



PATIENT	PRESENTING CLINICAL SIGNS
Cassanova Peters	History: Vomiting, diarrhea, lethargic. Not eating or drinking. Started last night. Prior diagnosis with Cushing's disease - not being treated. UTD on vaccines. NI in food since Saturday night. Received records - BW in December showed ALT of 1893, ALP of 2479, GGT not measured No record of LDDST performed but o states there was one and p was truly diagnosed with Cushing's Chronic UTIs P is on Ursodiol
SPECIES	
Canine	
BREED	Abnormal PE/Chem/CBC/UA Results: Grade 4/6 L systolic murmur; otherwise NSF on exam Abnormal CPL ALT 3775, ALP 4867, GGT 113, hypercalcemia. Otherwise NSF on BW Abdominal ultrasound performed - obvious sludge in gall bladder, unsure if emerging mucocele or not; mass effect near R kidney O declined hospitalization and supportive care; p went home with SQF, cerenia injection, and meds for diarrhea.
Dachshund	
SEX	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Neutered Male	Urinary System
AGE	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.
14.5 Years	
WEIGHT	The area of the residual prostate appeared normal and free of pathology.
8.7 kg	The area of the aortic trifurcation was free of pathology.
INTERPRETED BY	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. The left kidney measured 4.5 cm in length. The right kidney measured 4.5 cm in length.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Adrenal Glands
IMAGING PERFORMED BY	A mild irregular nonhomogenous nonmineralized mass was noted in the area of the left adrenal gland, measuring 3.6 cm x 2.9 cm.
Bogosian	The right adrenal gland was enlarged with uniformly hypoechoic parenchyma. The right adrenal gland measured 2.4 cm length x 0.74 cm width at the caudal pole.
HOSPITAL NAME	Spleen
Anima Emergency Hospital Volusia	The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.
REFERRING VET	Liver
Bogosian	The liver exhibited generalized enlargement with normal structure and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and
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PATIENT	subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.
Cassanova Peters	
SPECIES	The gallbladder was mildly distended in size with moderate nondependent mildly organized debris in a indistinct pseudo stellate pattern. Concurrent suspended gallbladder mineral was noted. Mildly prominent to thickened gallbladder walls were noted. No evidence of peripheral gallbladder inflammation was noted. The common bile duct was normal.
Canine	
BREED	Gastrointestinal
Dachshund	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.
SEX	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.
Neutered Male	Normal visible colon wall layers were present with apparent formed feces in lumen.
AGE	Pancreas
14.5 Years	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
WEIGHT	Free Abdomen
8.7 kg	No omental lymphadenopathy or peritoneal effusion was present.
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> • Chronic hepatopathy- subjectively benign • Gallbladder mucocele • Left adrenal mass • Mildly enlarged yet intact right adrenal gland • Moderate chronic renal changes • Sonographically unremarkable urinary bladder • Sonographically unremarkable gastrointestinal tract- suspect mild gastroenteritis • Minor pancreatic remodeling- age-related variant, benign remodeling owing to previous inflammation, potential for low grade/chronic pancreatitis
IMAGING PERFORMED BY	
Bogosian	
HOSPITAL NAME	
Anima Emergency Hospital Volusia	
REFERRING VET	
Bogosian	
INVOICE	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
21900	Recheck LDDST, as well as monitoring of systemic BP for evidence of hypertension is warranted. Suspect chronic vacuolar hepatopathy pattern with benign parenchymal remodeling. Potential for concurrent or primary inflammatory hepatopathy, i.e., cholangiohepatitis, given the ALT elevation and presence of gallbladder mucocele possible. The left adrenal mass is highly likely neoplastic with potential for significant benign hyperplasia, or functional adenomatous change. The possibility of vascular invasion associated with the left adrenal mass cannot be excluded.
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Potential for low grade pancreatitis as a contributing factor to the gastrointestinal signs may be considered if evidence of cranial abdominal or subxyphoid discomfort on palpation. Correlation with spec CPL could be considered.

SPECIES

Canine

Empirically, some or all of the following protocol with as needed gastrointestinal support would be reasonable.

BREED

Dachshund

Cholecystitis/Emerging Mucocele protocol.

Enrofloxacin 5 mg/kg SID PO & **Metronidazole** (10-20 mg/kg po bid) over 3 weeks, **Ursodiol** (10-15 mg/kg p.o. q24h) over 8 weeks and recheck sonogram. Monitor rapid rise in ALT, SAP, Bilirubin, bilirubinuria, leukocytosis, focal cranial abdominal subxyphoid discomfort or progressive anorexia. More information regarding clinical emerging mucocele issues may be found with our article and research at <http://sonopath.com/resources/articles>, **Defining a GB Mucocele** and **Clinical Parameters in Dogs with Sonographically Diagnosed Surgical Biliary Disease** from ECVIM 2009.

AGE

14.5 Years

WEIGHT

8.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Bogosian

HOSPITAL NAME

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REFERRING VET

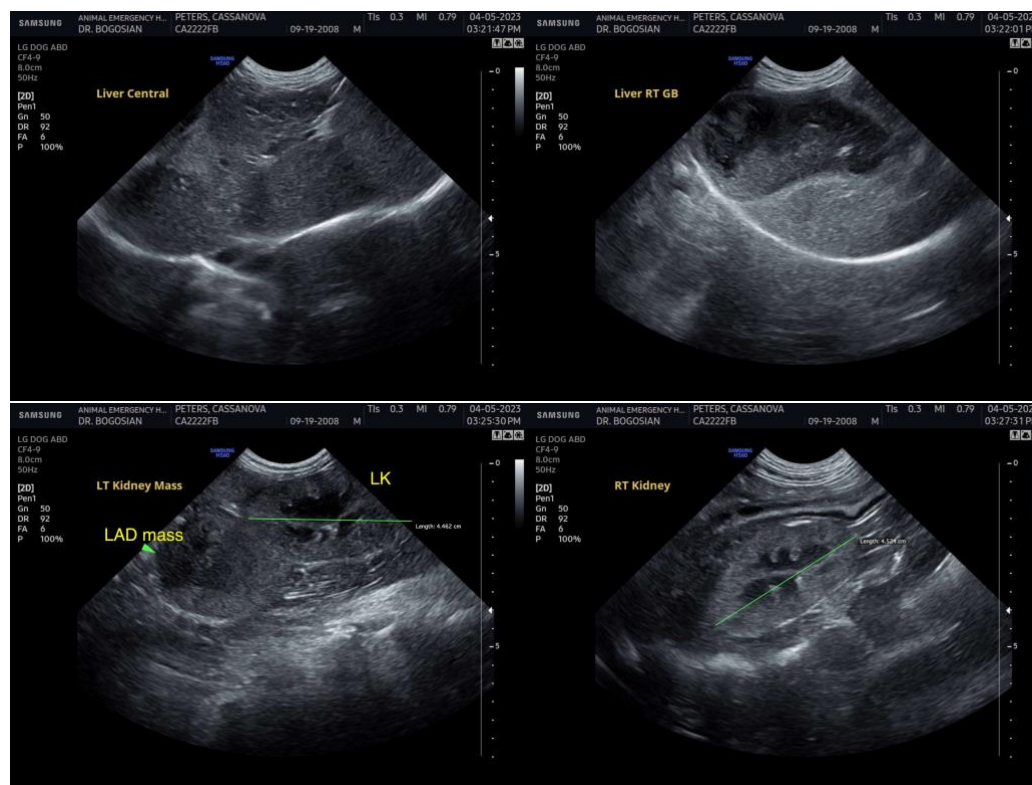
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PATIENT

Cassanova Peters

SPECIES

Canine

BREED

Dachshund

SEX

Neutered Male

AGE

14.5 Years

WEIGHT

8.7 kg

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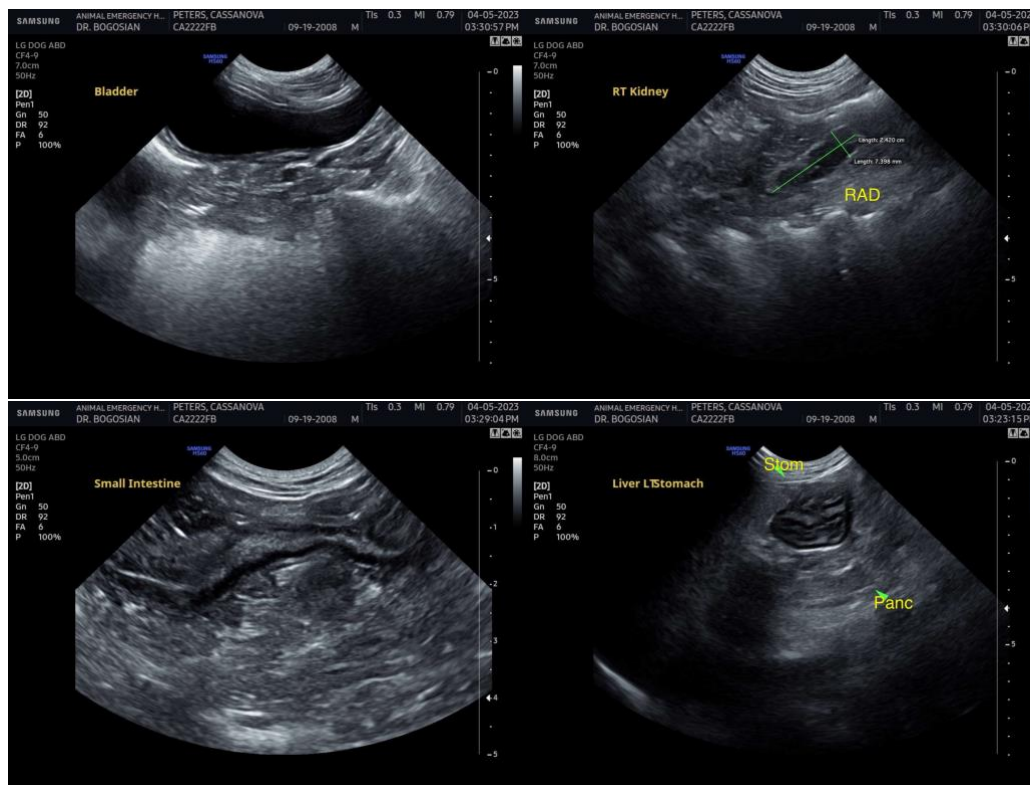
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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