



**PATIENT PRESENTING CLINICAL SIGNS**

Joeyvanna Pietkiewicz

PU/PD, pot bellied, 1/6 heart murmur  
ALP 390, ALT 172, Precision PSL 349, WBC 9.8 w/mild monocytosis, platelets 598, USG 1.010,  
negative protein and glucose.

**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 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**

Neutered Male

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture. The prostate measured 1.1 cm diameter.

**AGE**

2009

Normal size and margination was 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint areas of medullary mineral present. The left kidney measured 4.5 cm. The right kidney measured 4.4 cm.

**WEIGHT**

17.7 Pounds

**Adrenal Glands**

The bilateral adrenal glands were overtly normal in size and position. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.4 cm length x 0.56 cm at the caudal pole. The right adrenal gland measured 2.6 cm x 0.38 cm at the caudal pole.

**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

**Liver**

**HOSPITAL NAME**

Maple Hills VH

The liver exhibited subjective moderate enlargement. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. Intermittent subtle hypoechoic non-disruptive parenchymal nodules were present. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**REFERRING VET**

Dr. Banzhof

**Gastrointestinal**

**INVOICE**

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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. Gastric body wall measured 0.35 cm.

**DATE**

4/28/22



**PATIENT**  
Joeyvanna Pietkiewicz

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. Duodenum wall measured 0.52 cm.

**SPECIES**  
Canine

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

**BREED**  
Dachshund

**Pancreas**

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

**SEX**  
Neutered Male

**Free Abdomen**

No omental masses, lymphadenopathy or peritoneal effusion.

**AGE**  
2009

**ULTRASONOGRAPHIC FINDINGS**

- Hepatopathy exhibiting parenchymal remodeling and intermittent, non-disruptive, subtle hypoechoic parenchymal nodules
- Mild chronic renal changes - no evidence of pyelonephritis.
- Normal bilateral adrenal size, exhibiting mild non-homogeneous parenchyma - no evidence of adrenal neoplastic criteria.
- Pancreatic parenchymal remodeling - age related/patient variant, low-grade to chronic pancreatitis possible.

**WEIGHT**  
17.7 Pounds

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The distended abdomen in this patient is likely secondary to hepatomegaly without evidence of intraabdominal tumors or peritoneal effusion. Overall, the appearance of the liver was non-specific, yet consistent with probable benign hepatopathy with considerations potentially including vacuolar hepatopathy, hepatitis/cholangiohepatitis, areas of hematopoiesis, nodular to regenerative hyperplasia, with neoplasia considered a less likely differential diagnosis.

**IMAGING PERFORMED BY**  
Rebekah Jakum, CVT  
ARDMS/RVT

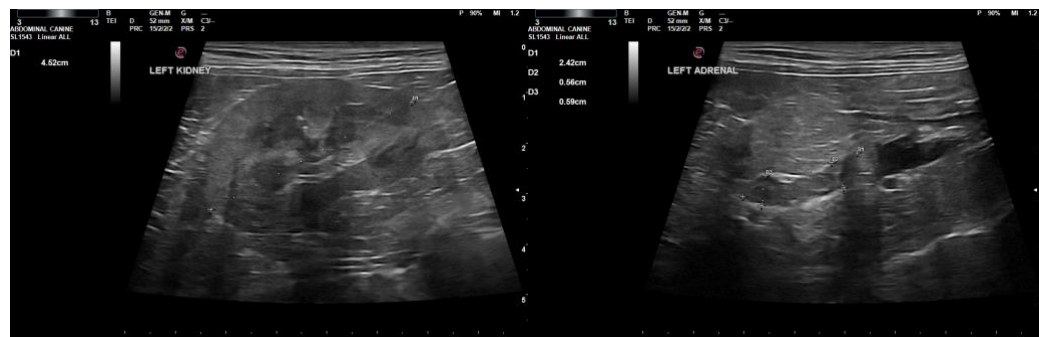
Full adrenal workup with LDDST recommended, given the patient's clinical signs, hepatic presentation and thrombocytosis. Hepatic FNA (assuming normal clotting status and using 25-gauge needle) could be considered for screening cytology. Hepatic functionality is likely normal, given normal BUN, glucose, albumin, and cholesterol levels. Further assessment of the liver may also include Leptospirosis titers/PCR if endemic to the area, or potential exposure +/- bile acid testing. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial.

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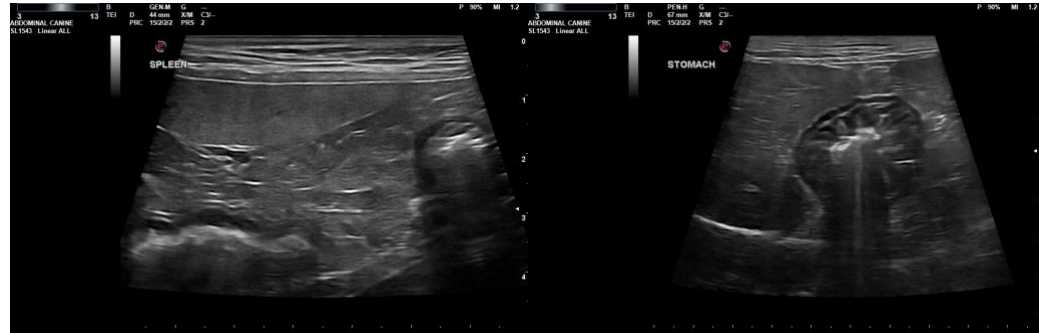
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

**DATE**

4/28/22

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