



PATIENT

Sasha Robles

SPECIES

Canine

BREED

Mini Dachshund

SEX

SF

AGE

12 years 9 months

WEIGHT

13.3 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Rivera

HOSPITAL NAME

DPC Veterinary
Hospital

REFERRING VET

Dr. Rivera

INVOICE

13724

DATE

4/26/22

PRESENTING CLINICAL SIGNS

Dental Consultation Date: 4/25/2022 Notes: PD 2+, several teeth are missing from prior dentals. Pet has a distended abdomen and prominent lymph nodes (not enlarged), Owner mentioned they have always been noticeable. Numerous dermal masses that are irregular, hairless flesh to dark color over the entire body. The large one on the right hand side of abdomen pet will mutilate. I also spoke with Owner about getting cleared with ultrasound prior to starting on recommended medications and food from Dr. White Recommending Abdominal ultrasound with ER (scheduled 4/26/22) to investigate distended abdomen prior to doing dental + masses. *If all is normal with ultrasound would then recommend to start antibiotics 5 days prior to scheduled dental (not scheduled yet). -Clavamox drops : 1.5ml PO BID

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 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 border demarcation expected for the age of the patient. Areas of hyperechoic cortex echogenicity were noted in the caudal right kidney, consistent with cortical infarctions. No evidence of pelvic dilation was present. The left kidney measured 4.1 cm in length. The right kidney measured 4.1 cm in length.

Adrenal Glands

The bilateral adrenal glands were enlarged in size yet maintained capsule integrity. Subtle nonhomogeneous adrenal parenchyma was present with small, uniform hyperechoic right cranial adrenal nodule. The cranial right adrenal nodule did not distort the adrenal capsule and was without evidence of parenchyma escape to obvious vascular invasion. The cranial right adrenal nodule measured 0.7 cm x 0.55 cm. The left adrenal gland measured 0.97 cm width at the caudal pole and 0.87 cm width at the cranial pole. The right adrenal gland measured 0.82 cm width at the caudal pole and 1.2 cm width at the cranial 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.



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Liver/ Gallbladder

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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 mild gallbladder debris primarily noted in the caudal lumen and gallbladder neck. The cystic and common bile ducts were normal.

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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.

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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.

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

WEIGHT

Pancreas

13.3 lbs.

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.

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Free Abdomen

R. McKenzie Daniel,
DVM, DABVP
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No intra-abdominal lymphadenopathy, masses, or peritoneal effusion were present.

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ULTRASONOGRAPHIC FINDINGS

Dr. Rivera

- Hepatomegaly
- Mild gallbladder debris (non-mucocele)
- Bilateral adrenomegaly with nonspecific cranial right adrenal nodule - suspect adenoma
- Mild chronic renal changes with right kidney cortical infarction

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The distended abdomen in this patient is suspected to be owing to hepatomegaly.

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Full adrenal workup is recommended given the adrenomegaly, hepatomegaly, and if clinical signs consistent with adrenal hyperfunction are present. Correlation with full CBC/Chemistry Panel and Urinalysis is recommended if not done. Technically, the possibility of emerging neoplasia associated with the right adrenal nodule, i.e., adenocarcinoma and pheochromocytoma cannot be definitively excluded. Sonographic monitoring of the right adrenal gland for evidence of progressive enlargement or nodular progression is recommended. Screening blood pressure is suggested to assess for evidence of hypertension which may allude to an emerging right adrenal pheochromocytoma.

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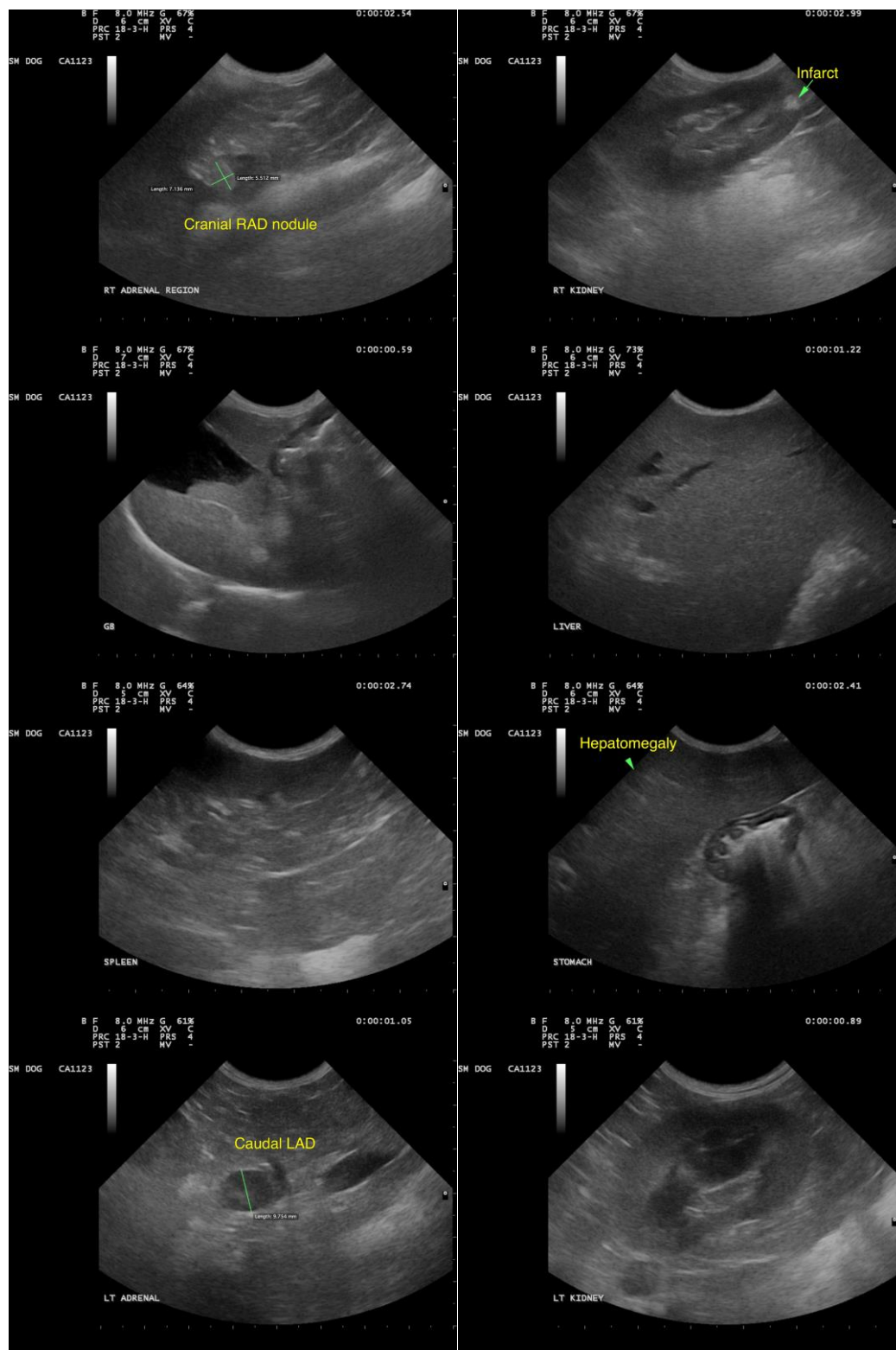
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com