



PATIENT

Dutch Perkins

SPECIES

Canine

BREED

Dachshund

SEX

NM

AGE

7 years

WEIGHT

14.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jasmine Palacios
SDEP Attendee

HOSPITAL NAME

Rivers Edge Pet
Medical Center

REFERRING VET

Dr. Stern

INVOICE

14348

DATE

7/21/22

PRESENTING CLINICAL SIGNS

History of mildly elevated ALT and GGT, detected on routine BW, minimal change with denamarin and rx diet. CE WNL except for mild tartar, alopecia and crust/lesions ear pinna, NSF on abdominal palp o notes constipation since changing to L/D diet Current Meds: Denamarin (L/D diet) Topical chlorhex ointment (ears) Melatonin for hair loss O gives pumpkin for constipation

Abnormal PE/Chem/CBC/UA Results: See attached labwork: Most recent BW (7/1/22) Crea 0.4 L (0.6-1.7) BUN 6 L (7-32) Alb 4.0 H (2.7-3.9) ALT 152 H (17-115) GGT 11 H (<9) RBC 8.6 H (5.2-8.1) See attached rads: possible distended gallbladder

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, sediment, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The area of the residual prostate was free of pathology.

The area of the aortic trifurcation was free of pathology.

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 dilatation. Focal areas of minor medullary mineral were present in both kidneys. No evidence of pyelectasia was noted. The left kidney measured 5.3 cm in length. The right kidney measured 5.0 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 1.9 cm length x 0.59 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 1.8 cm length x 0.52 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 mildly 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. No masses or nodules were noted.



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The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach presented intact yet mildly prominent wall layering with retained anechoic fluid and minor nonshadowing chyme. No evidence of mechanical pyloric outflow obstruction was noted.

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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.

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

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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 were evident.

WEIGHT

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Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

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- Hepatopathy - subjectively benign, metabolic / vacuolar / reactive hepatopathy, low-grade inflammatory hepatopathy, nonobstructive cholestasis possible, no evidence of hepatic or hepatobiliary neoplastic criteria
- Sonographically unremarkable gallbladder and common bile duct
- Possible mild gastritis and gastric hypomotility
- Focal areas of minor renal medullary mineral

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Assuming normal clotting status, ultrasound-guided hepatic FNA for screening cytology, primarily to assess for evidence of inflammatory cells, could be considered. In addition to current hepatosupportive medications, Ursodiol due to its antioxidant and immunomodulatory effects within the liver may prove beneficial even though no evidence of gallbladder sludge was present.

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Sonographically, the appearance of the stomach may suggest gastritis although potential for normal patient variant given lack of reported clinical signs suggestive of gastric inflammation is possible. Gastroprotectant protocol could be considered if clinically indicated.

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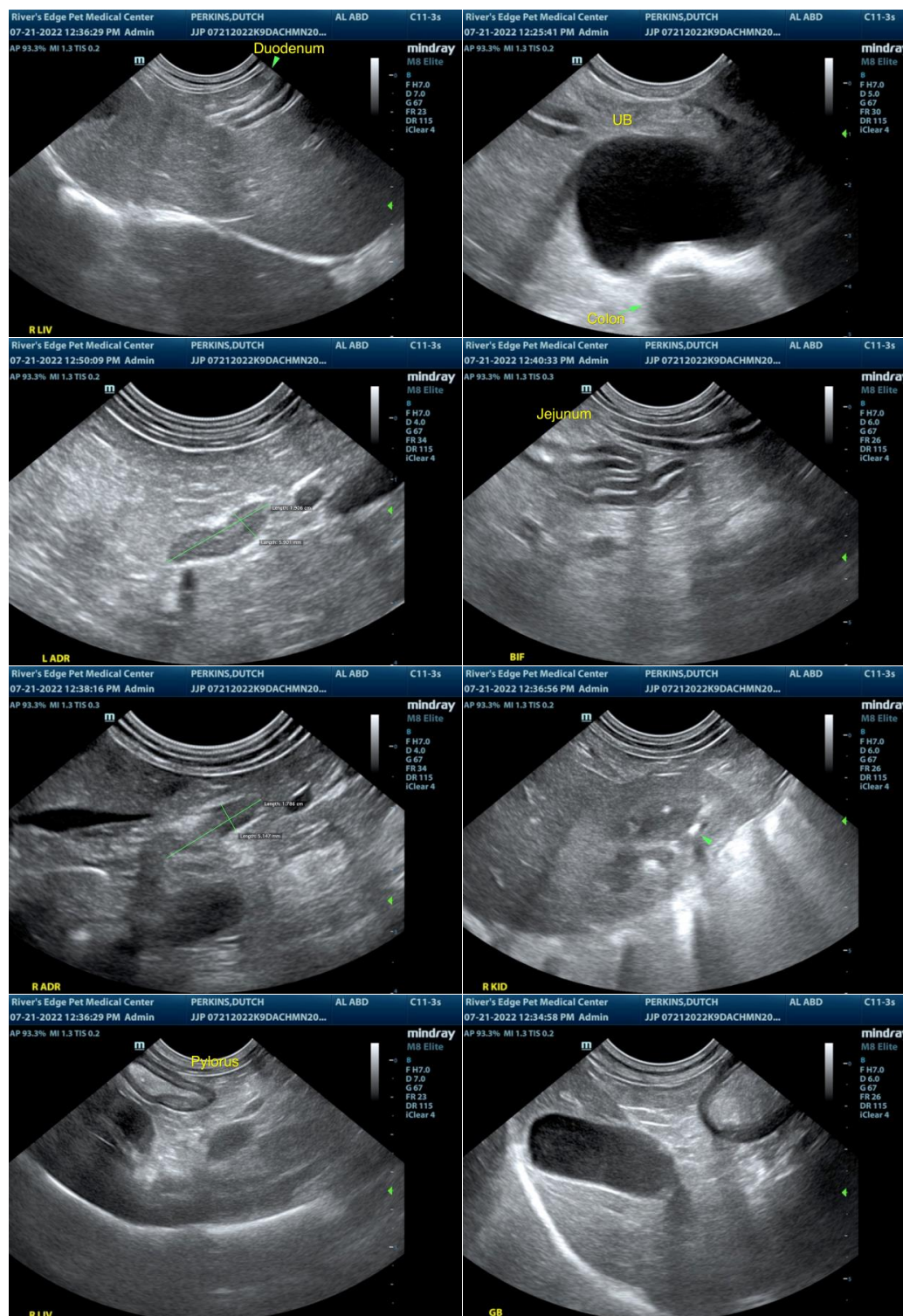
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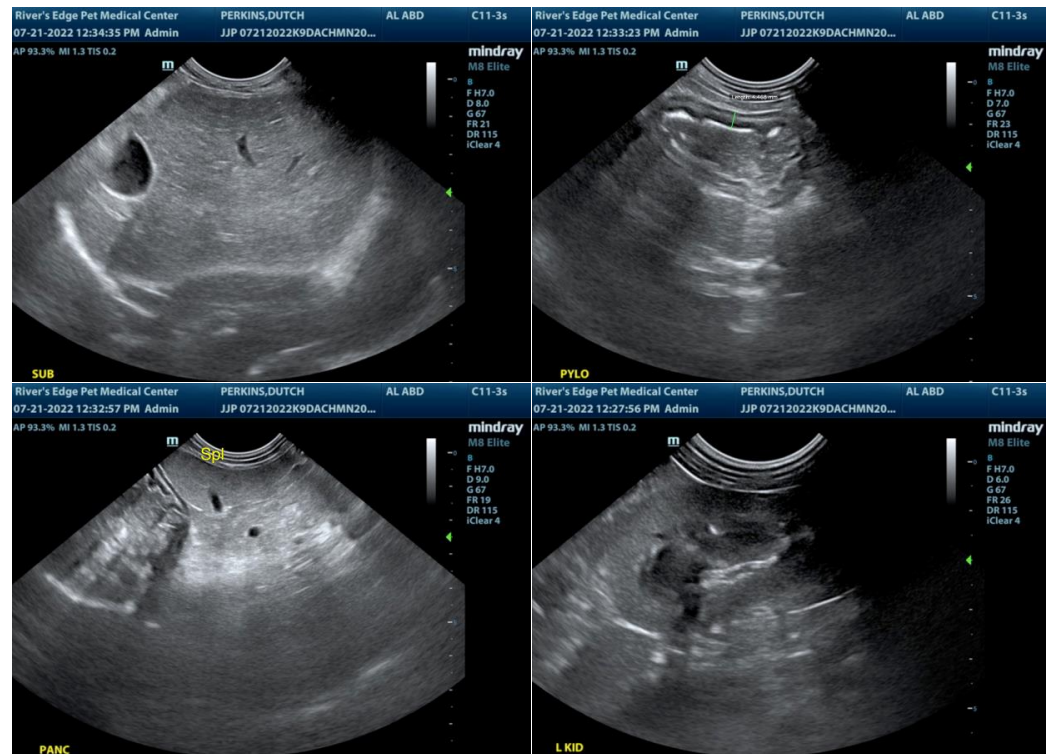
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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