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Clinical Sonography & Telecytology
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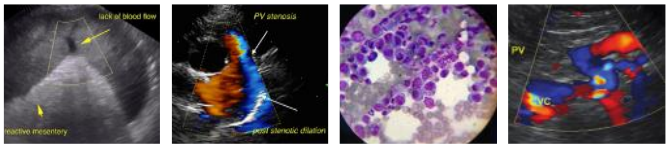

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Pinot Noir Feie

SPECIES
Canine

BREED
Dachshund

SEX
MN

AGE
16y 8m

WEIGHT
16.8 lbs.

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

IMAGING PERFORMED BY
Dr. Jo Goodman

HOSPITAL NAME
Evandale-Blue Ash Pet Hospital

REFERRING VET
Dr. Jo Goodman

INVOICE
14602

DATE
8/12/22

PRESENTING CLINICAL SIGNS

Fasted prior to ultrasound. On prednisolone 5mg SID - long term Hx of GI upset - pancreatitis. Chronic anal gland issues. Anal gland sacculitis diagnosis 7/6/21. Perianal adenoma grew Jan 2022 - ruptured 7/25/22. Chronic pollen allergy documented since 4/7/21.
Abnormal PE/Chem/CBC/UA Results: Spec cPL 7/11/22: 1410 Spec cPL 8/1/22: 1009 ALT 7/11/22: 51 ALT 8/1/22: 137 ALP 7/11/22: 720 ALP 8/1/22: 1603 GGT 7/11/22: 7 GGT 8/1/22: 16

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 residual prostate was free of pathology measuring 0.89 cm in diameter.

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. Pinpoint areas of medullary mineral were present in both kidneys. Minor bilateral pyelectasia was present. The left kidney measured 4.1 cm in length. The right kidney measured 4.0 cm in length.

Adrenal Glands

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 0.62 cm width in the cranial pole and 0.59 cm width in the caudal pole. The right adrenal gland measured 0.63 cm width in the cranial pole and 0.50 cm width in the caudal pole.

Spleen

The spleen was normal in size with areas of minor capsule asymmetry and generalized mild parenchyma heterogeneity. Multiple variably sized to coalescing hyperechoic nodules to macronodules were present.

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. 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 mildly prominent to hyperechoic gallbladder walls. Anechoic content was primarily present with mild, dependent to non-dependent, mildly congealed to hyperechoic, luminal gallbladder debris. No evidence of peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.

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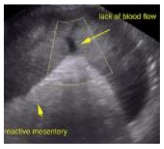

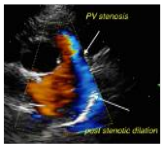

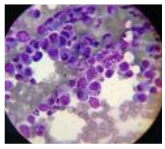
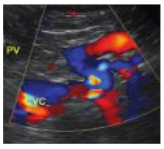

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Gastrointestinal

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. The gastric body wall width measured 0.23 cm.

The small intestine presented intact wall layering with generalized propensity for prominent muscularis layer. Intermittent duodenojejunal mucosal speckling was present. The duodenum wall measured 0.38 cm width. The jejunum wall measured 0.45 cm width.

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

Pancreas

The pancreas presented prominent in size and primarily maintained symmetrical capsule contour with nonhomogeneous to mixed echogenic to hyperechoic pancreatic parenchyma.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Bilateral chronic renal changes with minor medullary mineral and minor pyelectasia
- Benign splenic nodules to macronodules - consistent with probable variably sized to coalescing myelolipomas
- Hepatopathy - subjectively benign, metabolic, reactive, or vacuolar hepatopathy, steroid hepatopathy, inflammatory disease i.e., cholangiohepatitis, possible, no evidence of neoplastic criteria
- Mild gallbladder debris - possible mild chronic cholecystitis
- Intact yet prominent small bowel walls - suggestive of IBD
- Chronic pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bilateral pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.

Potential use of Prednisolone In this patient may be masking intestinal mural changes, yet the intestine exhibited overall mild mural changes suggestive of inflammatory enteropathy / IBD. Chronic pancreatitis may be a contributing factor to the patient's chronic gastrointestinal upset.

Long-term hydrolyzed diet and as-needed GI support would be reasonable. Hepatosupportive medications including Denamarin and Ursodiol are recommended.

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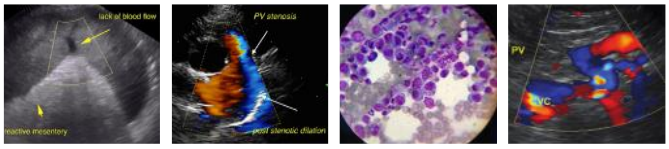

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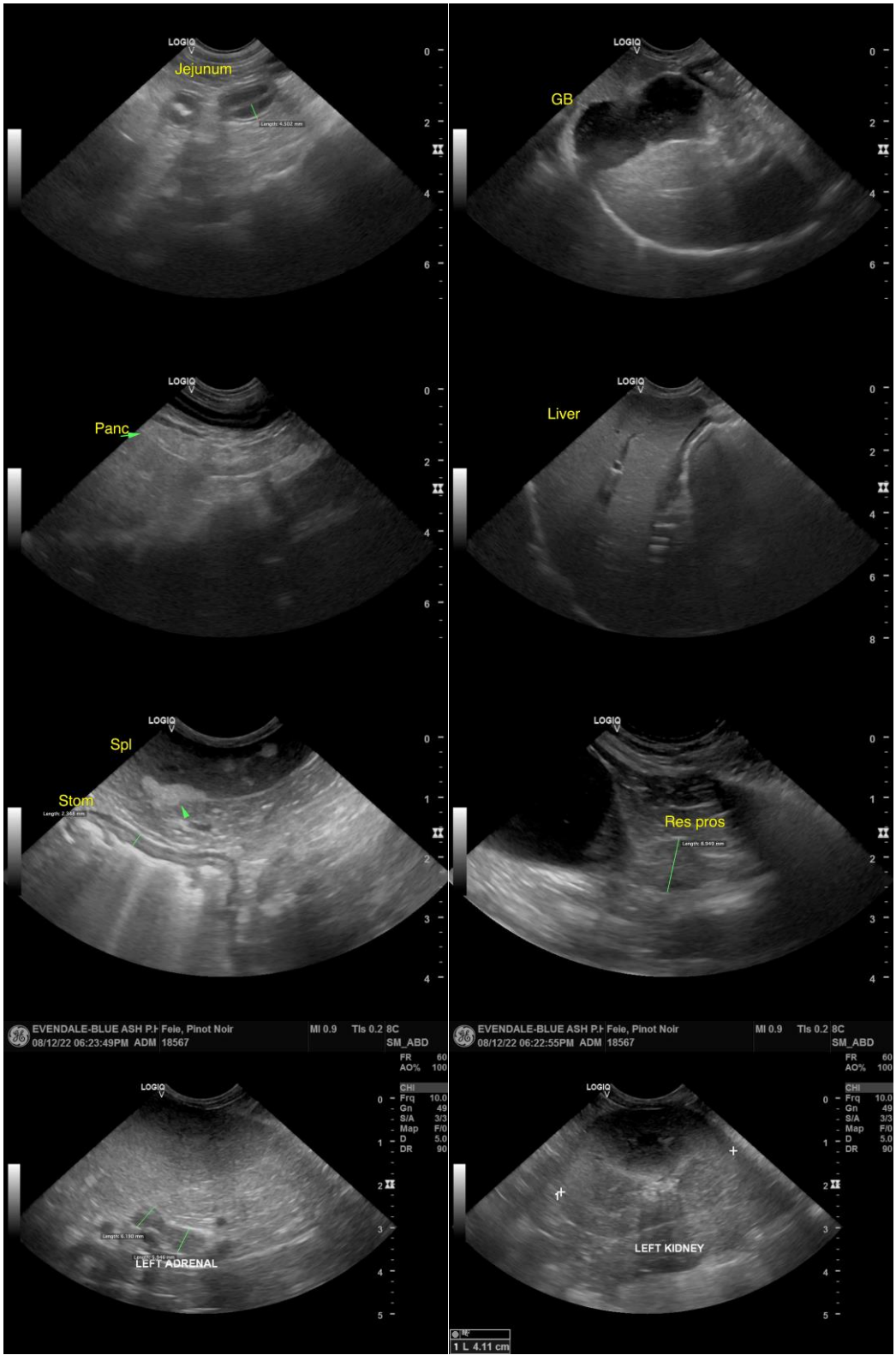

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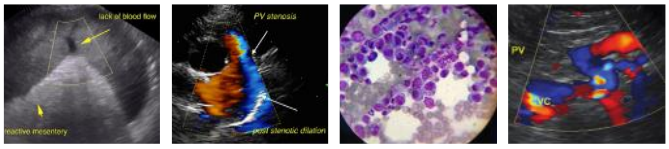

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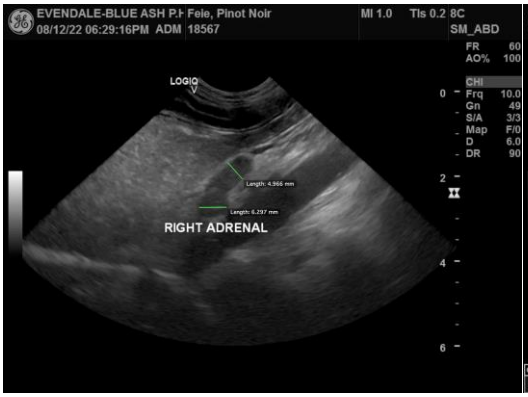

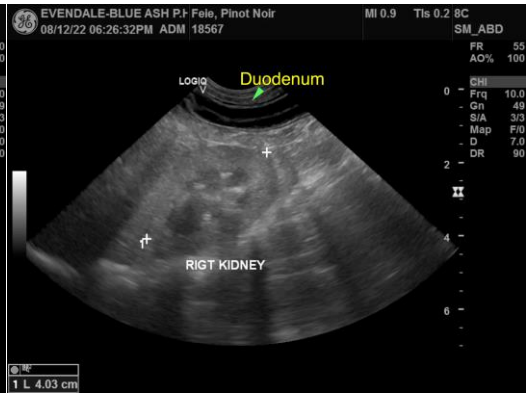

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com