



PATIENT	PRESENTING CLINICAL SIGNS
Calilopee Riley	Decreased appetite, increased thirst, and intermittent vomiting. History of possible gastric tumor, diagnosed via ultrasound by Animal Sounds on 9/2020. Responded well to treatment for Helicobacter.
SPECIES	Physical exam: weight loss, tense abdomen, moderate dehydration.
Canine	Abnormal PE/Chem/CBC/UA Results: Total protein 4.9 (n=5-7.4), albumin 2.4 (n=2.7-4.4), BUN 52 (n=6-31), PSL 460 (n=24-140), RBC 9.6 (n=4.8-9.3), MCH 47 (n=58-79), MCH 16.3 (n=19-28), Platelets 673 (n=170-400). Current Medications Cerenia, Buprenex, Entyce
BREED	
Dachshund	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
SEX	Urinary System
FS	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.
AGE	The area of the aortic trifurcation was free of pathology.
13 years	
WEIGHT	Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. Nonuniform cortex echogenicity with intermittent small cortical cysts were present along with moderate to marked loss of corticomedullary symmetry and definition expected for the age of the patient. Pinpoint areas of medullary mineral were present. Subjective mild reduced medullary volume was noted and mild pyelectasia. The left kidney measured 4.9 cm in length. The right kidney measured 4.9 cm in length.
7.56 lbs	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 3.3 cm length x 0.63 cm width in the caudal pole. The right adrenal gland measured 2.2 cm length x 0.61 cm width in the caudal pole.
IMAGING PERFORMED BY	
Sara Hansen	
HOSPITAL NAME	Spleen
Q Street AH	The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A solitary hyperechoic, non-disruptive nodule was present in the mid-spleen. The capsule was smooth and regular without apparent expansion. The spleen maintained a symmetrical capsule contour. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.
REFERRING VET	
Dr. Cone	
INVOICE	Liver/ Gallbladder
14397	The liver presented normal to mildly enlarged size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver
DATE	
7/26/22	



PATIENT	parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild echogenic, nonmineralized biliary sludge primarily around the inner luminal surface with primarily anechoic content. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic duct and common bile ducts were normal without evidence of dilation.
Calilopee Riley	
SPECIES	
Canine	
BREED	Gastrointestinal
Dachshund	The stomach exhibited previously noted cystic-appearing luminal lesion occupying the subjective mid gastric body extending into the area of the antrum and pylorus measuring approximately 2.5 cm in diameter, although subjectively larger as the entire lesion would not fit into a single window. Primarily intact gastric wall layering was maintained. No obvious evidence of obstruction to pyloric outflow, given normal overall gastric size without evidence of significant retained ingesta, fluid, or foreign material. No evidence of gastric mural mineralization was noted.
SEX	
FS	
AGE	
13 years	The small intestine presented intact wall layering with subjective propensity for segmental to generalized mildly prominent small intestinal mucosa. The duodenum wall measured 0.57 cm width. The jejunum wall measured 0.50 cm width.
WEIGHT	
7.56 lbs	Normal visible colon wall layers were present with apparent formed feces in lumen.
INTERPRETED BY	Pancreas
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
IMAGING PERFORMED BY	Free Abdomen
Sara Hansen	No overt lymphadenopathy or peritoneal effusion was present.
HOSPITAL NAME	ULTRASONOGRAPHIC FINDINGS
Q Street AH	Primary Findings
REFERRING VET	<ul style="list-style-type: none"> Gastropyloric nonhomogeneous to mildly cystic luminal lesion - most consistent with probable benign mucosal hyperplasia or large atypical gastric polyp, neoplastic criteria is considered unlikely Mild pancreatic remodeling Intact yet subjectively prominent small bowel walls Moderate bilateral chronic degenerative renal changes
Dr. Cone	
INVOICE	Secondary Findings
14397	<ul style="list-style-type: none"> Mild hepatic parenchymal remodeling Mild gallbladder debris (non-mucocele)
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- Previously noted static benign splenic nodule - consistent with myelolipoma

Calilopee Riley

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Q Street AH

REFERRING VET

Dr. Cone

INVOICE

14397

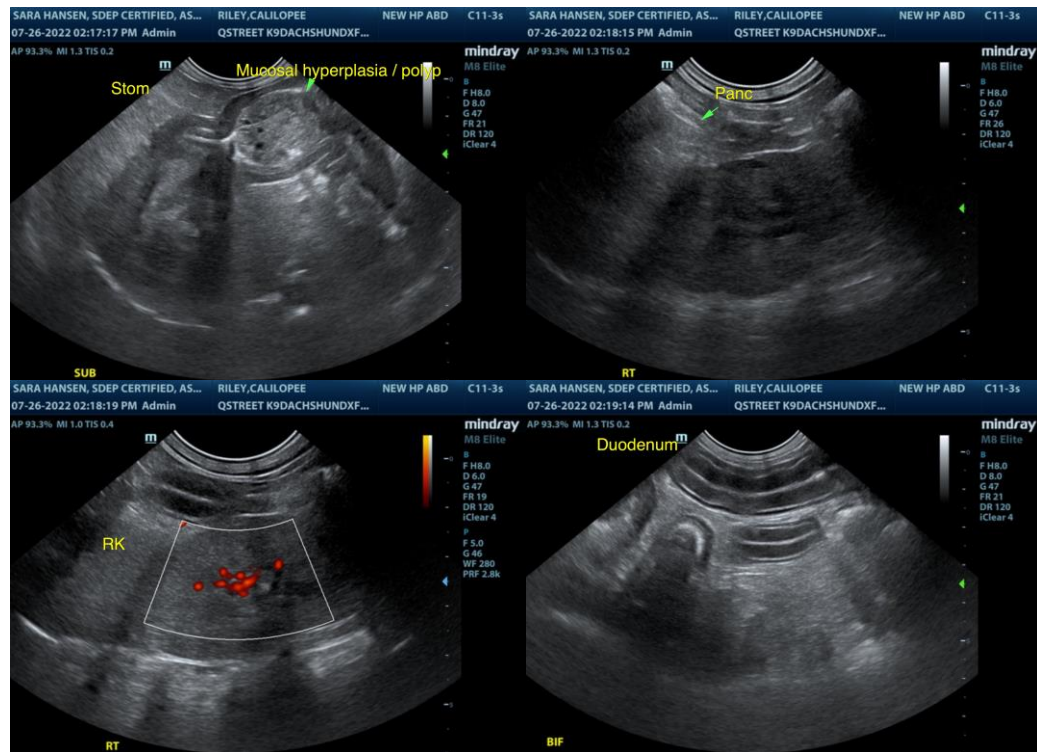
DATE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Previously noted luminal gastric lesion was still present yet not overtly suggestive of neoplastic criteria, given timeframe between previous and current ultrasound. Smaller more frequent meals with canned bland or hydrolyzed diet with as-needed gastroprotectants and gastrointestinal support would be reasonable. Potential for low-grade to chronic pancreatitis as a contributing factor to the patient's clinical signs could be possible.

Correlation with a Spec cPL or given the patient's GI signs and weight loss, a full GI panel to include PLI/TLI/Cobalamin/Folate is warranted. Sonographic reassessment of the GI tract and pancreas is recommended if persistent / progressive GI signs or weight loss are noted.





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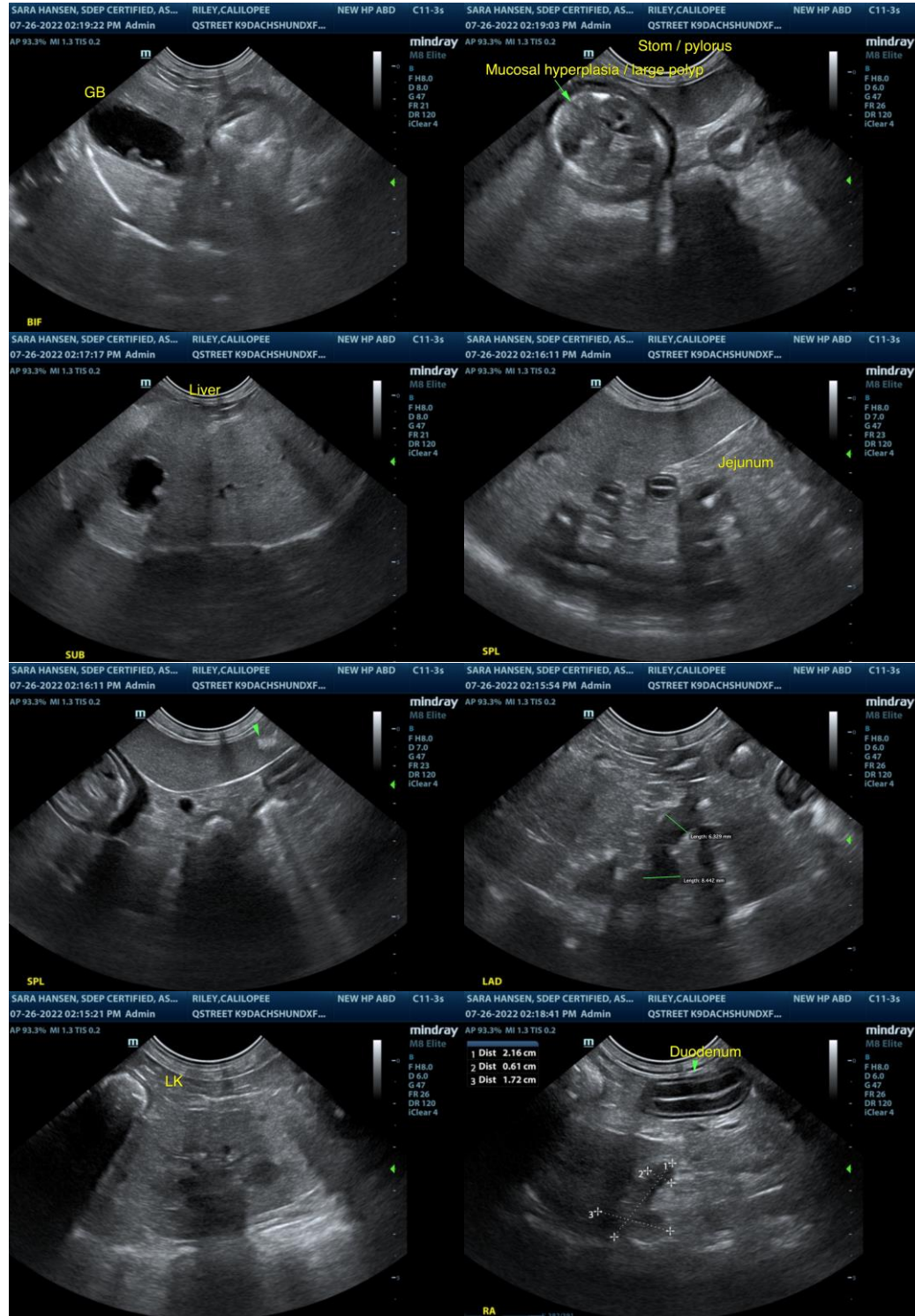
Dr. Cone

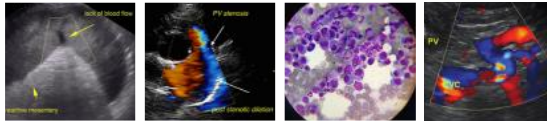
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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