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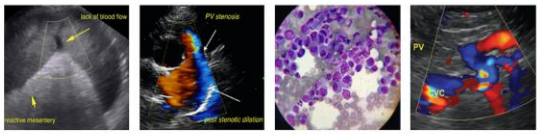


SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Hailey Dishong

SPECIES

Canine

BREED

Dachshund

SEX

FS

AGE

2007

WEIGHT

16.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Dr. Sam's VHC

REFERRING VET

Dr. Ottinger

INVOICE

13932

DATE

5/24/22

PRESENTING CLINICAL SIGNS

Heart murmur for ~2 years, episode of lethargy and disorientation, elevated renal values and BNP
Gabapentin, Meloxicam

ALP 173, SDMA 16, BUN 69, Creatinine 3.2

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. The urinary bladder walls were overtly normal. The ventroapical urinary bladder wall width measured 0.29 cm. Primarily anechoic urine was present in the lumen Dependent to nondependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

Normal renal size with asymmetrical margination were 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. Mild pyelectasia was present in the left kidney. Intermittent small cortical cysts were present in both kidneys. The left kidney measured 4.4 cm in length. The right kidney measured 4.7 cm in length.

Adrenal Glands

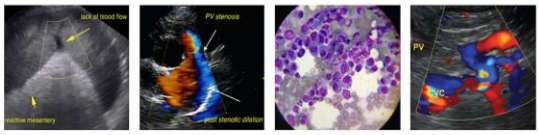
The bilateral adrenal glands exhibited subjective mildly prominent yet overtly normal size yet maintained symmetrical capsule contour with subtle nonhomogeneous parenchyma without evidence of parenchymal mineralization. The left adrenal gland measured 1.7 cm length x 0.55 cm width at the caudal pole and 0.65 cm width at the cranial pole. The right adrenal gland measured 1.5 cm length x 0.58 cm width at the caudal pole and 0.87 cm width at the cranial pole. No overt evidence of adrenal neoplastic criteria was noted.

Spleen

The spleen was overall normal in size and contour with a primarily maintained finely textured homogeneous parenchyma. Intermittent areas of hyperechoic splenic parenchyma were present with potential associated focal asymmetrical lateral capsule contour.

Liver/ Gallbladder

The liver presented mildly 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 containing mild nondependent yet



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nonorganized gallbladder debris. The gallbladder was otherwise normal. 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.

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.

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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Dependent to nondependent urinary bladder sediment - cellular debris / protein crystalline debris with potential for mucus
- Moderate chronic renal changes exhibiting cortical cysts and mild left kidney pyelectasia
- Mild benign hepatopathy - nonspecific, suggestive of benign vacuolar hepatopathy +/- cholestasis
- Gallbladder debris (non-mucocele)
- Pancreatic remodeling - likely associated with age-related changes and considered incidental, potential for low-grade to chronic pancreatitis possible
- Benign splenic nodules - benign myelolipomas or potential previous splenic infarctions
- Subjective mild prominent bilateral adrenal glands - nonspecific

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full urinary workup including urinalysis and urine culture and sensitivity, especially if evidence of inflammatory cells, +/- baseline UPC, depending on assessment of amount of cellular urinary bladder debris, are recommended.

Screening blood pressure is suggested to assess for evidence of hypertension.

The clinical signs in this patient are not overtly indicative of Cushing's Syndrome, yet adrenal workup could be considered if clinical signs such as PU/PD, polyphagia, etc., arise.

Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial.

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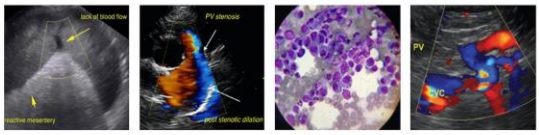

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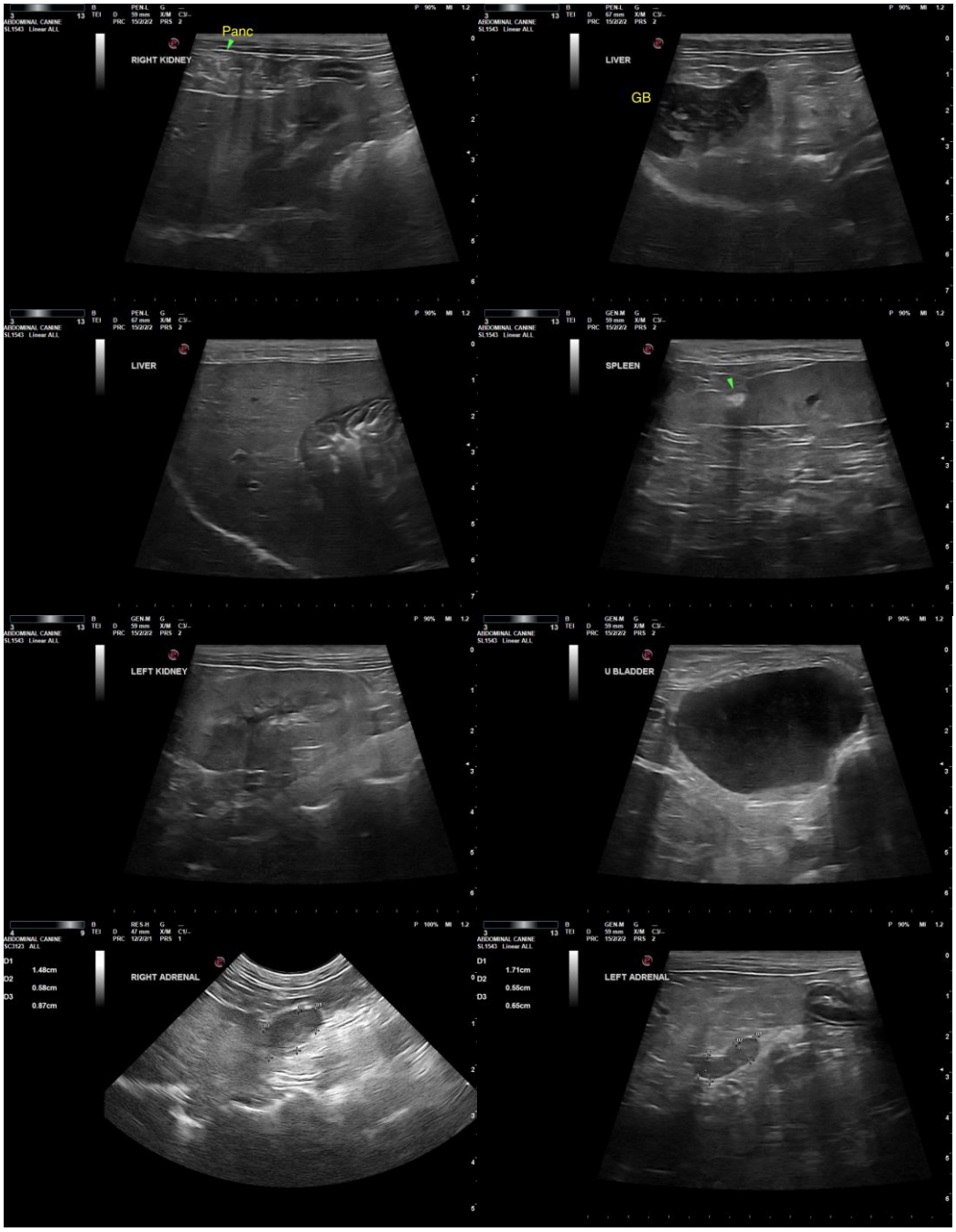

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com