



**PATIENT**

Bella Brejcha

**SPECIES**

Canine

**BREED**

Dachshund

**SEX**

Spayed Female

**AGE**

6 Years

**WEIGHT**

28.8 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

Anchor AH

**REFERRING VET**

Dr. Katherine Pietsch,  
DVM

**INVOICE**

16261

**DATE**

6/22/22

**PRESENTING CLINICAL SIGNS**

History: Vomiting x 2 days as well as frequent urinations. Diagnosed with UTI - e. coli sensitive to all antibiotics. Radiographs: decreased detail in right cranial abdomen and a mass effect craniodorsal abdomen. Increasing ALP (1706).

**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 were noted. Aortic trifurcation was normal.

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. Very minor pyelectasia was present in the left and right kidneys. The left kidney measured 5.4 cm in length. The right kidney measured 6.0 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 0.53 cm width at the caudal pole and 0.52 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 0.58 cm width at the caudal pole and 0.47 cm width at the cranial 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**

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 mild to moderate nondependent yet mobile mildly hyperechoic gallbladder. The cystic duct and common bile ducts were normal without evidence of dilation.

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild nonshadowing ingesta/chyme. The ventral gastric body wall measured 0.27 cm.



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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. The duodenum wall measured 0.49 cm. The jejunum wall measured 0.31 cm.

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

**Pancreas**

The pancreas exhibited normal in size and overall contour with heterogeneous to mildly hyperechoic parenchyma noted in the pancreas base and right pancreatic limb. No evidence of peripancreatic reactive mesentery.

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**ULTRASONOGRAPHIC FINDINGS**

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- Vacuolar hepatopathy pattern- benign
- Mild to moderate gallbladder debris (non-mucocele)
- Heterogeneous to mildly hyperechoic pancreas- suspect low-grade chronic pancreatitis, potential for emerging pancreatic fibrosis
- Sonographically unremarkable gastrointestinal tract with mild gastric ingesta/chyme

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall, no overt evidence of significant abdominal visceral pathology, including no evidence of intraabdominal neoplastic criteria/masses. The vomiting in this patient may be owing to chronic pancreatitis, which would be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation or if increased CPL. Dietary intolerance/food hypersensitivity, occult parasitism, structurally insignificant inflammatory enteropathy possible. Continued as needed gastrointestinal supportive care and if clinically indicated, conservative therapy for chronic pancreatitis would be reasonable. Hepatosupportive medications, including Denamarin and ursodiol may prove beneficial.

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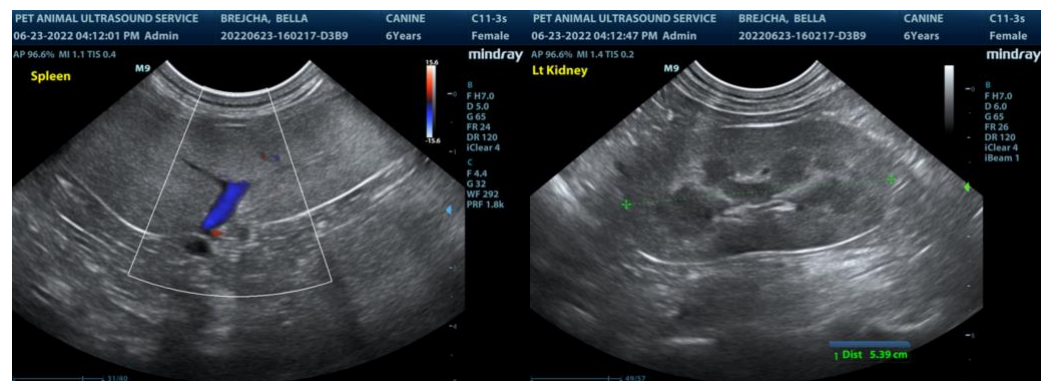
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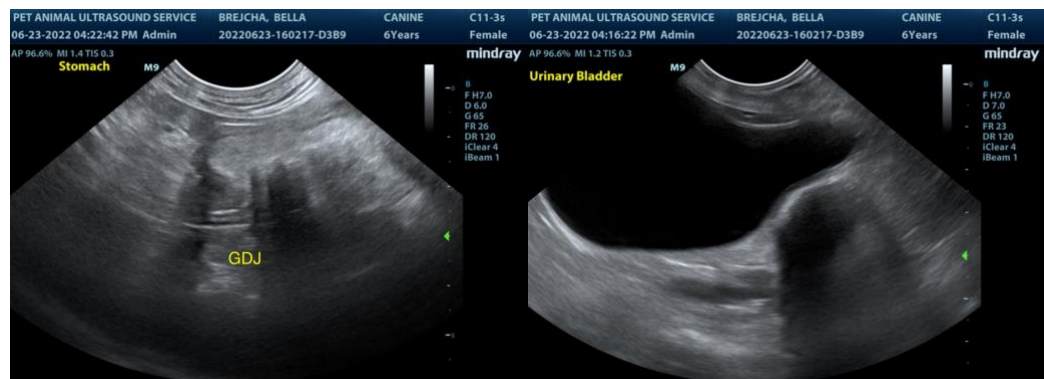
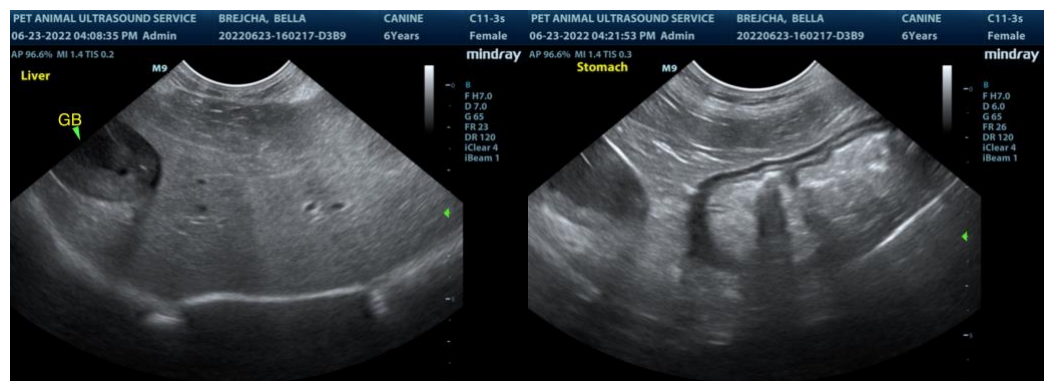
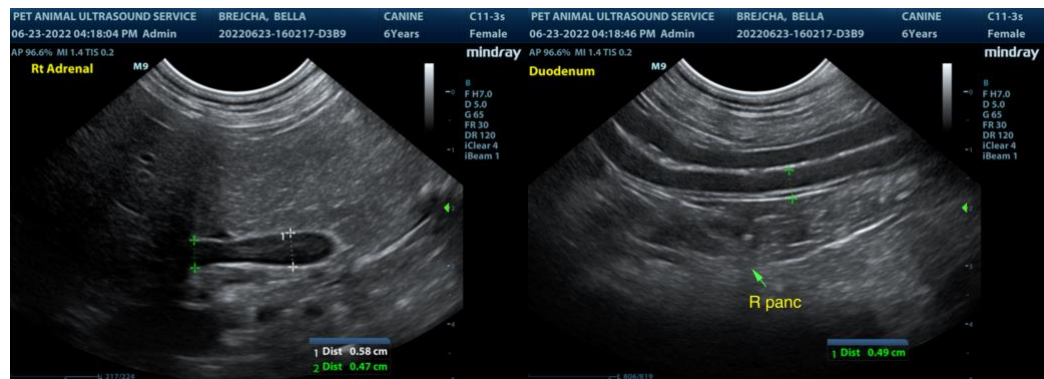
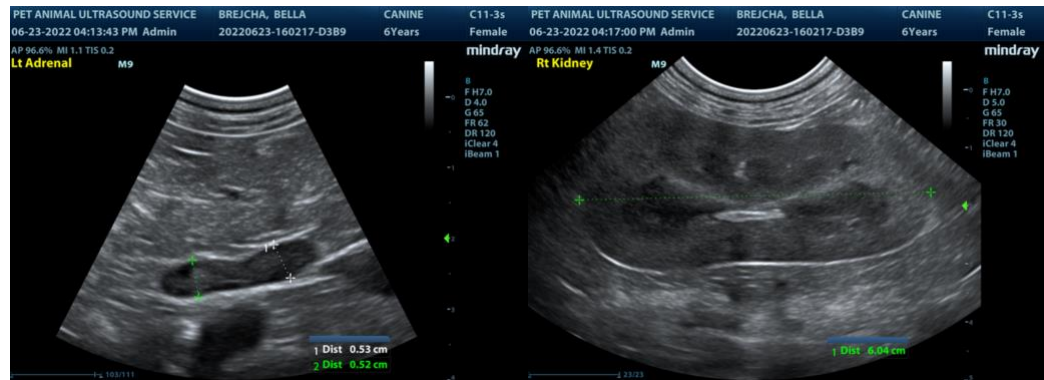
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

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**info@SonoPath.com**

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