**PATIENT**

Hattie Bees

PRESENTING CLINICAL SIGNS

Had a seizure on 6/17/22. Gave Keppra and it stopped. Has done some head pressing since.
 Abnormal PE/Chem/CBC/UA Results: CBC unremarkable BUN 31.5, ALT 926, ALP 462, GGT 17

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 were noted.

BREED

Dachshund

SEX

Spayed Female

No overt pathology in the area of the iliac trifurcation, including no evidence of medial iliac or sublumbal lymphadenopathy.

AGE

13 Years

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.1 cm. The right kidney measured 4.6 cm.

Adrenal Glands**WEIGHT**

14 Pounds

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 1.8 cm length x 0.66 cm at the caudal pole. The left adrenal gland measured 2.2 cm x 0.68 cm at the caudal pole.

Spleen**INTERPRETED BY**

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

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.

IMAGING PERFORMED BY

Sarah Pender, CVT

Liver**HOSPITAL NAME**

SVS Imaging QC

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, non-organized hyperechoic debris, which appeared to be subjectively mobile. No evidence of gallbladder or peripheral gallbladder inflammatory criteria. The cystic duct and common bile ducts were normal without evidence of dilation.

REFERRING VET

Dr. Haenni

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.

INVOICE

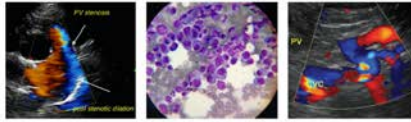
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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

DATE

6/20/22

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

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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

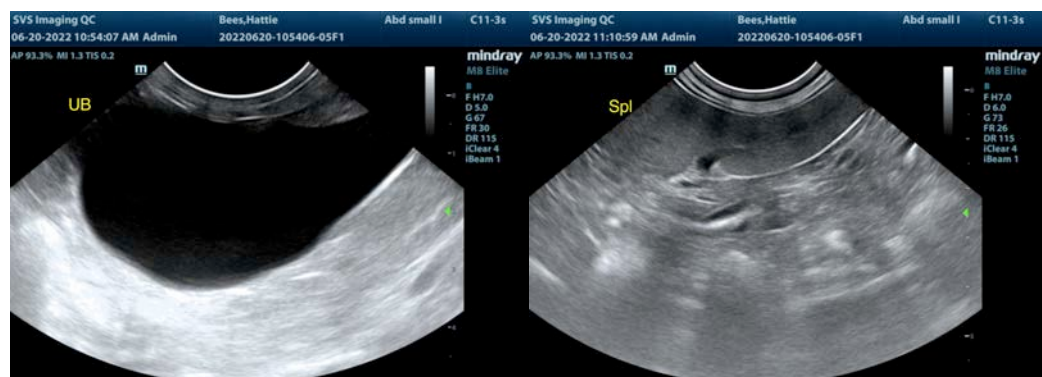
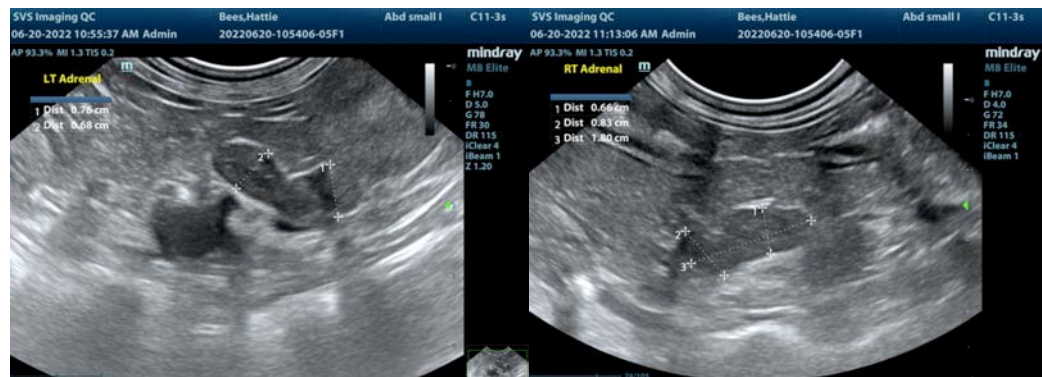
No omental masses, lymphadenopathy or effusion.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy exhibiting normal vascular volume – metabolic, reactive, vacuolar hepatopathy with non-obstructive cholestasis, non-specific hepatitis (viral, bacterial, Leptospirosis, toxin, etc). No overt evidence of neoplastic criteria.
- Mild gallbladder debris (non-mucocele)
- Mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Largely non-specific and mild geriatric abdomen without evidence of significant abdominal visceral pathology. No overt evidence of an intrahepatic or extrahepatic portosystemic shunt. Further assessment of the liver may include bile acid testing, ultrasound guided FNA of the liver for screening cytology, primarily to assess for or possibly identify inflammatory cell type, if present, and assuming normal clotting status, +/- Leptospirosis titers/PCR, if clinically indicated. Hepatic functionality likely normal, given mild BUN elevation, and if normal albumin, cholesterol, and glucose levels. Hepatosupportive medications including Denamarin and Ursodiol warranted. Neurology consult with potential for intracranial imaging may be indicated.





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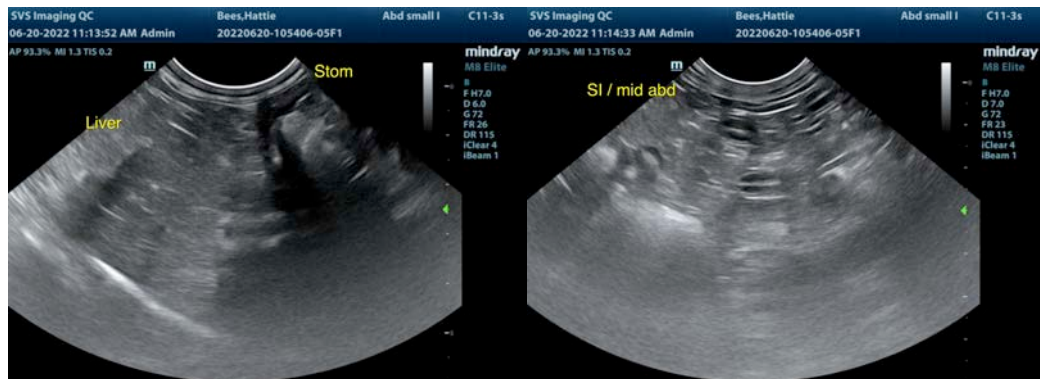
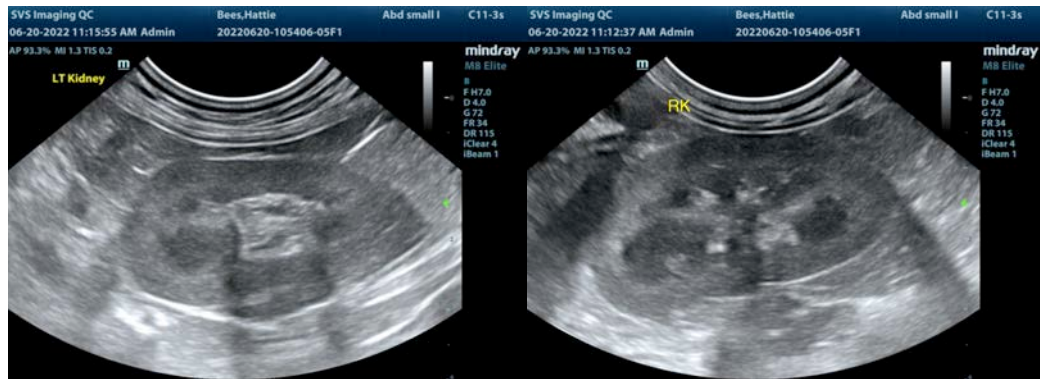
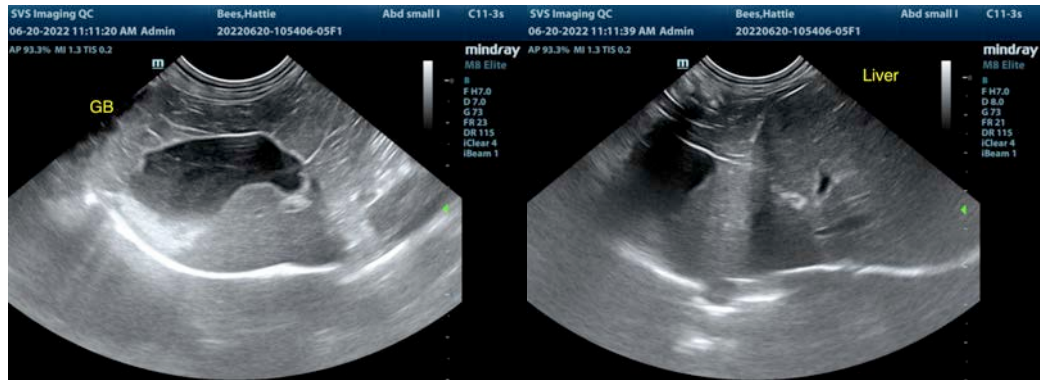
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com