
**PATIENT PRESENTING CLINICAL SIGNS**

**Coco Earl** M1 tender on abd palpation, mm pale pink, CRT 2 sec, HR 70bpm M1 arrhythmia, Not icteric, NAF on rectal palp - was at BNVC over weekend and confirmed elevated ALT and ALP and TBIL 39. Abnormal reading for Cpli - treated as outpatient (declined imaging) for pancreatitis - Not improving on cerenia and tramadol. Patient won't even sleep (won't close eyes when "resting") Current Medications tramadol 10mg po q 12 hrs, cerenia 1/2 of a 24 mg po q 24hrs, vetmedin (ongoing) 2.5mg po q 12 hrs

**Canine** Abnormal PE/Chem/CBC/UA Results: Tbil 39 (0-15), ALKP 732 (23-212), lipa 4870 (200-1800)

**BREED**

Mini Dachshund

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**
**SEX Urinary System**

**Spayed Female** 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.

**AGE**

11 Years

The area of the aortic trifurcation was free of pathology.

**WEIGHT**

6.86 kg

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.0 cm. The right kidney measured 5.4 cm.

**INTERPRETED BY**

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

**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 1.6 cm length x 0.51 cm at the caudal pole. The right adrenal gland measured 1.8 cm length x 0.55 cm at the caudal pole.

**IMAGING PERFORMED BY**

Kelly Reschny

**Spleen**
**HOSPITAL NAME**

Simcoe AH

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.

**REFERRING VET**

Dr. Lacashire

**Liver**

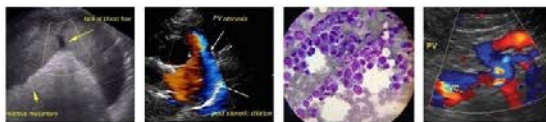
The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended. Overtly normal gallbladder wall without evidence of inflammatory criteria. Primarily anechoic contents with mild non-organized echogenic gallbladder sediment. No evidence of peripheral gallbladder inflammation. The common bile duct was not definitively visualized without evidence of post-hepatic obstructive criteria.

**INVOICE**

44996

**DATE**

8/28/23



**PATIENT** *Gastrointestinal*

Coco Earl The stomach presented intact, subjective borderline prominent wall layering. Ventral gastric body wall measured 0.35-0.40 cm. The stomach contained a mild to moderate amount of retained anechoic to mildly echogenic fluid without evidence of gastric foreign material or mechanical pyloric outflow obstruction.

**SPECIES**

Canine 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.

**BREED**

Mini Dachshund

Normal visible colon wall layers were present with subjective semi-formed feces in lumen.

**Pancreas**

**SEX**

Spayed Female

The pancreas base and left pancreatic limb exhibited subtle prominent size with mild capsule asymmetry. Mild non-homogeneous hypoechoic parenchyma noted compared to adjacent omentum. The right pancreatic limb exhibited normal size with mild capsule asymmetry. Non-homogeneous mildly hyperechoic parenchyma with mild right limb pancreatic duct dilation.

**AGE**

11 Years

**Free Abdomen**

**WEIGHT**

6.86 kg

No evidence of peritoneal effusion. Subtle peripancreatic and perihepatic hyperechoic omentum. No omental masses or overt lymphadenopathy.

**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETED BY**

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

- Mild chronic renal changes
- Hepatopathy - non-specific, potentially acute or acute on chronic.
- Non-distended gallbladder containing mild non-organized luminal sediment - not sonographically consistent with gallbladder mucocele, no evidence of post-hepatic obstruction.
- Mild hypomotile gastritis
- Suspect mixed pattern chronic to chronic active pancreatitis

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Simcoe AH

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The liver was non-specific yet suggestive of benign criteria with potential considerations including vacuolar or reactive hepatopathy, inflammatory/immune mediated disease, hyperplasia, hematopoiesis, non-obstructive cholestasis, occult infiltrative neoplasia (thought less likely), or other hepatopathy. Screening hepatic FNA cytology (assuming normal clotting status and using 25-gauge needle) could be considered for further clarification, primarily to assess for inflammatory criteria. No sonographic evidence of intraabdominal masses.

**REFERRING VET**

Dr. Lacashire

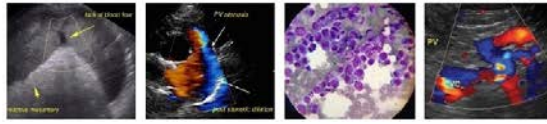
**INVOICE**

44996

Empirically, hospitalization with supportive IV fluids, with consideration for judicious IV fluid use, given potential cardiomyopathy, as needed hepatogastrointestinal support, empirical therapy for chronic to chronic active pancreatitis, and assessment of clinical response would be reasonable. Recheck sonogram suggested if progressive hepatic enzyme elevations or persistent clinical signs despite supportive care.

**DATE**

8/28/23



**PATIENT**

Coco Earl

**SPECIES**

Canine

**BREED**

Mini Dachshund

**SEX**

Spayed Female

**AGE**

11 Years

**WEIGHT**

6.86 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Simcoe AH

**REFERRING VET**

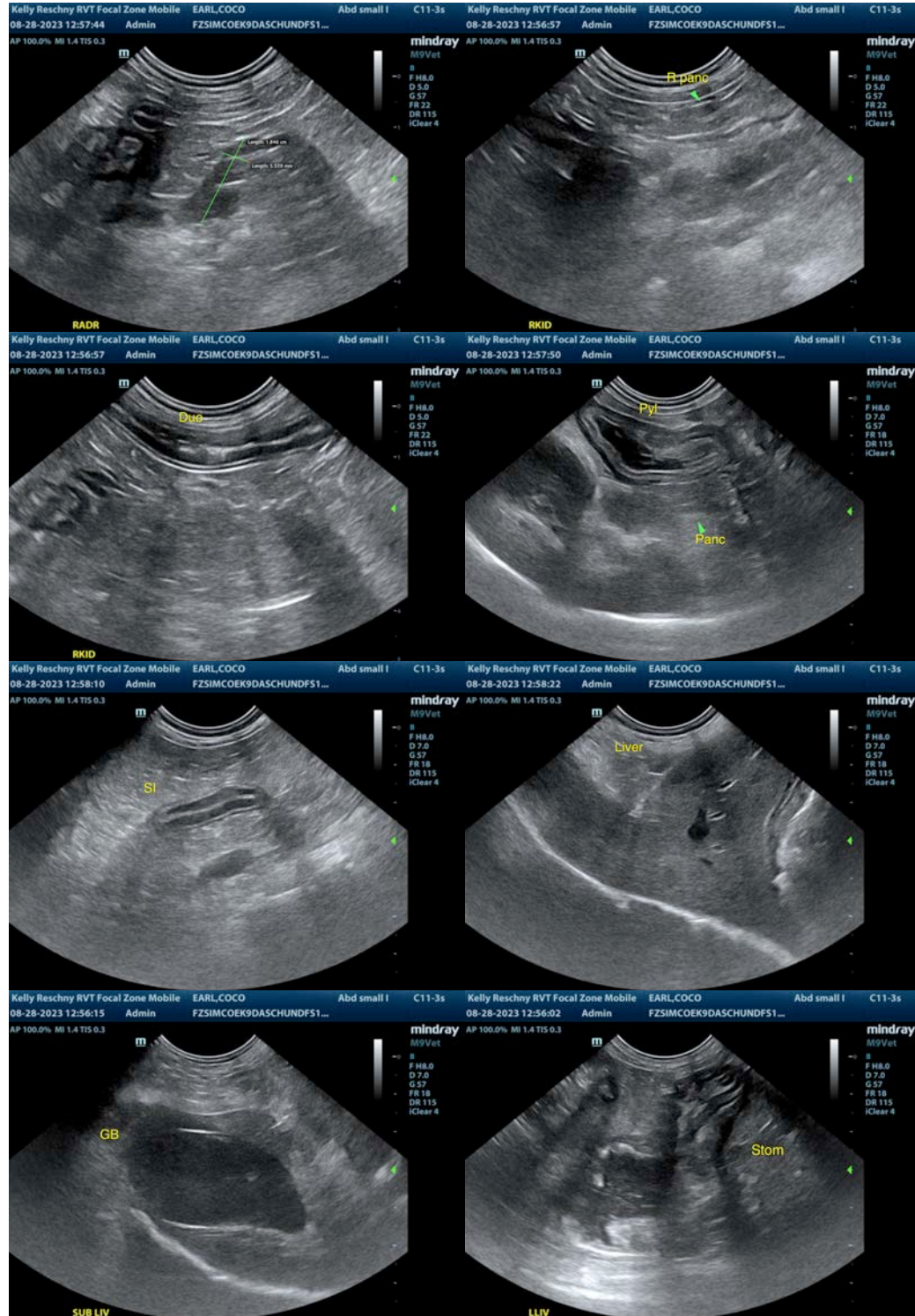
Dr. Lacashire

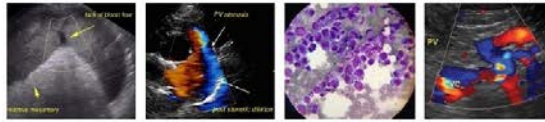
**INVOICE**

44996

**DATE**

8/28/23





**PATIENT**

Coco Earl

**SPECIES**

Canine

**BREED**

Mini Dachshund

**SEX**

Spayed Female

**AGE**

11 Years

**WEIGHT**

6.86 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Simcoe AH

**REFERRING VET**

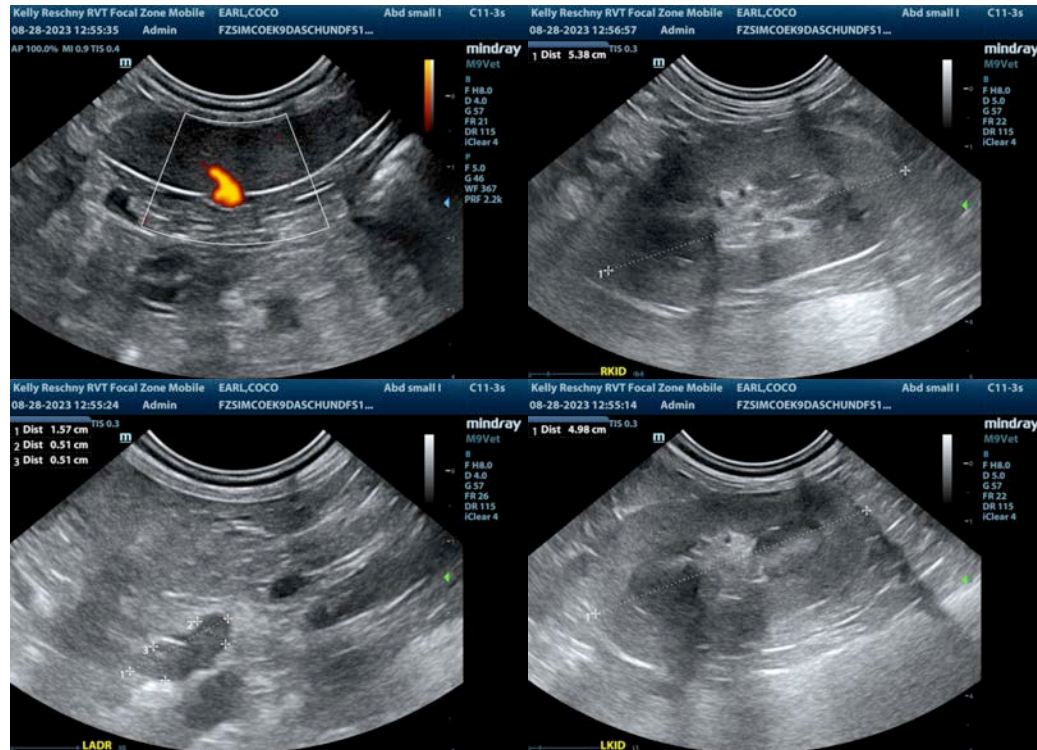
Dr. Lacashire

**INVOICE**

44996

**DATE**

8/28/23



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