



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Bambina Armada	3/27/23 Vitals: Wt: 19.9 T: 101.4 HR: 144 RR: 48 MM/CRT: Pain Score: 0 Procedure: BW/BP Technician Notes: BLOOD PRESSURE (DOPPLER)-220 DREW BLOOD FOR IN HOUSE BW AND IDEXX ACTH PRE SAMPLE GAVE 0.1 CORTROSYN IV @ 10:59AM DREW POST SAMPLE @ 11:59AM SW Natasha. The lethargy started prior to starting the Amlodipine 2 days ago. Could be the pancreatitis (was CPL abnormal), worsening of mucocele, uncontrolled cushings (ACTH Stim still too high), or the hypertension. Given the uncertainty I think she should have an Ab US done either here or with an internist
<b>SPECIES</b>	
Canine	
<b>BREED</b>	
Dachshund	Abnormal PE/Chem/CBC/UA Results: CPL- ABNORMAL DIARRHEA LETHARGIC
	<b>RECHECK ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>SEX</b>	<b>Urinary System</b>
FS	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 cm exhibited normal thickness and tone. Static previously noted dependent non-obstructive calculi was present, an example measured 0.40 cm in diameter. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.
<b>AGE</b>	
14yr	Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Static small cortical cyst and static mild bilateral pyelectasia was present. The left kidney measured 5.5 cm in length. The right kidney measured 6.1 cm in length.
<b>WEIGHT</b>	
18	
<b>INTERPRETED BY</b>	The area of the aortic trifurcation was free of pathology.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<b>Adrenal Glands</b>
	Bilateral mild progressive increased size compared to the previous study with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 0.95 cm width at the caudal pole and 0.69 cm width at the cranial pole. The right adrenal gland measured 0.80 cm width at the caudal pole and 0.76 cm width at the cranial pole.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Michaleen	The spleen exhibited normal size with a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Static previously noted non-disruptive discrete splenic nodules were present, an example measured 0.60 cm in diameter. 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.
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<b>REFERRING VET</b>	<b>Liver/Gallbladder</b>
Dr. Feldt	The liver exhibited generalized enlargement with non-homogenous [parenchyma. Within the caudal liver, ill marginated isoechoic to mildly hypoechoic macronodules to small masses were present, an example measured ~ 4.0 cm in diameter. Concurrent non-disruptive hypoechoic nodules were present in the mid to cranial parenchyma, an example measured 1.7 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion.
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<b>DATE</b>	
04/04/2023	The gallbladder was non distended in size with echogenic, nonmineralized, nondependent biliary sludge. The biliary sludge was non organized with a hypoechoic to anechoic, irregular to interrupted rim visible between the nondependent sludge and inner wall. No signs of peripheral inflammation.



<b>PATIENT</b>	<b><i>Gastrointestinal</i></b>
Bambina Armada	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained non-shadowing ingesta sonographically consistent with food with no signs of ileus, obstruction or foreign material.
<b>SPECIES</b>	
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.
<b>BREED</b>	
Dachshund	The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Nonformed to liquid fecal matter was present in the colon lumen with lumen dilation.
<b>SEX</b>	<b><i>Pancreas</i></b>
FS	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
<b>AGE</b>	<b><i>Free Abdomen</i></b>
14yr	No omental masses, overt lymphadenopathy or peritoneal effusion was present.
<b>WEIGHT</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
18	<ul style="list-style-type: none"> <li>• Static non-obstructive cystic calculi.</li> <li>• Hepatomegaly exhibiting nodular parenchyma, ill marginated isoechoic to hypoechoic caudal intraparenchymal macronodules/small masses.</li> <li>• Static partial to immature gallbladder mucocele.</li> <li>• Mild to progressive bilateral adrenomegaly-suggestive of pituitary dependent hyperadrenocorticism.</li> <li>• Static chronic renal changes with small cortical cyst and minor bilateral pyelectasia.</li> <li>• Mild pancreatic remodeling-no sonographic evidence of active or significant pancreatitis.</li> <li>• Static benign splenic nodules.</li> <li>• Sonographically unremarkable GI tract with mild variably echogenic gastric ingesta-suspect post prandial presentation.</li> <li>• Colitis.</li> </ul>
<b>INTERPRETED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	As needed GI support and monitoring for evidence of gastric emptying vs persistent gastric hypomotility if clinically indicated is recommended. Empirical therapy for colitis/possible low grade pancreatitis is suggested. Urine catecholamine level could be considered although no overt sonographic evidence for adrenal neoplastic criteria was obvious.
<b>IMAGING PERFORMED BY</b>	For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <a href="http://spa.sonopath.com/">http://spa.sonopath.com/</a> .
Michaleen	
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DPC Veterinary Hospital	
<b>REFERRING VET</b>	
Dr. Feldt	One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <a href="https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services">https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services</a>
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04/04/2023	



**PATIENT**

Bambina Armada

**SPECIES**

Canine

**BREED**

Dachshund

**SEX**

FS

**AGE**

14yr

**WEIGHT**

18

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Michaleen

**HOSPITAL NAME**

DPC Veterinary  
Hospital

**REFERRING VET**

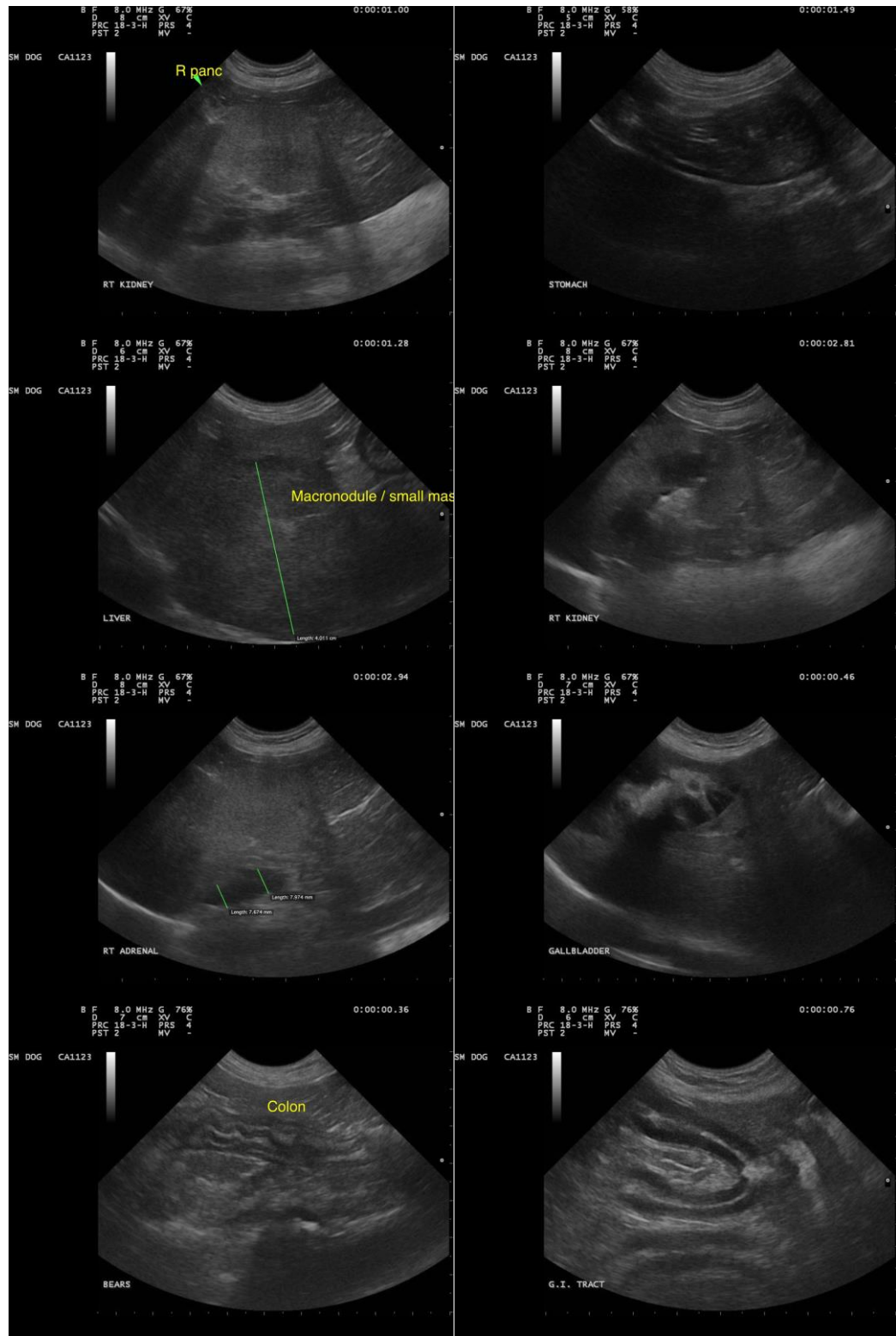
Dr. Feldt

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**PATIENT**

Bambina Armada

**SPECIES**

Canine

**BREED**

Dachshund

**SEX**

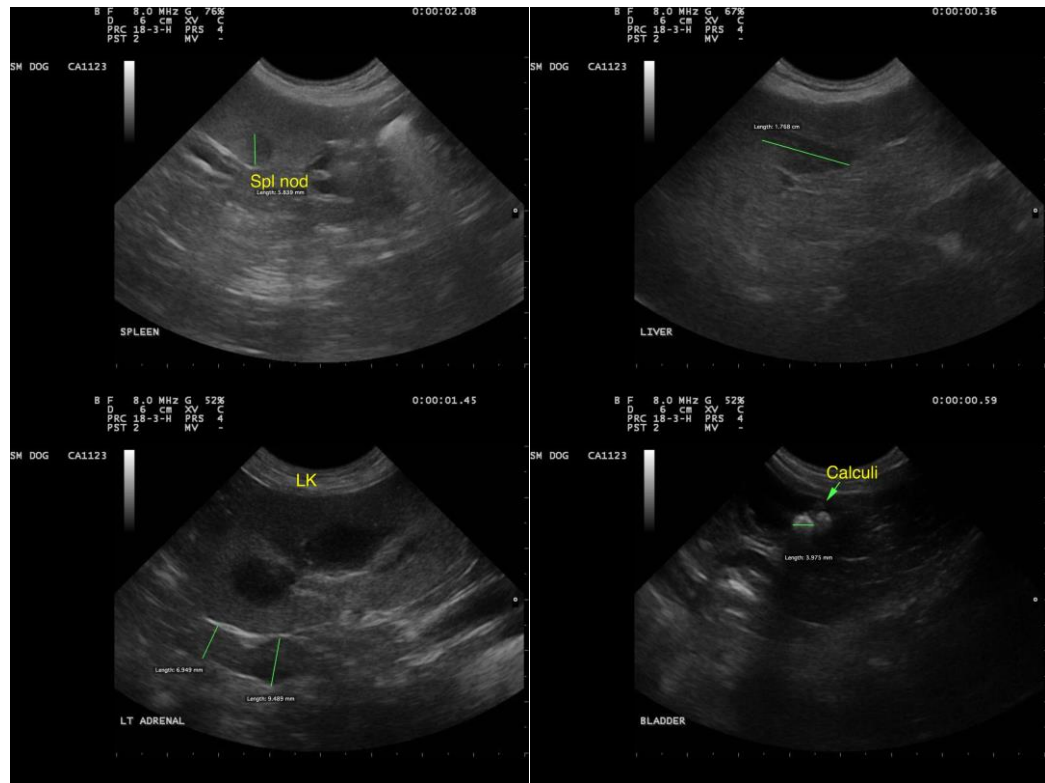
FS

**AGE**

14yr

**WEIGHT**

18



**INTERPRETED BY**

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

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.

**IMAGING PERFORMED BY**

Michaleen

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**HOSPITAL NAME**

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**REFERRING VET**

Dr. Feldt

**INVOICE**

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