

PATIENT PRESENTING CLINICAL SIGNS

Mia Reed Presented 7/25 to ER for vomiting - treated with resolution of vomiting. Presented here for recheck BW - very increased liver enzymes. Patient was previously suspected to be Cushinoid but had a normal LDDS test. AUS to evaluate liver and adrenals.

SPECIES Abnormal PE/Chem/CBC/UA Results: ALT 560; ALP 3915; plt 464

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Dachshund X

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 were noted.

SEX

Spayed Female

The area of the aortic trifurcation was free of pathology.

AGE

9 Years

Normal size and margination was 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. No evidence of pyelonephritis. The right kidney measured 5.1 cm. The left kidney measured 5.0 cm.

WEIGHT

21.8 Pounds

Adrenal Glands

The adrenal glands exhibited subjective mild prominent size given the breed with maintained symmetrical contour and uniform, mildly hypoechoic parenchyma. The left adrenal gland measured 0.65 cm at the cranial pole and 0.61 cm at the caudal pole. The right adrenal gland measured 0.52 cm at the cranial pole and 0.55 cm at the caudal pole.

INTERPRETED BY

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

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal, symmetrical, hypoechoic, mildly expansive nodules compared to the normal splenic parenchyma were present in the cranial parenchyma. Example measured 1.9 cm in diameter. No evidence of parenchymal escape or associated perisplenic effusion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

Liver

HOSPITAL NAME

Anchor AH

The liver exhibited generalized mild to moderate enlargement with generalized increased parenchyma echogenicity with moderate coarse echotexture and subtle hypoechoic parenchymal nodules. Example of nodule measured 0.47 cm diameter. The gallbladder was non distended in size with mild, echogenic, non-dependent, yet non-organized debris. The cystic duct and common bile ducts were normal without evidence of dilation.

REFERRING VET

Dr. Else Yeung

Gastrointestinal

INVOICE

24837

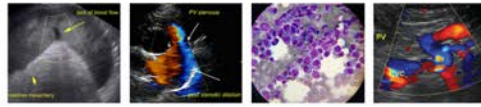
The stomach presented intact wall layering with a normal wall layer ratio. Pylorus wall measured 0.46 cm. Minor retained echogenic ingesta present in the stomach.

DATE

8/19/21

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. Duodenum wall measured 0.43 cm.

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



PATIENT *Pancreas*

Mia Reed 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*

No overt lymphadenopathy or peritoneal effusion was present.

BREED

Dachshund X

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly with generalized echogenic parenchyma exhibiting subtle hypoechoic nodular changes.
- Moderate gallbladder debris (non-mucocele)
- Mild age related kidneys
- Non-specific, mildly expansive splenic nodule

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

9 Years

Potential etiologies for the splenic nodule may include benign process such as nodular hyperplasia, extramedullary hematopoiesis, hematoma, infection, infarction, or neoplasia. Ultrasound guided FNA of the nodule using 25-gauge needle and assuming normal coagulation parameters may be considered. Otherwise, sonographic monitoring of the splenic nodule for any changes in size or appearance with initial recheck in 3-4 weeks would be a more conservative approach.

WEIGHT

21.8 Pounds

The presentation of the liver may indicate vacuolar hepatitis, chronic active hepatitis, cholangiohepatitis, early fibrosis / cirrhosis or other hepatopathy. Neoplasia considered a less likely differential diagnosis yet cannot be excluded. If splenic nodule FNA is elected, concurrent screening hepatic FNA would also be warranted. Hepatosupportive medications and Ursodiol would be appropriate.

INTERPRETED BY

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

Subjectively, the bilateral adrenal glands were not overtly consistent with hyperplasia. However, given the appearance of the liver as well as the presence of thrombocytosis, recheck LDDST (depending on results of previous testing or if strong clinical suspicion for hyperadrenocorticism) may be considered in a month or two.

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PATIENT

Mia Reed

SPECIES

Canine

BREED

Dachshund X

SEX

Spayed Female

AGE

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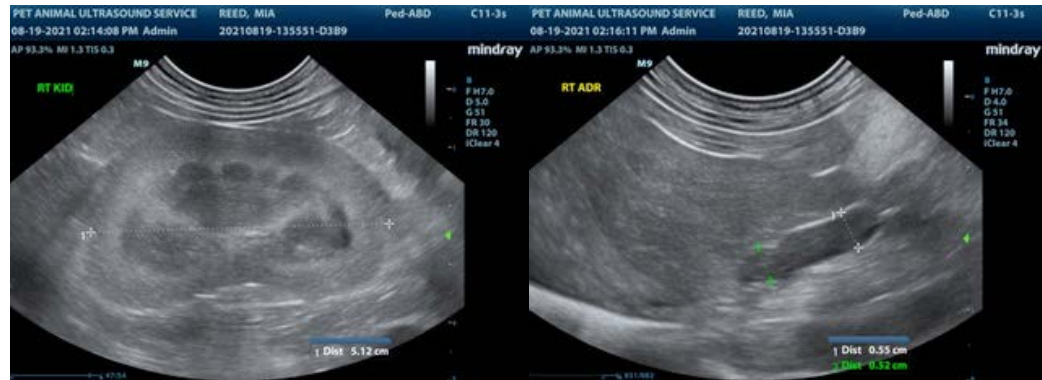
Dr. Else Yeung

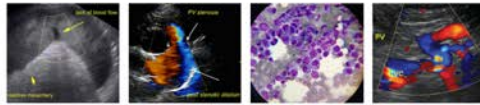
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PATIENT

Mia Reed

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

SPECIES

Canine

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.

BREED

Dachshund X

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

SEX

Spayed Female

AGE

9 Years

WEIGHT

21.8 Pounds

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