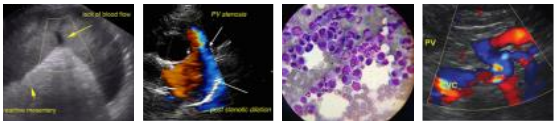


PATIENT

Bear Haugen

SPECIES

Canine

BREED

Dachshund

SEX

Neutered Male

AGE

9 Years

WEIGHT

11 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Vetco Totsal Health Salem

REFERRING VET

Dr. Joynt

INVOICE

16107

DATE

6/16/22

PRESENTING CLINICAL SIGNS

History: Vomiting daily for 6 months some days up to 10 times a day. Weight loss Current Medications Furosemide 12.5 mg(has not helped)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0cm 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.

No overt pathology in the area of the residual prostate.

Aortic trifurcation was normal. No evidence of medial iliac or sublumbar lymphadenopathy.

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 minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint medullary mineral was present in both kidneys. Focal areas of indistinct hyperechoic cortical parenchyma, which may indicate areas of microinfarction, fibrosis or emerging cortical mineralization. The left kidney measured 4.5 cm in length. The right kidney measured 4.6 cm in length.

Adrenal Glands

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 1.7 cm in length x 0.46 cm width in the caudal pole. The right adrenal gland was mildly prominent in size, measuring 1.6 cm in length x 0.68 cm.

Spleen

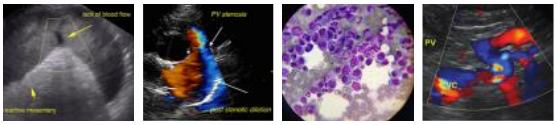
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver presented 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. Normal hepatic vascular volume was noted. No evidence of hepatic congestion.

The gallbladder was non distended in size with mild nondependent yet nonorganized gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammation. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal



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The stomach exhibited intact and sonographically unremarkable wall layering. Mild to moderate hyperechoic to strongly shadowing gastric ingesta was present in the stomach. No overt evidence of mechanical pyloric outflow obstruction.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs retained ingesta, chyme, mechanical/metabolic ileus or overt foreign material.

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

Pancreas

The left pancreatic limb exhibited mild prominent size with mildly rounded to asymmetrical capsule contour. Nonhomogeneous to pinpoint hyperechoic pancreatic parenchyma noted. No evidence of peripancreatic reactive mesentery.

Free Abdomen

No omental masses, lymphadenopathy or peritoneal free fluid was present.

ULTRASONOGRAPHIC FINDINGS

- Bilateral mild age-related renal changes, exhibiting pinpoint medullary mineral and possible area of cortical microinfarction
- Pinpoint hyperechoic pancreas- parenchymal remodeling and potential fibrosis, owing to previous inflammation. Low grade to chronic pancreatitis is possible.
- Mild vacuolar hepatopathy pattern- subjectively benign
- Mild gallbladder debris (non-mucocele)
- Strongly shadowing retained gastric ingesta, sonographically unremarkable small bowel

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential for low grade to chronic pancreatitis may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a spec CPL or, ideally, a GI panel to include PLI/TLI/Cobalamin/Folate to assess for possible occult gastrointestinal disease is warranted.

The strongly shadowing gastric ingesta is nonspecific and may correlate with postprandial presentation or dense ingesta. The possibility of gastric foreign material cannot be definitively excluded. Ideally, radiographic or sonographic monitoring of the stomach following documented NPO and monitoring for evidence of gastric emptying is recommended. If persistent evidence of retained gastric ingesta, despite NPO, and pending echocardiographic assessment, gastroscopy may be indicated.

Full CBC/chemistry panel and urinalysis suggested, if not recently done.

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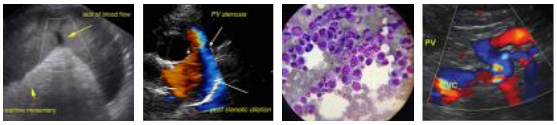

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MOBILE VETERINARY ULTRASOUND
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AnimalSoundsNW.com 541-357-9423

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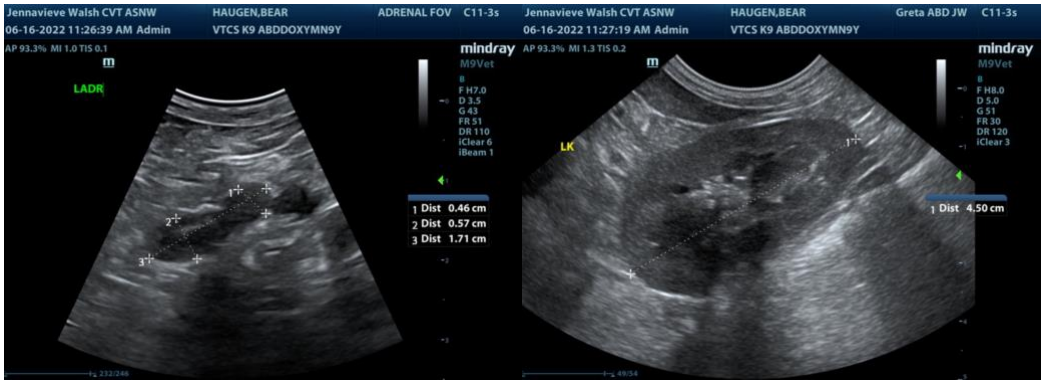

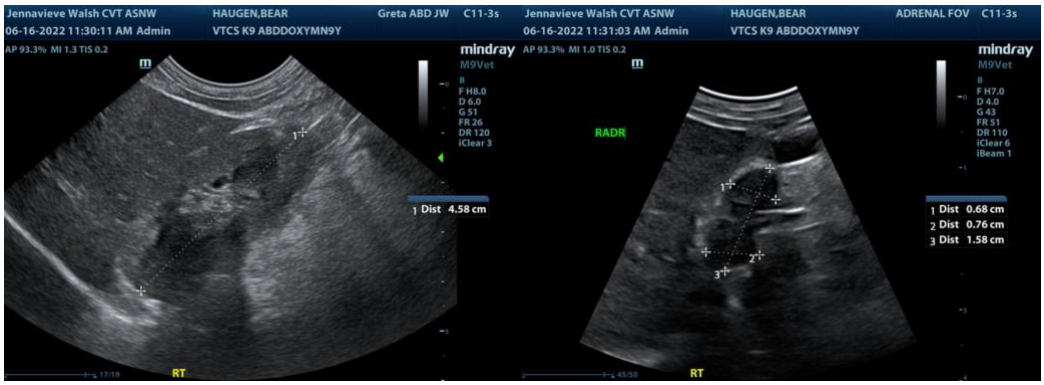

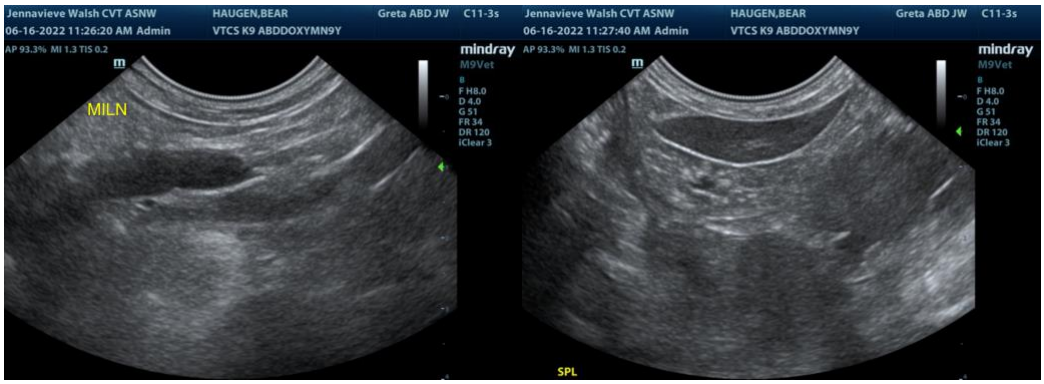

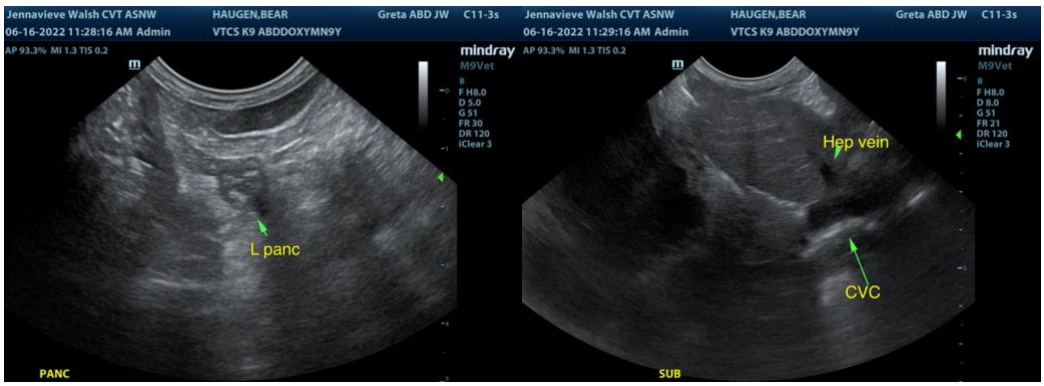

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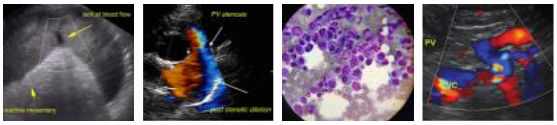

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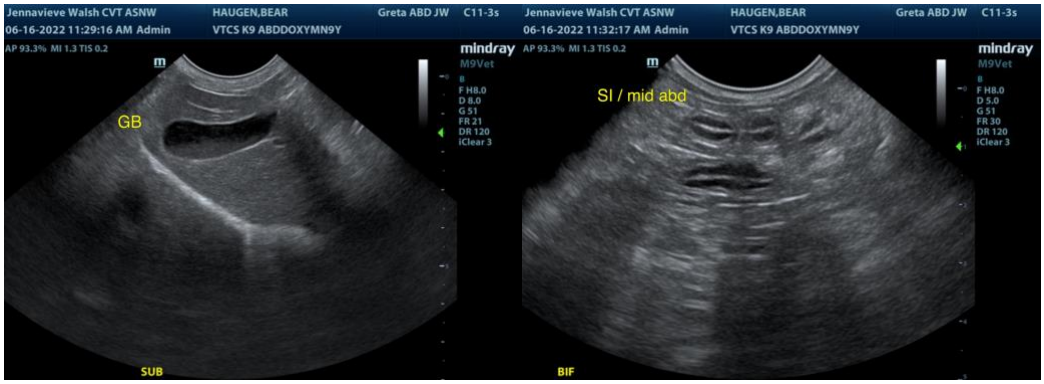

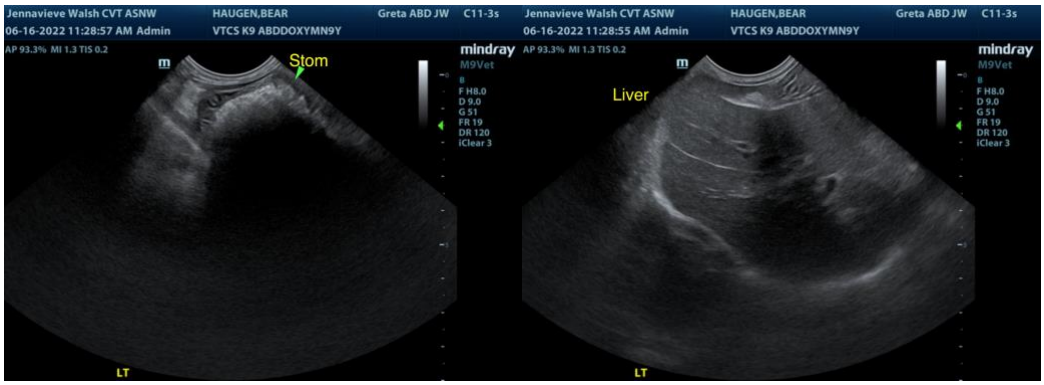

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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