



PATIENT PRESENTING CLINICAL SIGNS

Iris McDermott
 Urinary incontinence and potential gall bladder mucocele. Healthy previously other than osteoarthritis, dental disease and heart murmur (IV/VI). Two weeks earlier, showing signs of inappetence and just general malaise. Flash AUS revealed gall bladder debris. Also, rechecking echo. History MV disease, B1.

SPECIES

Canine

BREED

Dachshund

Current meds: 1) Incurin 1mg-1 tab PO QD, 2) Ursodiol 75mg- 1 tab PO QD, 3) Zeniquin 25mg-1/2 tab PO QD, 4) Clavamox 125mg-1/2 tab PO BID, 5) Cerenia 16mg as needed. -Pertinent previous echo findings (4/1/22 MML) : LA 2.4 cm, LA:Ao 1.3, LV 2.4 cm, minimal LAE, mild MR, trivial TR. * Having bi-cavity ultrasound exams.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Urinary System

FS

The urinary bladder was normal in size and tone. Mildly prominent cystourethral junction and proximal urethral wall to a depth of 2 cm was present. No overt evidence of tumors. Anechoic urine was present in the lumen with mild particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal.

AGE

15yr

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Bilateral variably sized thinly walled cysts were present, an example measured 1.2 cm in diameter. The left kidney measured 4.7 cm in length. The right kidney measured 4.5 cm in length.

WEIGHT

10.6lb

INTERPRETED BY

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

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were mildly prominent in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.50 cm width in the cranial pole and 0.65 cm width in the caudal pole. The right adrenal gland measured 0.72 cm width in the cranial pole and 0.58 cm width in the caudal pole.

IMAGING PERFORMED BY

Pamela Harrigan, RDMS

Spleen

HOSPITAL NAME

Wood River AH

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. Fischer

Liver/Gallbladder

INVOICE

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

DATE

03/17/2023

Gastrointestinal



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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. The duodenum wall measured 0.41 cm width. The jejunum wall measured 0.35 cm width.

BREED

Dachshund

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

Pancreas

The parenchyma of the pancreas base and right limb 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.

SEX

FS

Free Abdomen

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

AGE

15yr

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder sediment, subjective prominent proximal urethra.
- Moderate chronic renal changes with bilateral cysts.
- Mildly prominent bilateral adrenal glands-nonspecific.
- Hepatic parenchymal remodeling.
- Mild gallbladder debris (non-mucocele)
- Chronic pancreatitis/fibrosis pattern.
- Intact GI walls with non-formed feces in colon.

WEIGHT

10.6lb

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended. A screening BRAF assay is suggested. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended for assessment of the pancreas and for possible underlying intestinal disease if clinically applicable. Hepatosupportive medications such as Denamarin and Ursodiol recommended if evidence of hepatic enzyme elevations and/or cholestasis. No evidence of intra-abdominal neoplastic criteria.

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DABVP (Canine and Feline)

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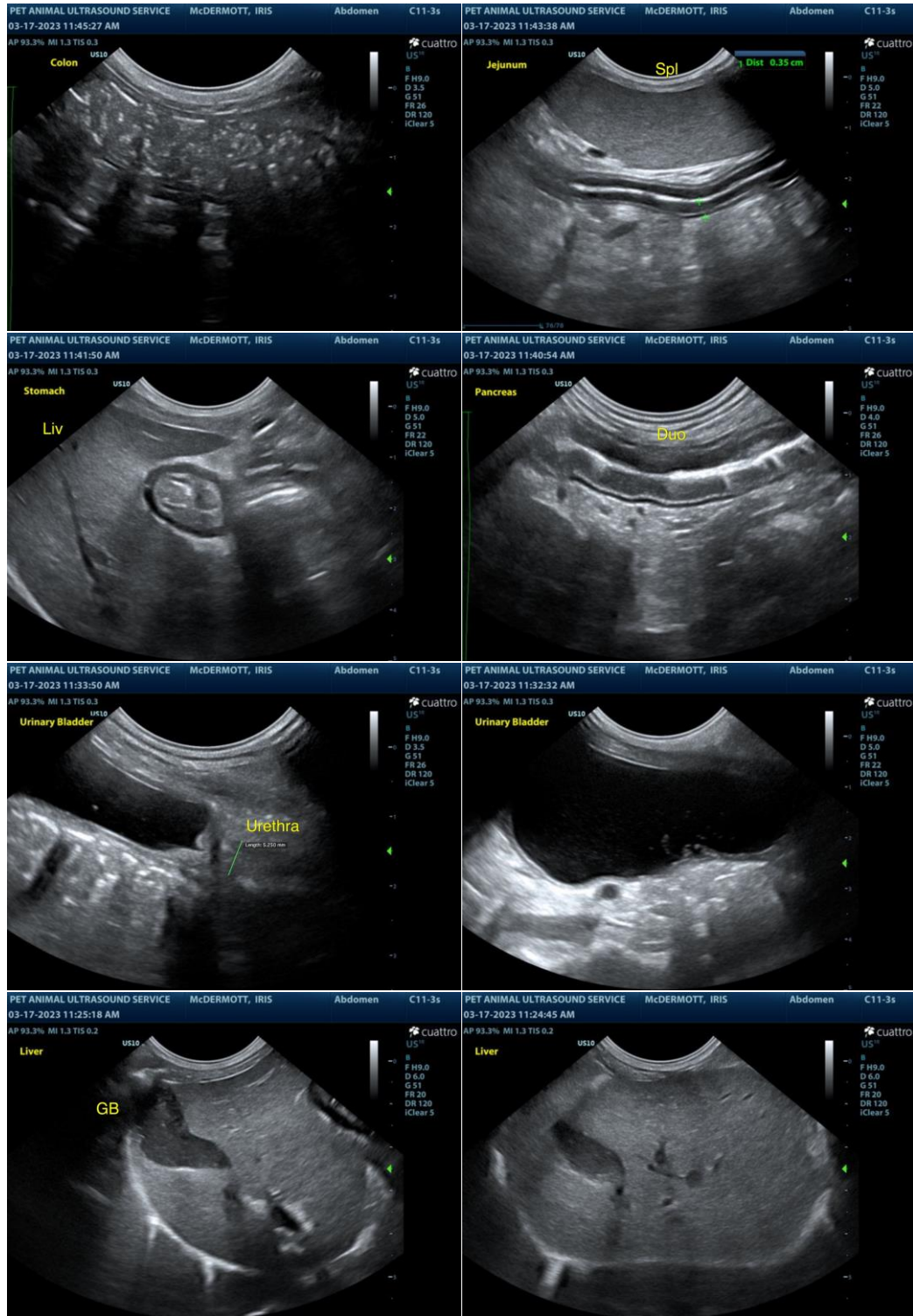
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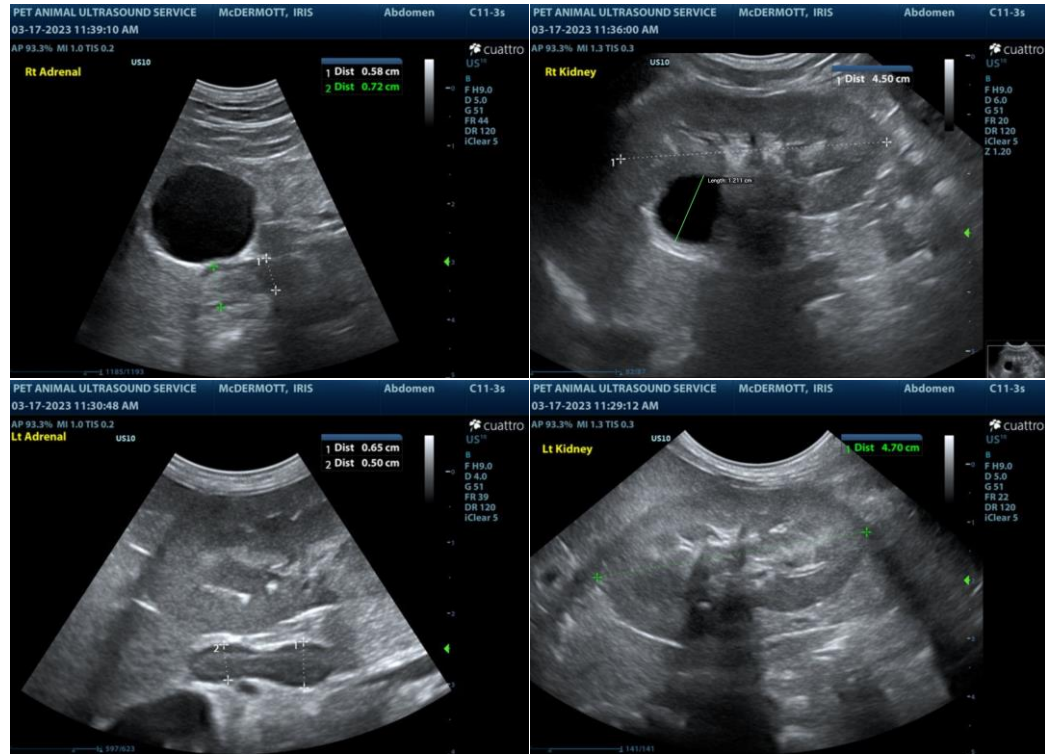
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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