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Clinical Sonography & Telecytology
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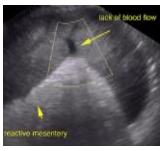
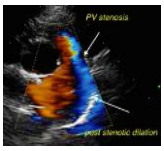
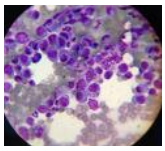
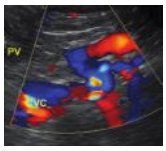




SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Ariel Hagman

SPECIES
Canine

BREED
Dachshund

SEX
FS

AGE
11

WEIGHT
6.3 kg

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

IMAGING PERFORMED BY
Dr. Belan

HOSPITAL NAME
Properties AH

REFERRING VET
Dr. Morley

INVOICE
10917ag

DATE
06/22/2022

PRESENTING CLINICAL SIGNS

History: PU PD for last few months Bright and alert no other symptoms

Abnormal PE/Chem/CBC/UA Results: Blood work non diagnostic UA 1023 after 12 water fast

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

Normal size and margination was present in the kidneys. The echogenicity of the left and right renal cortex was mildly nonuniform and slightly less than normal liver parenchyma while the medullary echogenicity maintained hypoechoic appearance to the cortex with no evidence of pelvic dilation. Subjective moderate loss of corticomedullary border distinction was present. Subtle pinpoint hyperechoic cortical foci were present bilaterally which although nonspecific may indicate pinpoint areas of cortical microinfarction, fibrosis or mineralization. The left kidney measured 4.1 cm in length. The right kidney measured 4.3 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.37 cm width at the caudal pole and 0.36 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.38 cm width at the caudal pole and 0.36 cm width at the cranial pole.

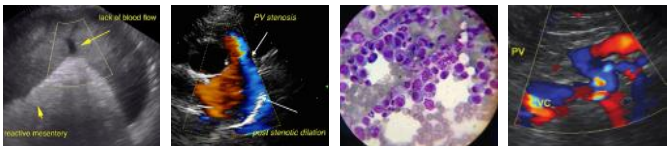
Spleen

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. Areas of hyperechoic medial capsule likely consistent with capsule fibrosis were observed. 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.

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. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content and mild nondependent yet nonorganized hyperechoic debris primarily within the gallbladder neck. The cystic and common bile ducts were normal.

Gastrointestinal



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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 ventral gastric body wall measured 0.35 cm in width.

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 parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Vacuolar hepatopathy pattern-benign
- Mild gallbladder debris non mucocele
- Mild pancreatic remodeling
- Moderate chronic renal changes with mild nonuniform cortex echogenicity including subtle pinpoint hyperechoic cortical foci
- Overtly normal bilateral adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hepatosupportive medication including Denamarin and Ursodiol given the presence of gallbladder debris may prove beneficial. Sonographically the adrenal glands are not overtly consistent with hyperplasia or pituitary dependent hyperadrenocorticism and without evidence of neoplastic criteria. An adrenal workup could be considered if clinically indicated. Although thought less likely, leptospirosis titers/PCR and assessment of hepatic function with bile acid testing pending additional diagnostics could be considered.
Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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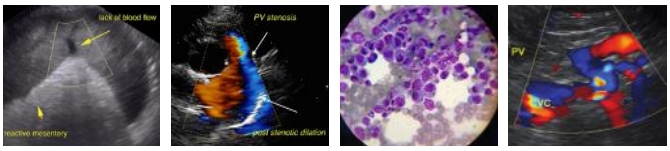

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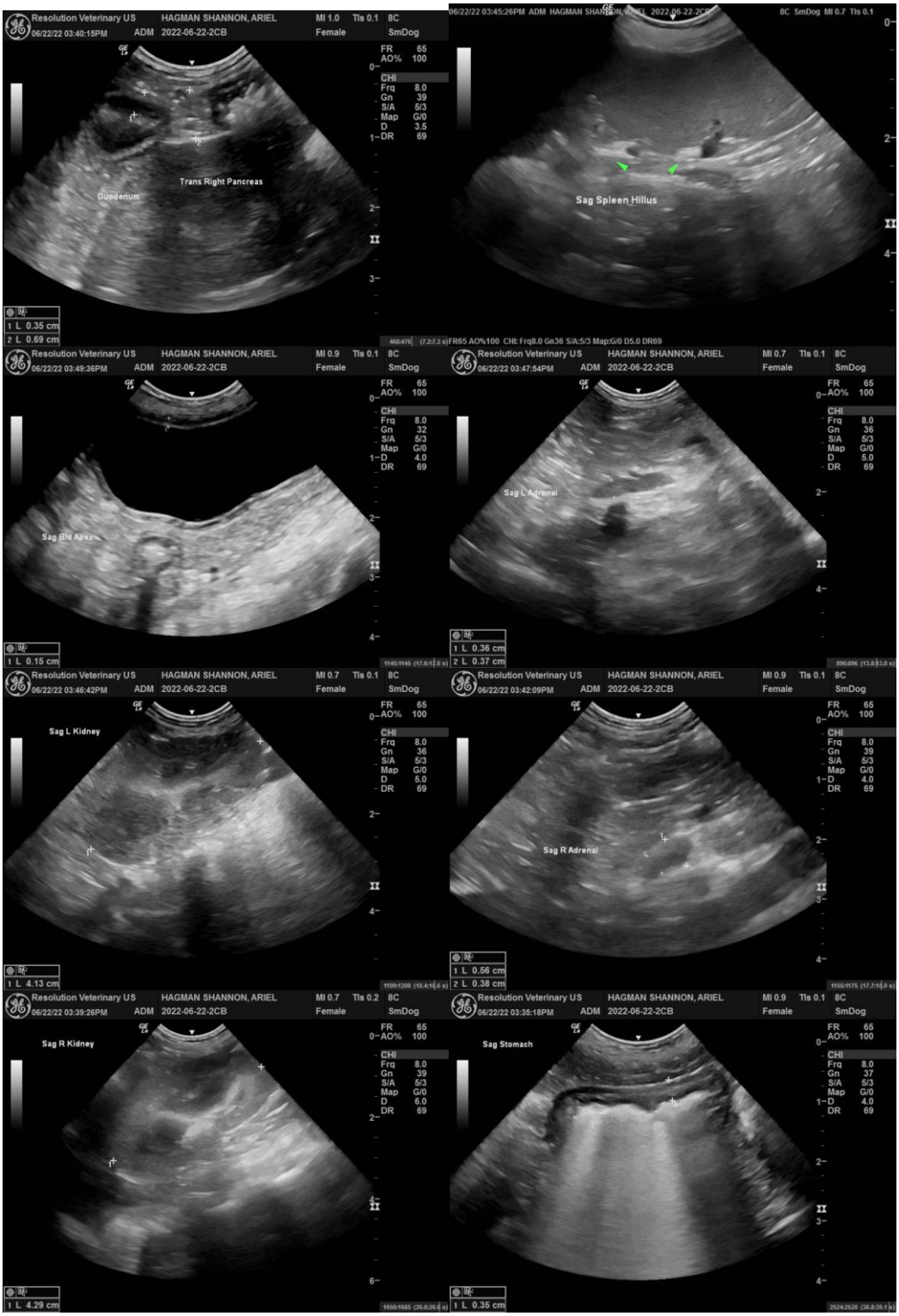

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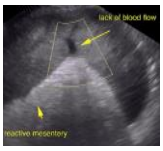
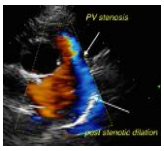
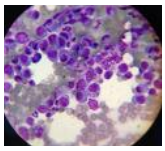
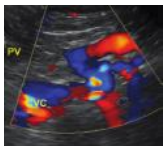

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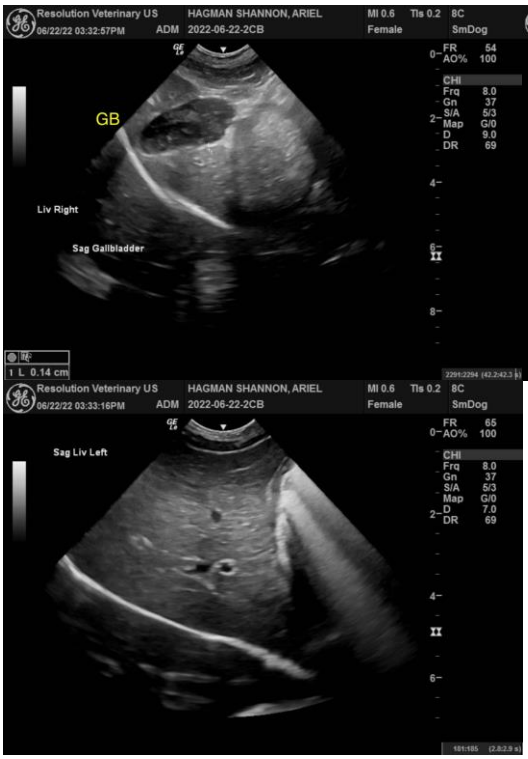

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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