



PATIENT PRESENTING CLINICAL SIGNS

Koko Anders pancreatitis-spec cPLi 594(0-200), treated with NSAIDs, low fat diet, cerenia. Follow up spec cPLI 3 weeks later was 1120 eating well, occ vomiting, normal BMs

SPECIES Abnormal PE/Chem/CBC/UA Results: ALT 139(18-121), ALP 1314(5-160), lip 515 (0-250)

Canine

NOTE: The images for this patient are labeled as "Tucker Anders" but are fore "Koko Anders"

BREED

Min Dachshund

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

FS

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.

AGE

13 years

The area of the aortic trifurcation was free of pathology.

WEIGHT

8 kg

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 mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Areas of nonobstructive medullary mineral were present in both kidneys. No evidence of pelvic dilation was present. The left kidney measured 4.9 cm in length. The right kidney measured 5.0 cm in length.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.0 cm length x 0.69 cm width in the caudal pole. The right adrenal gland measured 1.8 cm length x 0.42 cm width in the caudal pole. No evidence of overt hyperplasia or adrenal tumors.

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Hartzel AH

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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.

REFERRING VET

Dr. Morris

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Liver/ Gallbladder

The liver was normal in size exhibiting subtle areas of mild asymmetrical capsule contour. Normal overall hepatic parenchymal echogenicity exhibiting moderate coarse echotexture and evidence of parenchymal remodeling were present. No masses or nodules were noted. The gallbladder was non-distended in size containing primarily anechoic content with mild hyperechoic debris primarily in the

DATE

6/2/22



PATIENT	caudal lumen and gallbladder neck. No evidence of gallbladder or peripheral gallbladder inflammation. The cystic and common bile ducts were normal.
Koko Anders	
SPECIES	Gastrointestinal
Canine	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.
BREED	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.
Min Dachshund	Normal visible colon wall layers were present with apparent formed feces in lumen.
SEX	Pancreas
FS	The pancreas was normal in size and contour with heterogeneous to mildly echogenic parenchyma compared to adjacent omentum with evidence of pancreatic parenchymal remodeling. No signs of active inflammation or neoplasia.
AGE	Free Abdomen
13 years	No overt lymphadenopathy or peritoneal effusion was present.
WEIGHT	ULTRASONOGRAPHIC FINDINGS
8 kg	<ul style="list-style-type: none"> • Chronic hepatopathy - subjectively benign, vacuolar hepatopathy and nonobstructive cholestasis given the primarily elevated ALP with potential for primary or concurrent inflammatory hepatopathy i.e., cholangiohepatitis given the mildly elevated ALT, indistinct nodular hyperplasia, hematopoiesis, fibrosis, or other hepatopathy with neoplastic criteria considered unlikely • Minor gallbladder debris • Chronic renal changes with nonobstructive medullary mineral • Pancreatic remodeling - potentially secondary to previous inflammatory episodes, chronic pancreatitis possible, no evidence of significant or active pancreatitis or pancreatic neoplastic criteria • Overtly normal gastrointestinal tract
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
R. McKenzie Daniel, DVM, DABVP	Hepatosupportive medications such as Denamarin and Ursodiol with continued empirical therapy for chronic pancreatitis would be reasonable. Assuming normal clotting status, ultrasound-guided liver FNA for screening cytology primarily to assess for evidence of inflammatory cells could be considered for further assessment.
IMAGING PERFORMED BY	
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PATIENT

Koko Anders

SPECIES

Canine

BREED

Min Dachshund

SEX

FS

AGE

13 years

WEIGHT

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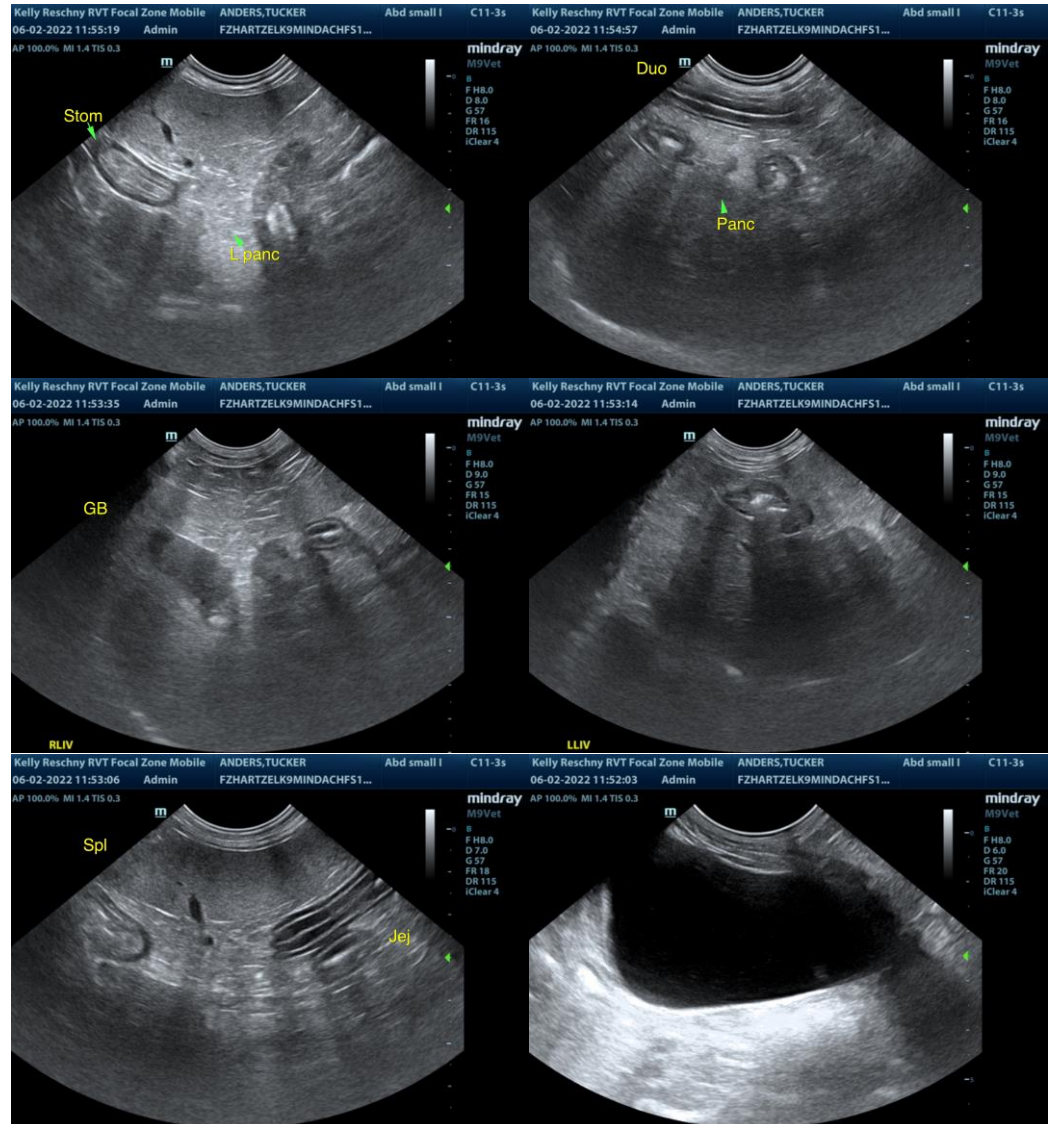
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PATIENT

Koko Anders

SPECIES

Canine

BREED

Min Dachshund

SEX

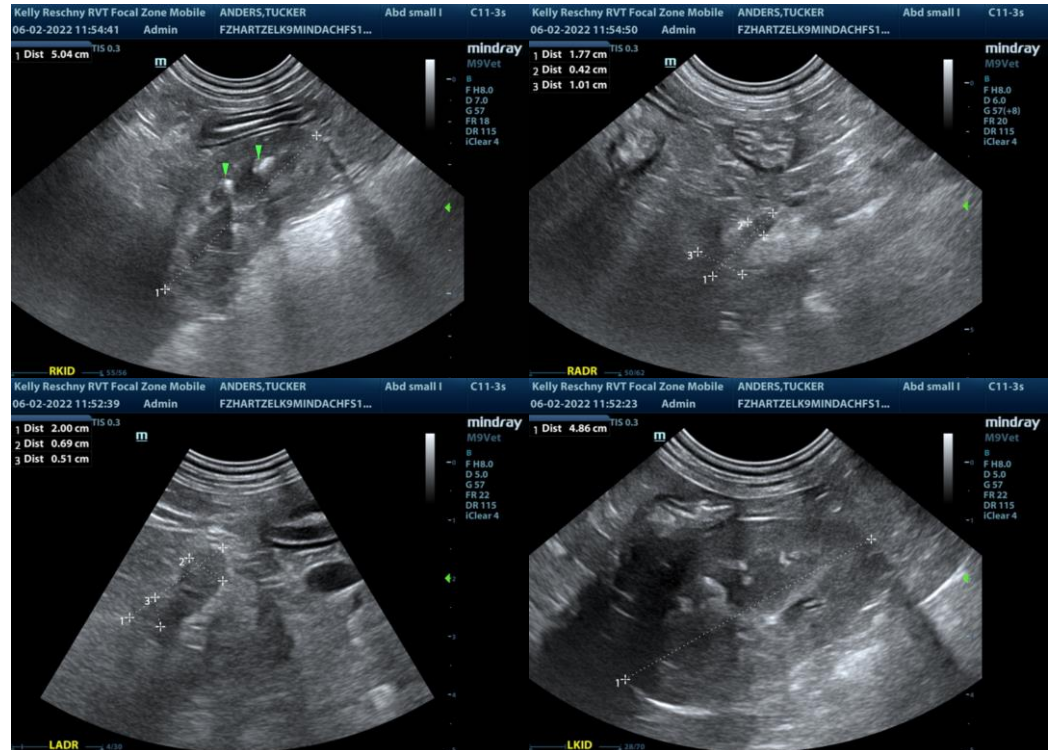
FS

AGE

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WEIGHT

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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)
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