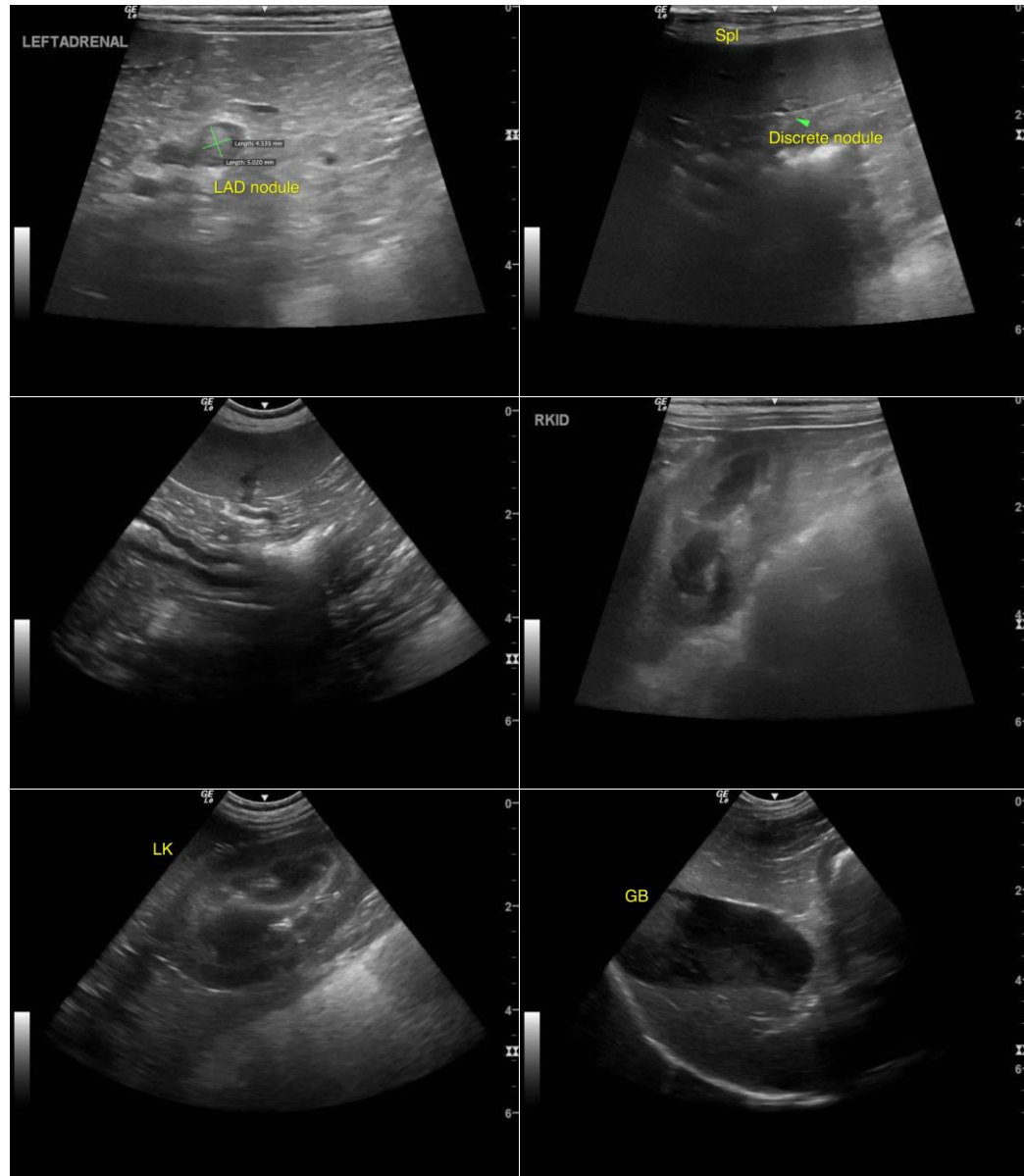
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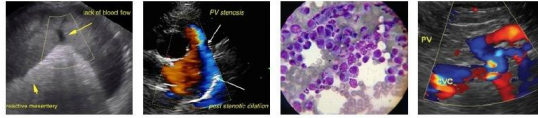
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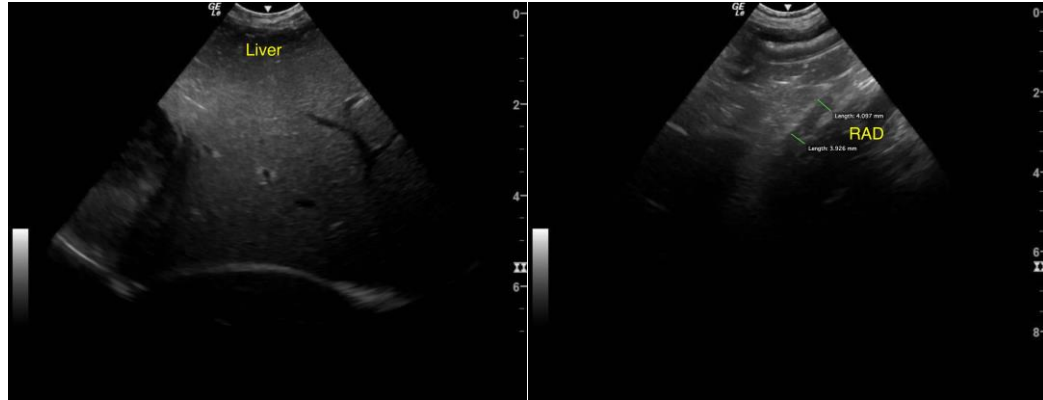
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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