



PATIENT

Lulu Gonzales -
Gugelman

SPECIES

Canine

BREED

Dachshund

SEX

F/S

AGE

15

WEIGHT

18.94

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Cassidy Braverman,
CVT

HOSPITAL NAME

Bush AH

REFERRING VET

Dr. Blystone

INVOICE

14377

DATE

7/22/22

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: physical exam unremarkable. History of acute onset PU/PD, ravenous appetite for protein products. current medications: Tramadol 12.5 mg BID.

Abnormal PE/Chem/CBC/UA Results: CBC: Stress leukogram Chem: Cl 105, ALT 213 IU/L, Alk Phos 2093 IU/L, GGT 59 IU/L UA: USPG 1011, pH 5.5, inactive sediment T4 <0.4

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 was noted.

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 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. A small solitary cortical cyst was present in the left kidney. No evidence of pelvic dilation was present. The left kidney measured 5.4 cm in length. The right kidney measured 5.3 cm in length.

Adrenal Glands

The bilateral adrenal glands were mildly prominent in size, given the breed and patient body size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 1.1 cm width in the cranial pole and 0.89 cm width in the caudal pole. The right adrenal gland measured 0.71 cm width in 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 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. A solitary uniform mildly hyperechoic intraparenchymal nodule exhibiting subtle distal acoustic shadowing measuring 1.1 cm in diameter was present in the mid liver. 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 gallbladder debris. The cystic and common bile ducts were normal.



PATIENT	Gastrointestinal
Lulu Gonzales - Gugelman	The visualized gastric walls were sonographically normal. The lumen of the stomach contained mild to moderate ingesta exhibiting strong distal acoustic shadowing.
SPECIES	
Canine	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.
BREED	
Dachshund	Normal visible colon wall layers were present with apparent formed feces in lumen.
SEX	Pancreas
F/S	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.
AGE	Free Abdomen
15	No overt lymphadenopathy or peritoneal effusion was present.
WEIGHT	ULTRASONOGRAPHIC FINDINGS
18.94	Primary Findings
INTERPRETED BY	<ul style="list-style-type: none"> Hepatopathy with solitary benign Intraparenchymal nodule - metabolic / reactive / vacuolar hemopathy and nonobstructive cholestasis, given the elevated ALP/GGT combination with potential for primary or concurrent Inflammatory hepatopathy, given the ALT elevation. Nodules are suggestive of a probable area of nodular hyperplasia, benign lipogranuloma, or emerging mineral. No evidence of hepatic neoplastic criteria.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> Mild gallbladder debris (non-mucocele) Bilateral chronic renal changes with small left kidney cortical cysts Subjective bilateral prominent adrenal glands
IMAGING PERFORMED BY	Secondary Findings
Cassidy Braverman, CVT	<ul style="list-style-type: none"> Strongly shadowing gastric ingesta - nonspecific
HOSPITAL NAME	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Bush AH	Full adrenal workup with LDDST is warranted in this patient, given the appearance of the liver, bilateral adrenal glands, and clinical signs. If Cushing's Syndrome is ruled out, ultrasound-guided FNA of the liver, assuming normal clotting status and using a 25-gauge needle could be considered for screening cytology +/- Leptospiriosis titer/PCR if potential exposure. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial.
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7/22/22	No evidence of adrenal neoplastic criteria was noted.
	Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.



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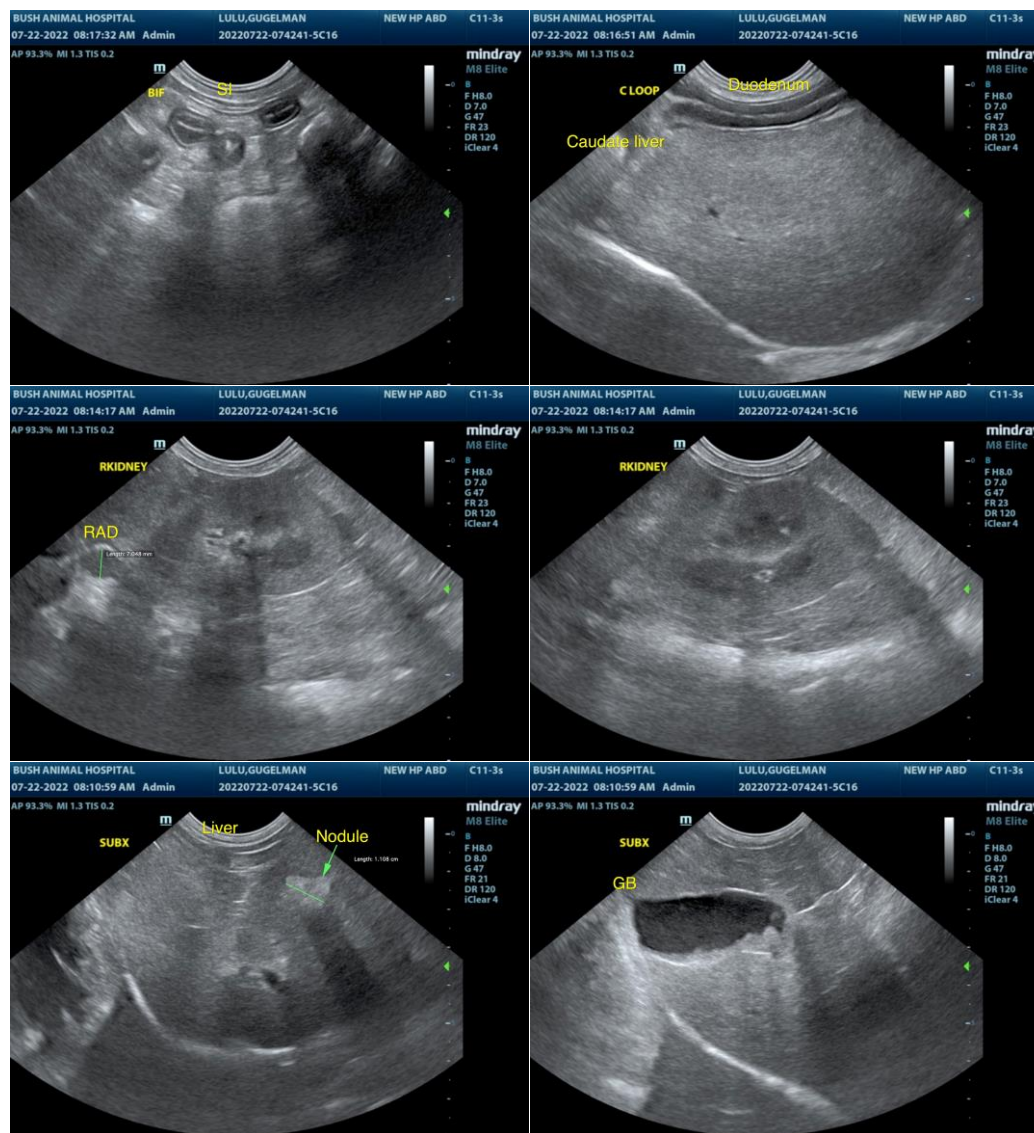
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The strongly shadowing gastric ingesta may indicate recent meal ingestion. However, if documented NPO or if clinically applicable, the possibility of gastric foreign material cannot be definitively excluded. Monitoring for evidence of gastric emptying, especially given the reported ravenous appetite in this patient, may be considered.





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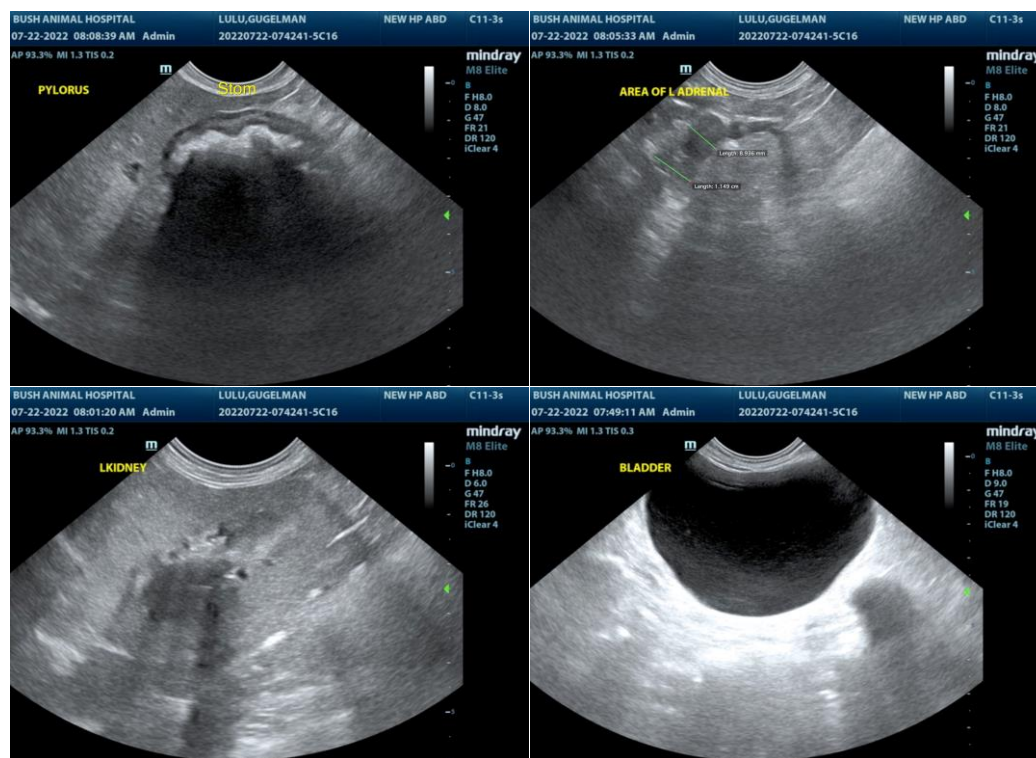
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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