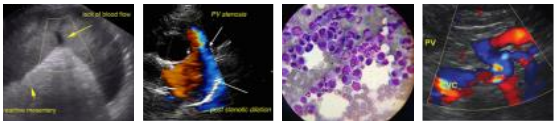


PATIENT

Liz Roberts

SPECIES

Canine

BREED

Dachshund

SEX

Spayed Female

AGE

14.8 Years

WEIGHT

17.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Pawsitive Wellness VC

REFERRING VET

Dr. Hardy

INVOICE

16063

DATE

6/13/22

PRESENTING CLINICAL SIGNS

History: Bloated abdomen (previously diagnosed with mammary tumors). PU/PD recently. Current Medications Dasuquin, denamarin, probiotics

Abnormal PE/Chem/CBC/UA Results: Emailed. Worried about GGT among other values GGT-35 ALT-231 ALKP-384 BUN-48 SDMA-45 TT4-0.8

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. Primarily anechoic urine was present in the lumen. Minor nondependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted. Aortic trifurcation was normal.

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. Pinpoint medullary mineral was noted in both kidneys. Small cortical cysts were present in both kidneys. The left kidney measured 5.8 cm in length. The right kidney measured 6.0 cm in length.

Adrenal Glands

Both adrenal glands were enlarged in size, exhibiting mild asymmetrical margination. Mild nonhomogeneous parenchyma was noted without evidence of parenchymal mineralization. The left adrenal gland measured 2.3 cm in length x 1.0 cm width at the caudal pole and 0.78 cm at the cranial pole. The right adrenal gland measured 2.3 cm in length x 1.2 cm width at the caudal pole and 1.2 cm at the cranial pole.

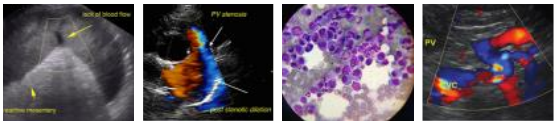
Spleen

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.

Liver

The liver was mildly enlarged. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. A solitary cystic appearing nodule was present in the right lateral to caudate liver lobe, measuring 3.0 cm in diameter.

The gallbladder was non-distended in size. The gallbladder walls were overtly normal without evidence of obvious inflammatory criteria. The gallbladder lumen primarily contained nondependent congealed yet nonorganized mildly hyperechoic sludge and suspected concurrent mucus within the sludge, along



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with mild peripheral anechoic content. No evidence of peripheral gallbladder inflammation. 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

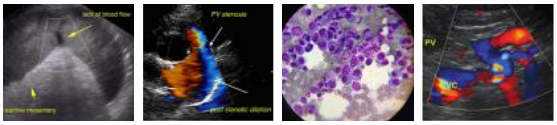
- Minor urinary bladder sediment- minor cellular debris/protein crystalline debris likely
- Bilateral chronic renal changes
- Bilateral enlarged to mildly irregular adrenal glands
- Hepatopathy, exhibiting generalized mild parenchymal hyperechogenicity, solitary cystic appearing nodule in the right lateral to caudate liver lobe
- Gallbladder mucocele
- Minor pancreatic remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bilateral adrenal glands are strongly suggestive of pituitary dependent hyperadrenocorticism criteria. However, the possibility of emerging neoplastic criteria, specifically in the right adrenal gland, cannot be definitively excluded. Full adrenal work up is warranted. Screening blood pressure to assess for evidence of systemic hypertension is recommended. Ideally, sonographic monitoring of the right adrenal gland for evidence of progressive enlargement or parenchymal changes is recommended.

Going forward, continued monitoring for evidence of increasing cholestasis with sonographic monitoring of the gallbladder is also suggested. Hepatosupportive medications may prove beneficial. The cystic appearing hepatic nodule is nonspecific, with potential considerations, including complicated hepatic cyst, cystic biliary adenoma or similar. The possibility of neoplastic criteria associated with the cystic appearing nodule is considered less likely.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be



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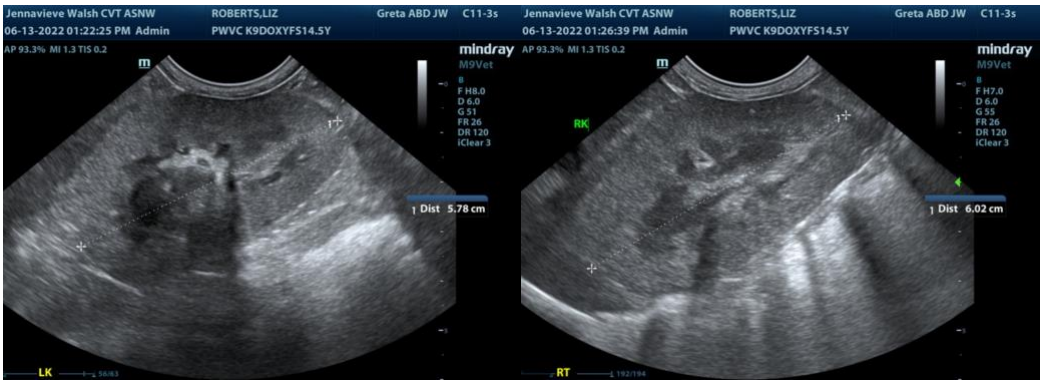
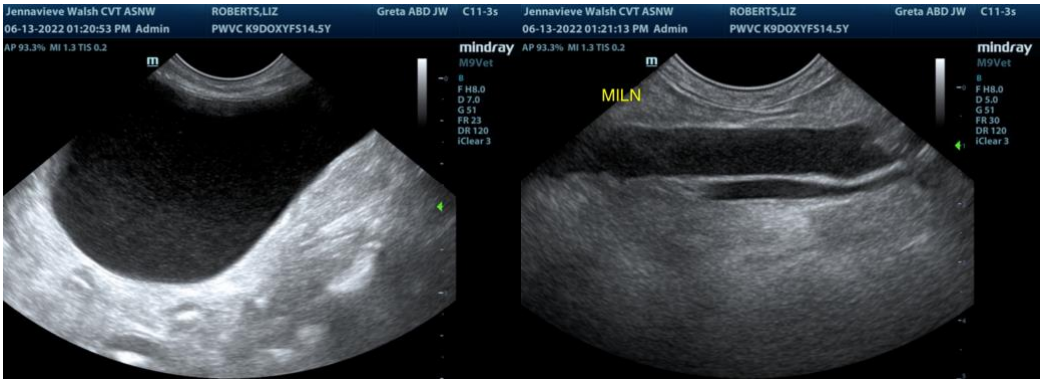
considered.

Overall, no overt evidence of intraabdominal metastasis from previously diagnosed mammary tumors.

Anesthetic risk is likely dependent on additional diagnostics.





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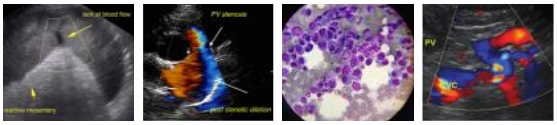

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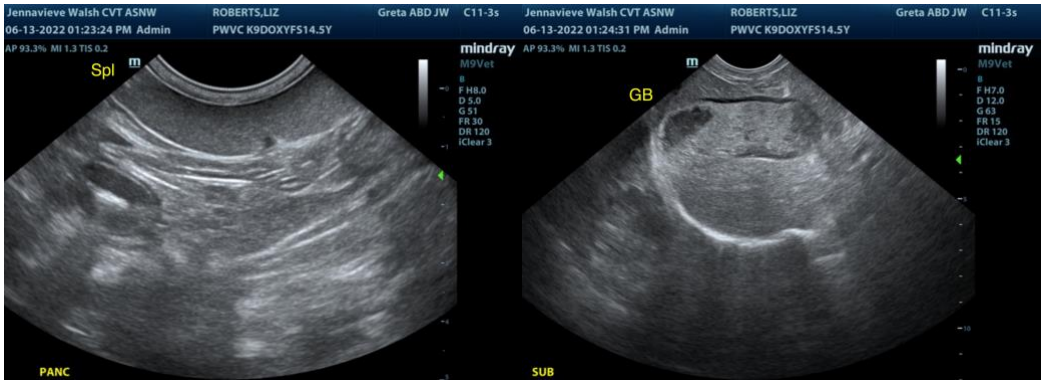

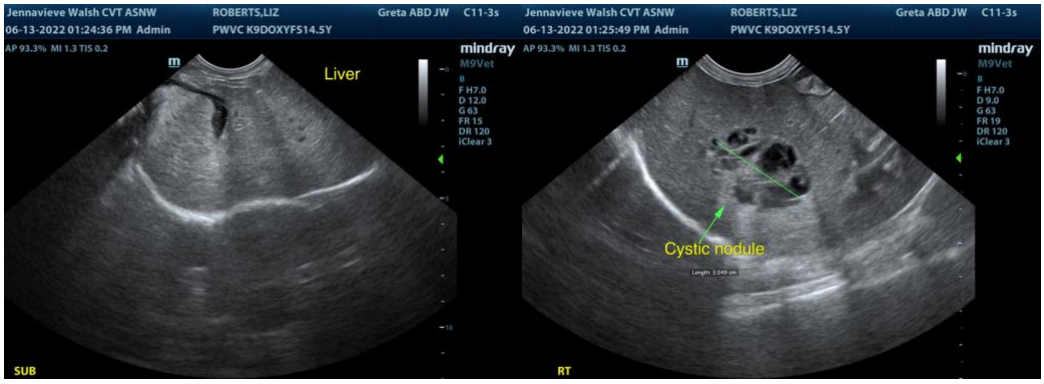

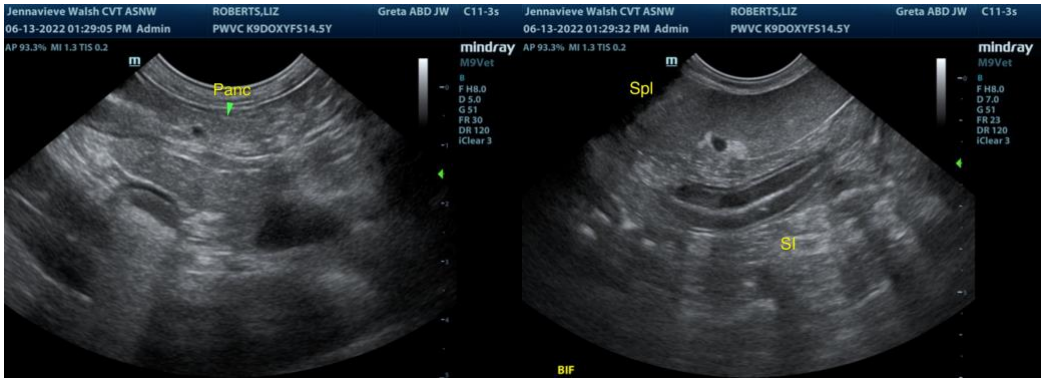

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com