



PATIENT

Heidi Sicola

SPECIES

Canine

BREED

Dachshund

SEX

FS

AGE

15.5 yo

WEIGHT

6.8 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Carver

HOSPITAL NAME

Animal Emergency
Hospital Volusia

REFERRING VET

Dr. Carver

INVOICE

16355

DATE

3/11/23

PRESENTING CLINICAL SIGNS

P present to AEHV for bloody diarrhea. P has vomited 3x. P has been on Metacam for 2 years. P has been drinking an excessive amount of water. Decreased appetite.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 was noted.

The area of the aortic trifurcation was free of pathology.

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 4.6 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

The bilateral adrenal glands were mildly prominent in size based on caudal pole width measurement in light of body weight. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for neoplastic criteria. The left adrenal gland measured 0.66 cm width in the caudal pole. The right adrenal gland measured 0.9 cm width in the caudal pole.

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.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective moderate parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing anechoic content with moderate, variably hyperechoic, non-dependent yet nonorganized debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented mild wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The stomach was primarily empty with mild luminal gas.



PATIENT	The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. Nonspecific segmental jejunal mildly hypoechoic mucosal speckling was present, which at times has been associated with inflammatory criteria / enteritis. A minor segmental nonobstructive ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.
Heidi Sicola	
SPECIES	
Canine	
BREED	The colon walls presented intact yet mildly prominent wall layering with mild thickened to echogenic submucosa. Non-formed fecal matter, consistent with patient history, was present in the colon lumen with lumen dilation.
Dachshund	
SEX	
FS	
AGE	
15.5 yo	
WEIGHT	
6.8 kg	
INTERPRETED BY	
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	
Dr. Carver	
HOSPITAL NAME	
Animal Emergency Hospital Volusia	
REFERRING VET	
Dr. Carver	
INVOICE	
16355	
DATE	
3/11/23	

Pancreas

Mildly prominent pancreas base and right pancreatic limb exhibiting mild capsule asymmetry was present with heterogeneous, mildly nonuniform to hyperechoic pancreatic parenchyma. Minor pancreatic duct dilation was noted.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Gastroenterocolitis pattern - suspect hemorrhagic gastroenteritis
- Hepatic parenchymal remodeling - subjectively benign
- Gallbladder debris (non-mucocele)
- Heterogeneous to remodeled pancreas - patient / age-related variant, benign remodeling possibly owing to previous inflammation, chronic pancreatitis, possible
- Mild age-related kidneys
- Mildly prominent bilateral adrenal glands - nonspecific

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of gastrointestinal obstructive or neoplastic criteria. Overall, the gastroenterocolic presentation was most consistent with inflammation with considerations including known/unknown dietary indiscretion, infectious disease, inflammatory bowel episode vs. emerging IBD, occult parasitism, chronic pancreatitis, and occult infiltrative neoplasia (less likely), all possible.

Hospitalization with supportive IV fluids and hemorrhagic gastroenteritis protocol with as-needed gastrointestinal support, empirical deworming even if fecal testing is negative, and assessment of clinical response would be reasonable. Correlation with a full CBC/Chemistry Panel and urinalysis with potential for additional renal staging to include screening C/S and baseline UPC if evidence of proteinuria, given reported polydipsia, is suggested. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.



PATIENT

Heidi Sicola

SPECIES

Canine

BREED

Dachshund

SEX

FS

AGE

15.5 yo

WEIGHT

6.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Carver

HOSPITAL NAME

Animal Emergency
Hospital Volusia

REFERRING VET

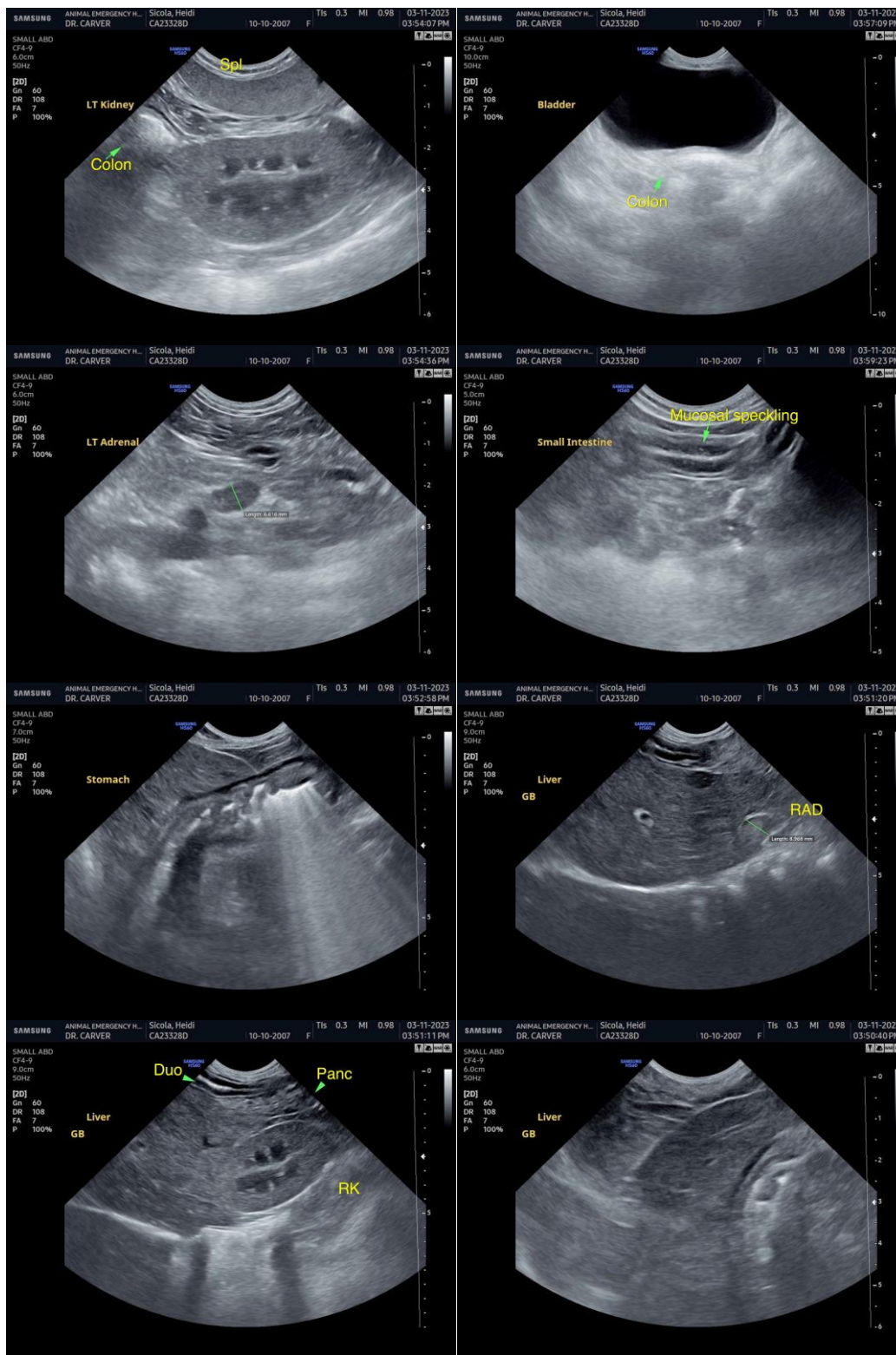
Dr. Carver

INVOICE

16355

DATE

3/11/23





PATIENT

Heidi Sicola

SPECIES

Canine

BREED

Dachshund

SEX

FS

AGE

15.5 yo

WEIGHT

6.8 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Carver

HOSPITAL NAME

Animal Emergency
Hospital Volusia

REFERRING VET

Dr. Carver

INVOICE

16355

DATE

3/11/23



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)
info@SonoPath.com