

**PATIENT**

Mini Blue Weselowski

**SPECIES**

Canine

**BREED**

Dachshund

**SEX**

FS

**AGE**

12

**WEIGHT**

5.8 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Belan

**HOSPITAL NAME**

Dewinton Pet Hospital

**REFERRING VET**

Dr. Pazei

**INVOICE**

10567ag

**DATE**

05/10/2022

**PRESENTING CLINICAL SIGNS**

History: Recurrent UTIs Attending suspects Cushing's LDDST was weak positive

Abnormal PE/Chem/CBC/UA Results: Elevated ALP and weak positive LDDST

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder was mildly distended in size with subjective normal tone. The trigone, cystourethral junction and visible pelvic urethra to a depth of 2 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.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. The left kidney exhibited a focal cyst and minor pyelectasia. The left kidney measured 6.7 cm in length. The right kidney measured 6.4 cm in length.

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 0.45 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 0.60 cm width in the caudal pole.

**Spleen**

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A solitary hyperechoic nodule exhibiting distal acoustic shadowing was present in the mid splenic parenchyma measuring 0.28 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. 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.

**Liver**

The liver was enlarged in size with normal structure and contour. The liver parenchyma exhibited increased echogenicity with moderate coarse echotexture and minor parenchymal remodeling including intermittent subtle hypoechoic nodules. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild to moderate nonorganized debris primarily in the caudal lumen and gallbladder neck. The cystic and common bile ducts were normal.

**Gastrointestinal**

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.

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

**SPECIES**

**Pancreas**

Canine

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

**BREED**

**Free Abdomen**

Dachshund

No overt lymphadenopathy or peritoneal effusion was present.

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**ULTRASONOGRAPHIC FINDINGS**

**AGE**

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- Chronic renal changes with focal left kidney cortical cyst and minor pyelectasia
- Mildly prominent to heterogeneous bilateral adrenal glands
- Vacuolar hepatopathy pattern with intermittent subtle hypoechoic parenchymal nodules-subjectively benign, likely consistent with areas of hyperplasia or hematopoiesis
- Moderate gallbladder debris (non-mucocele)
- Benign spleen with solitary hyperechoic nodule exhibiting distal acoustic shadowing-mineralization, myelolipoma or other

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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DVM, DABVP  
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Recheck urine C/S on a sterile sample could be considered, Recurrent UTIs are often associated with underlying hyperadrenocorticism. If no strong clinical suspicion of hyperadrenocorticism, a recheck LDDST in 4-6 weeks could be considered. Empirical hepatosupportive medications including Denamarin and Ursodiol may prove beneficial.

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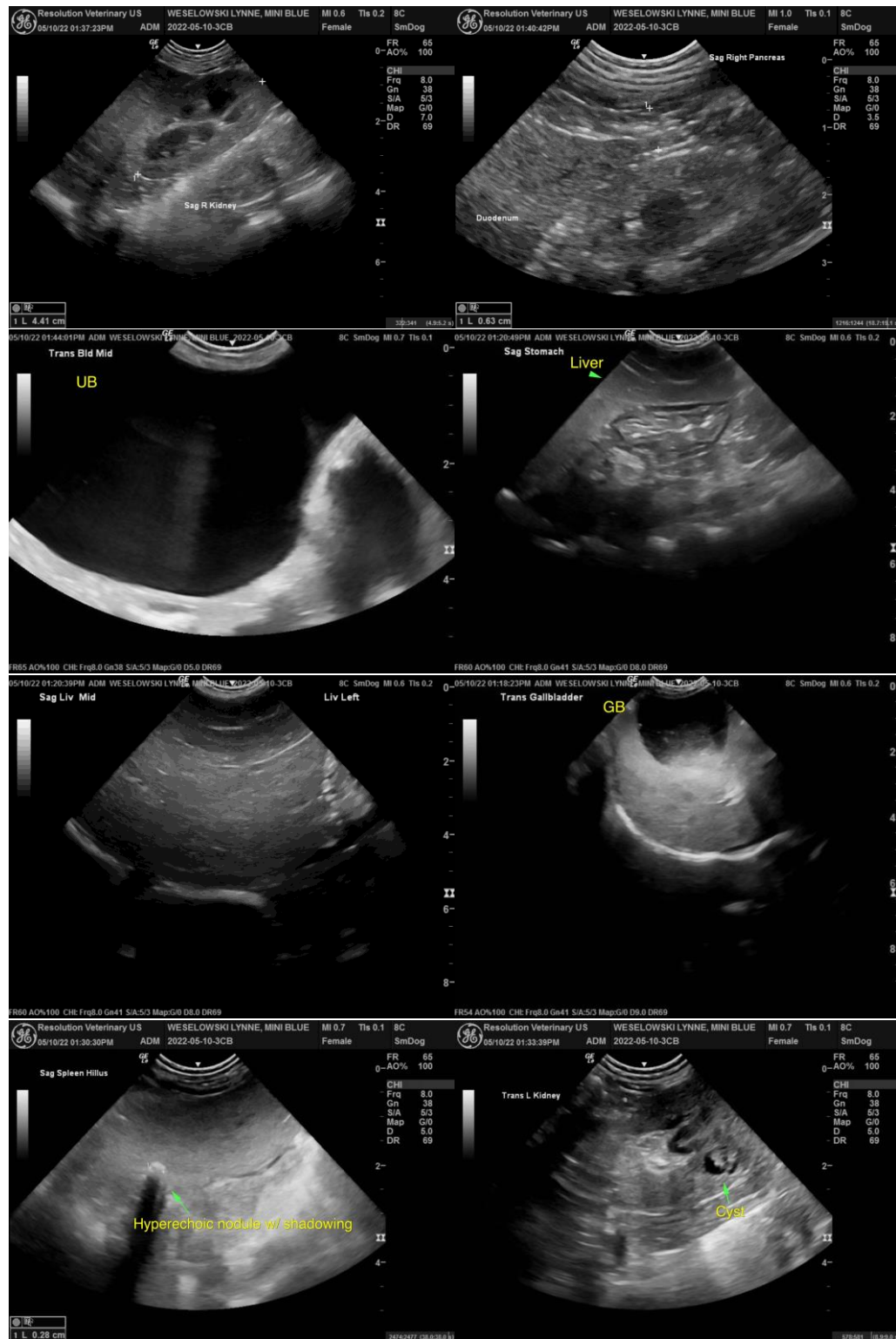
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@SonoPath.com

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