



**PATIENT PRESENTING CLINICAL SIGNS**

Mickey Sachs Abnormal bloodwork on annual exam. TP 4.3 ALB 2.0 PLT 584 USG 1.021 pro neg resting cortisol 6.2  
 Bile acids wnl

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine **Urinary System**

**BREED**

Dachshund Mix

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

**SEX**

MN

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. No evidence of pelvic dilation was present. Minor bilateral medullary mineral was present. The left kidney measured 4.0 cm in length. The right kidney measured 4.0 cm in length.

**AGE**

2012

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

**WEIGHT**

12

**Adrenal Glands**

Mild bilateral symmetrical adrenal gland enlargement with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 0.68 cm width at the caudal pole and 2.0 cm length. The right adrenal gland measured 0.59 cm width at the caudal pole and 2.0 cm length.

**INTERPRETED BY**

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

**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.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
 ARDMS/RVT

**Liver/Gallbladder**

**HOSPITAL NAME**

Littlestown VH

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild to moderate non-dependent sediment. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

**REFERRING VET**

Kubala

**Gastrointestinal**

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.

**INVOICE**

14584ag

The small intestine presented intact subjective segmental to generalized prominent wall layering with prominent mucosa layer. Segmental mildly hyperechoic intestinal mucosal speckling was present. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The jejunum wall measured 0.41 cm width.

**DATE**

08/11/2023



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

Mickey Sachs **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.

**SPECIES**

Canine

**Free Abdomen**

**BREED**

No omental masses or peritoneal effusion was present.

Dachshund Mix

Intermittent minor prominent to enlarged mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

MN

- Mild age related renal changes with minor medullary mineral.
- Intact mildly prominent small bowel wall with segmental mucosal speckling.
- Unremarkable liver.
- Mild to moderate gallbladder sediment (non-mucocele).
- Bilateral mild adrenomegaly- non-specific.
- Focal intermittent minor benign/reactive mesenteric lymphadenopathy.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

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

Given no evidence of proteinuria or hepatic pathology and no reported GI signs, a cause of the hypoalbuminemia was not obvious. The intestinal mural changes are non-specific yet may suggest low grade or emerging enteropathy. Monitoring for GI signs is recommended. Emerging PLE may be a consideration in this patient despite no reported GI signs. Hepatosupportive medications i.e. Ursodiol may be considered if evidence of cholestasis is noted.

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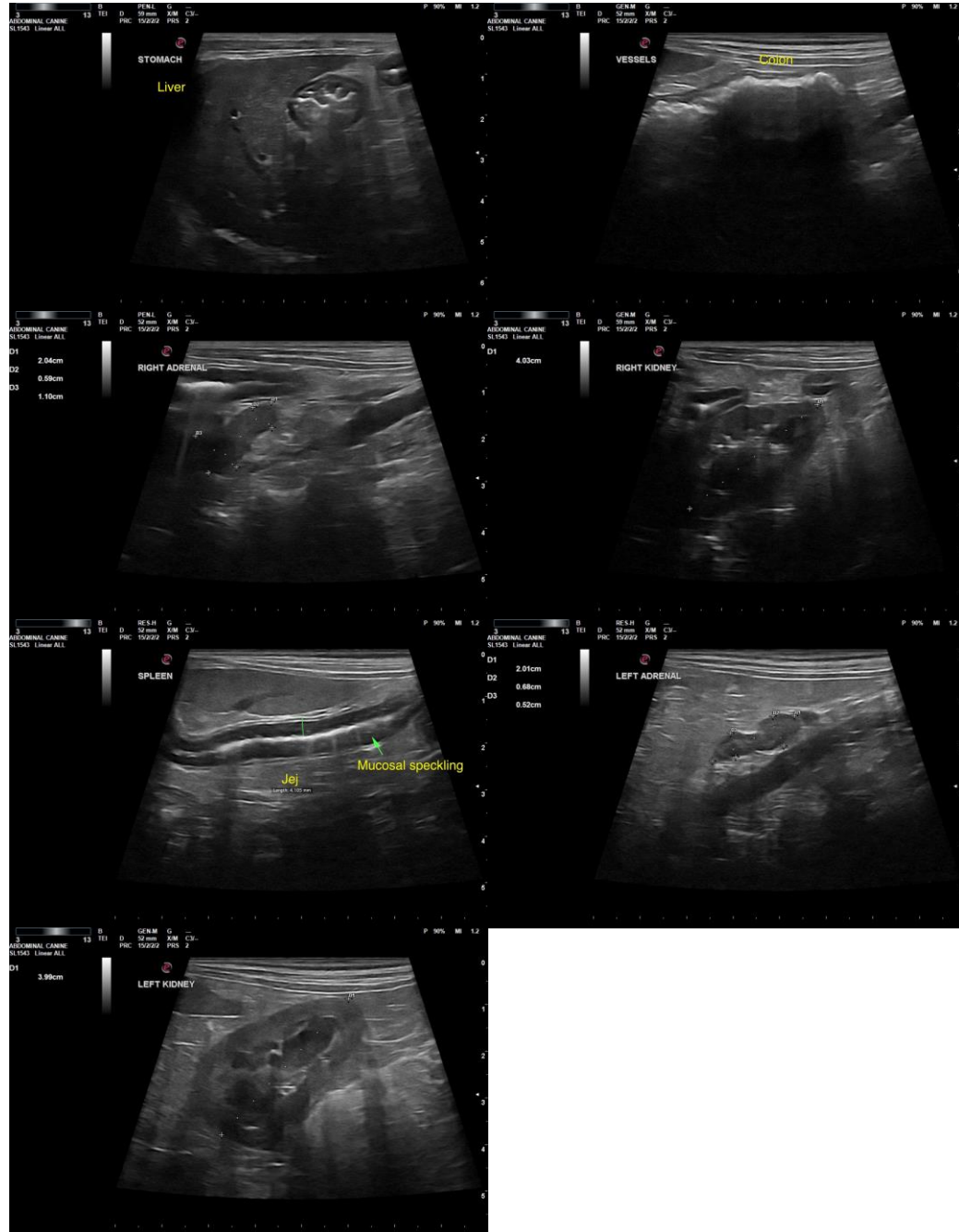
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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[info@sonopath.com](mailto:info@sonopath.com)



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