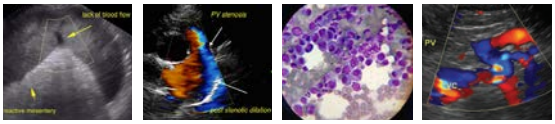


PATIENT

Pronto Kessler

SPECIES

Canine

BREED

Dachshund

SEX

Neutered Male

AGE

14 Years

WEIGHT

12.6 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

The Veterinary Hospital

REFERRING VET

Dr. Berman

INVOICE

44848

DATE

8/22/23

PRESENTING CLINICAL SIGNS

1. Chronic left apical systolic murmur, mild progression since February from Grade I to Grade II **Stage B1 on initial echo in February**

Abnormal PE/Chem/CBC/UA Results: ABNORMAL Laboratory Findings Diagnostics (Sample very lipemic, slightly hemolyzed): - CBC - mild stress leukogram, otherwise wnl - Chemistry - Mild elevations in BUN (38.9, was 13.7), T. Bili (0.1, was 0.7), GGT (31, was 28), and LIP (629, was 338) compared to last time **cannot rule out hemolysis for GGT + T. Bili increases**; Sustained elevations in ALKP (414, was 469), and TRIG (>500, no change); Improved ALT (66 today, was 190) - SDMA - 8 (wnl) - T4 - 1.2 (wnl) - UA (cysto, pale yellow) - USG 1.025, pH 5.0, PRO trace, GLU/KET/BIL/BLD neg, UBG wnl, WBC and RBC <1/hpf, Non-squamous epi cells <1/hpf, otherwise wnl; Sediment microscopy unremarkable Blood Pressure Measurements N/A Current Medications Prednisolone 2.5 mg PO SID Radiographic Findings Normal thorax on radiography screen Feb 18, 2023

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

No overt pathology in the area of the residual prostate.

The area of the aortic trifurcation was free of pathology.

The kidneys were normal in size with minor asymmetrical margination. Moderate to marked loss of corticomedullary border demarcation. Multifocal bilateral cortical to corticomedullary cysts presents. The cysts were thinly walled containing anechoic content. Minor left kidney pyelectasia and pinpoint areas of left and right medullary mineral. The left kidney measured 4.5 cm. The right kidney measured 5.1 cm.

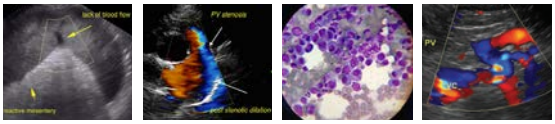
Adrenal Glands

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 1.5 cm long x 0.54 cm at the caudal pole.

The right adrenal gland exhibited mild mid to cranial pole enlargement and minor capsule asymmetry with mild non-homogeneous, non-mineralized parenchyma. The right adrenal gland measured 2.6 cm in length x 1.27 cm at the cranial pole and 0.51 cm at the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal, well-defined, symmetrical, echogenic nodules were present throughout the perihilar to medial 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 or neoplastic changes were not noted. The



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echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver

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. The gallbladder lumen contained moderate non-dependent mildly organized gallbladder sediment. No evidence of peripheral gallbladder inflammation.

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 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.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

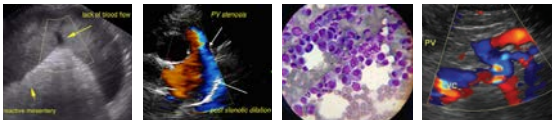
ULTRASONOGRAPHIC FINDINGS

- Moderate chronic kidneys exhibiting polycystic changes
- Static benign splenic nodules – consistent with myelolipomas.
- Static hepatomegaly – consistent with benign criteria, suggestive of vacuolar hepatopathy pattern.
- Immature gallbladder mucocele
- Mildly enlarged non-homogeneous right adrenal gland – suspect adenomatous change.
- Mild pancreatic remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Largely geriatric abdomen with overall similar sonographic findings compared to the previous study. No obvious evidence of current gallbladder mineral, although the previously noted gallbladder sediment exhibited emerging organization, suggestive of immature mucocele criteria.

Screening blood pressure is suggested to assess for evidence of hypertension, which may allude to unlikely potential for emerging right adrenal pathology (i.e., pheochromocytoma). Continued hepatosupportive medications including Denamarin and Ursodiol recommended. Sonographic



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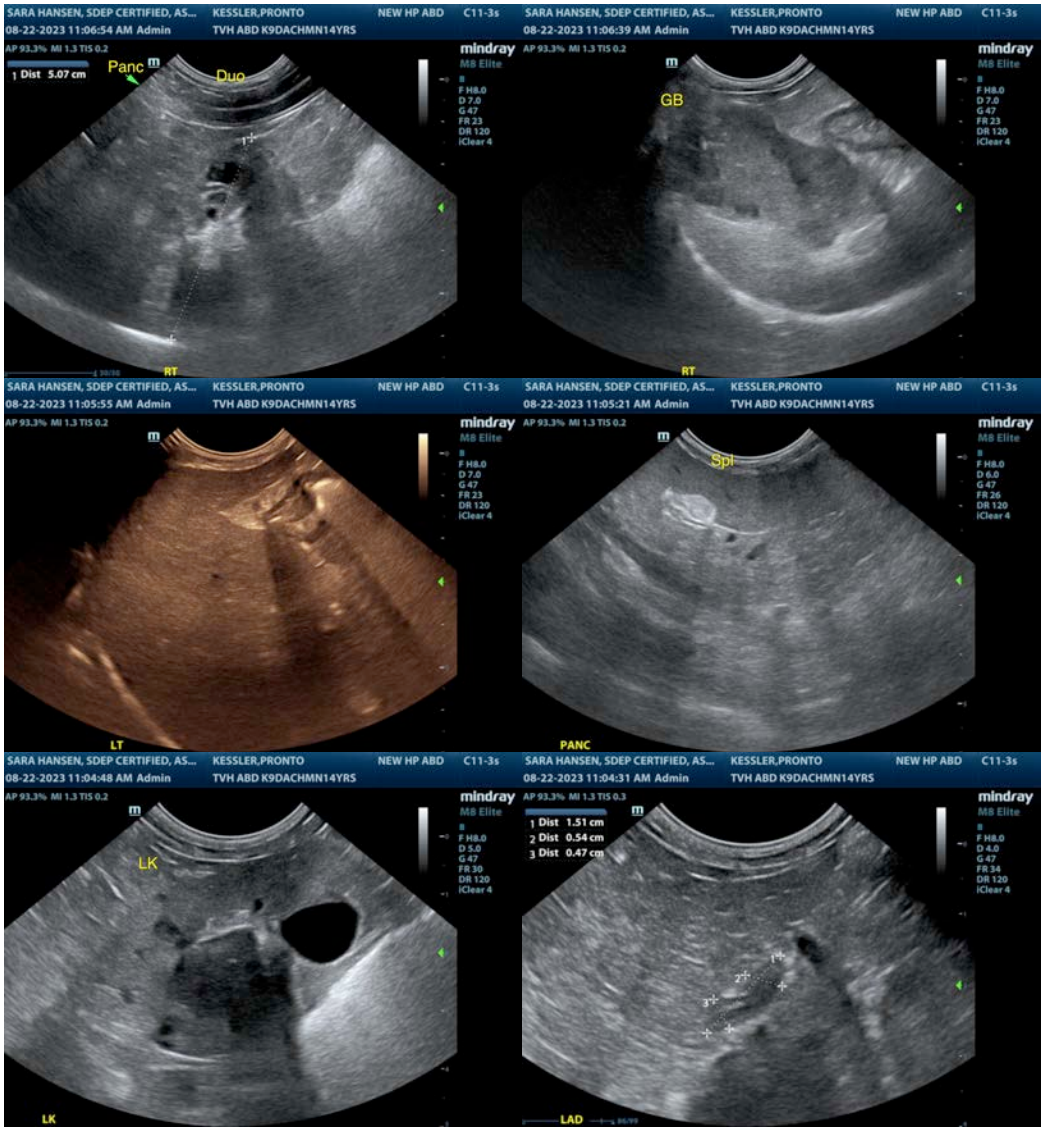
monitoring of the right adrenal gland and gallbladder recommended for evidence of progressive changes, specifically if clinical signs consistent with adrenal disease or increasing evidence of cholestasis are noted.



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