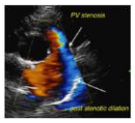
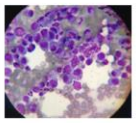
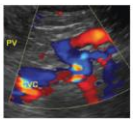




PATIENT

Fred Torres

SPECIES

Canine

BREED

Dachshund

SEX

NM

AGE

7 years

WEIGHT

13 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Michael J. White

INVOICE

14119

DATE

6/16/22

PRESENTING CLINICAL SIGNS

Patient was lethargic and was not wanting to eat.
Abnormal PE/Chem/CBC/UA Results: Bloodwork on 6/9/2022 revealed AMYL: 2247 U/L, LIPA: 4289 U/L, RETIC-HGB: 19.5 pg, WBC: 2.98 K/µL, NEU: 0.07 K/µL, MONO: 1.72 K/µL and pLi was abnormal. Bloodwork was rechecked on 6/13/2022 and revealed WBC: 2.44 K/µL, NEU: 0.14 K/µL, LYM: 0.57 K/µL, MONO: 1.62 K/µL, PLT: 106 K/µL, MPV: 15. fL and pLi was normal. Bands were confirmed under observation of slides under microscope.

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. 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 was noted.

The residual prostate was normal, without evidence of pathology, measuring 0.75 cm in diameter.

Focal medial iliac lymph node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 1.7 cm x 0.6 cm. This lymph node was not consistent with Inflammatory or neoplastic lymphatic criteria.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 5.7 cm in length. The right kidney measured 5.85 cm in length.

Adrenal Glands

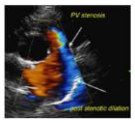
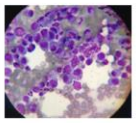
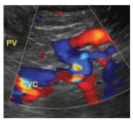
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.0 cm length x 0.57 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.3 cm length x 0.45 cm width at the caudal 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/ Gallbladder

The liver presented enlarged in size. The liver exhibited subjective mild uniform decreased parenchyma echogenicity with mild increased prominence of the portal vascular border. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The gallbladder was non-

PATIENT

Fred Torres

SPECIES

Canine

BREED

Dachshund

SEX

NM

AGE

7 years

WEIGHT

13 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Michael J. White

INVOICE

14119

DATE

6/16/22

distended in size with primarily anechoic content containing mild, nonorganized, nonmineralized luminal debris. No evidence of gallbladder or peripheral inflammatory criteria was noted. The cystic and common bile ducts were normal.

Transdiaphragmatic view revealed comet tail lung pattern, which is echogenic sound wave interface with microconsolidations within the caudal lung field. The lung field should not be visualized by sonogram unless pathology is present. Chest radiographs are recommended to rule out alveolar/lung disease such as neoplasia, thromboembolic disease, chronic inflammatory disease with microconsolidation.

Gastrointestinal

The stomach presented intact yet mildly prominent wall layering primarily In the area of the pylorus. The pylorus wall width measured 0.38 cm. The stomach was empty with mild luminal gas and no evidence of retained Ingesta, fluid, 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

Subjective generalized mild increased omental echogenicity was present with no omental masses or lymphadenopathy noted. No evidence of peritoneal free fluid or overt peritonitis was evident.

ULTRASONOGRAPHIC FINDINGS

- Mildly heterogeneous pancreas - possible resolving or low-grade pancreatitis
- Subjective mild gastritis / gastroenteritis pattern
- Borderline to mild hepatomegaly - nonspecific
- Minor gallbladder debris (non-mucocele)
- Transdiaphragmatic comet tail sign

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential for resolving or persistent low-grade to chronic pancreatitis may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation.

The subjective borderline hepatomegaly was nonspecific, given the lack of reported hepatic enzyme elevations. Assessment of hepatic enzymes is recommended if not recently or already done. If evidence of hepatic enzyme elevations or for further assessment, hepatic FNA using a 25-gauge needle and assuming normal clotting status, may be considered for screening cytology if clinically indicated. Supportive care for mild gastroenteritis and potential resolving to low-grade pancreatitis would be reasonable. Three view chest radiographs are suggested to assess for evidence of thoracic

PATIENT

Fred Torres

SPECIES

Canine

BREED

Dachshund

SEX

NM

AGE

7 years

WEIGHT

13 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Michael J. White

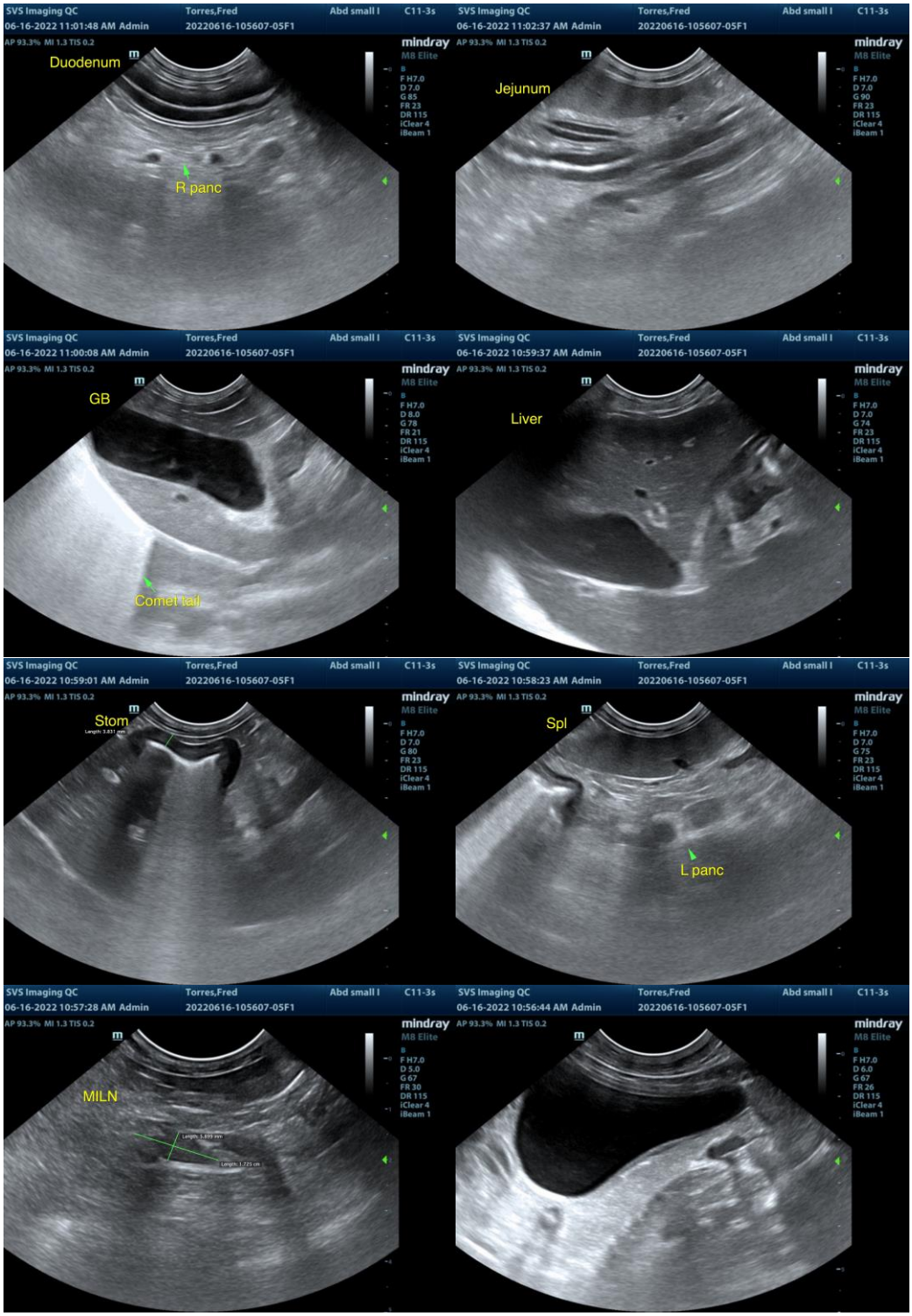
INVOICE

14119

DATE

6/16/22

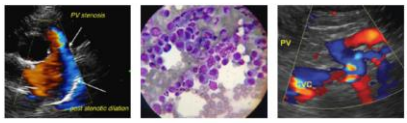
pathology, given the transdiaphragmatic comet tail sign, as a contributing factor to the patient's clinical signs. CBC pathology review is recommended.



IMAGING PERFORMED BY

svsmobileimaging.com 309 - 737 - 3070

SVS IMAGING



SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Fred Torres

SPECIES

Canine

BREED

Dachshund

SEX

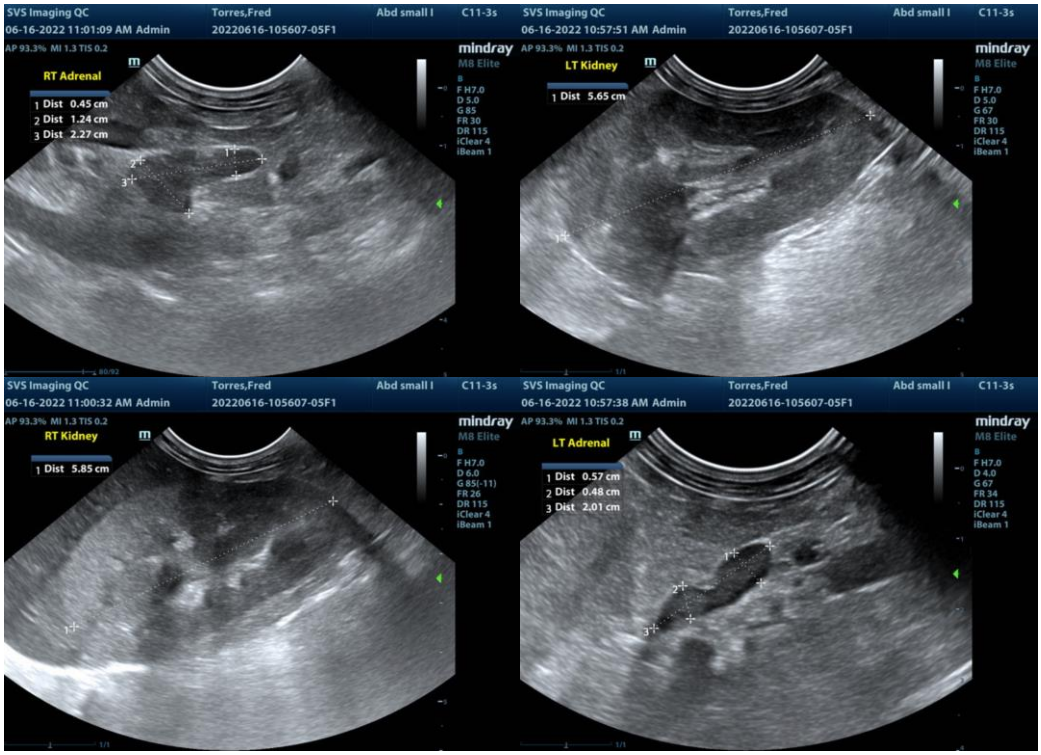
NM

AGE

7 years

WEIGHT

13 lbs.



INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Michael J. White

INVOICE

14119

DATE

6/16/22

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)
info@SonoPath.com