



PATIENT PRESENTING CLINICAL SIGNS

Alice Wilk History: Urinary incontinence, anorexia, abnl cPL Cerenia, Proin, Prilosec

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: prev elevated liver enzymes ALP 315, ALT 237, current labs wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Daschshund

Urinary System

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 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

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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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.0 cm in length. The right kidney measured 4.3 cm in length.

AGE

2009

The area of the aortic trifurcation was free of pathology.

WEIGHT

9

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.48 cm width at the caudal pole and 0.34 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.29 cm width at the caudal pole and 0.55 cm width at the cranial pole.

INTERPRETED BY

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

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

HOSPITAL NAME

Lehigh Valley Allen

Liver

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. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Hersh

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

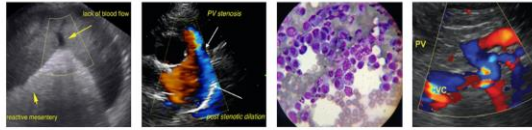
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The small intestine presented intact yet mild generalized prominent wall layering. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.56 cm in width. The jejunum wall measured 0.38 cm in width.

DATE

08/09/2022

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



PATIENT *Pancreas*

Alice Wilk The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. Areas of minor capsule asymmetry were noted.

SPECIES *Free Abdomen*

Canine No overt lymphadenopathy or peritoneal effusion was present.

BREED **ULTRASONOGRAPHIC FINDINGS**

Daschshund

- Sonographically unremarkable bladder
- Intact yet subjectively prominent small bowel walls
- Mildly hyperechoic right pancreas
- Bilateral moderate chronic renal changes
- Overtly normal liver and gallbladder

SEX

FS

AGE **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

2009

No overt evidence of lower urinary tract pathology was present in this study. The pancreas may suggest chronic pancreatitis or potential fibrosis owing to previous inflammatory episode. The small intestine exhibited mildly prominent wall layering which may suggest underlying inflammatory GI process. Continued as needed GI supportive care is recommended. If persistent anorexia or additional GI signs a GI panel to include PLI/TLI/Cobalamin/Folate is recommended. An adrenal screening to rule out occult Addison's disease may also be considered. Three view chest radiographs suggested if not done to assess for thoracic pathology.

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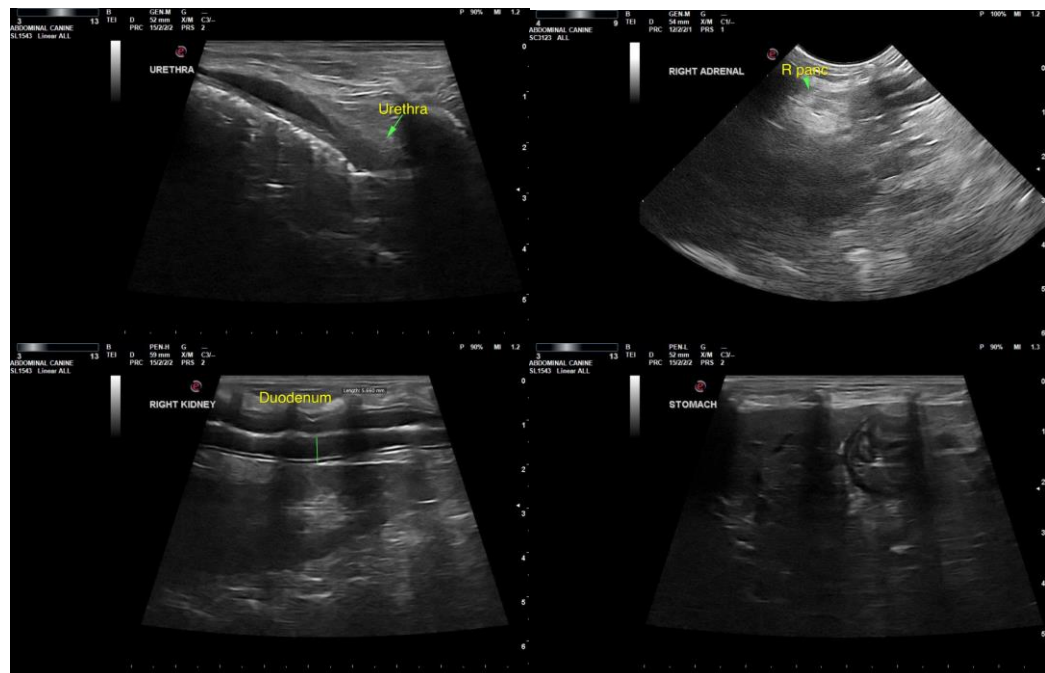
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PATIENT

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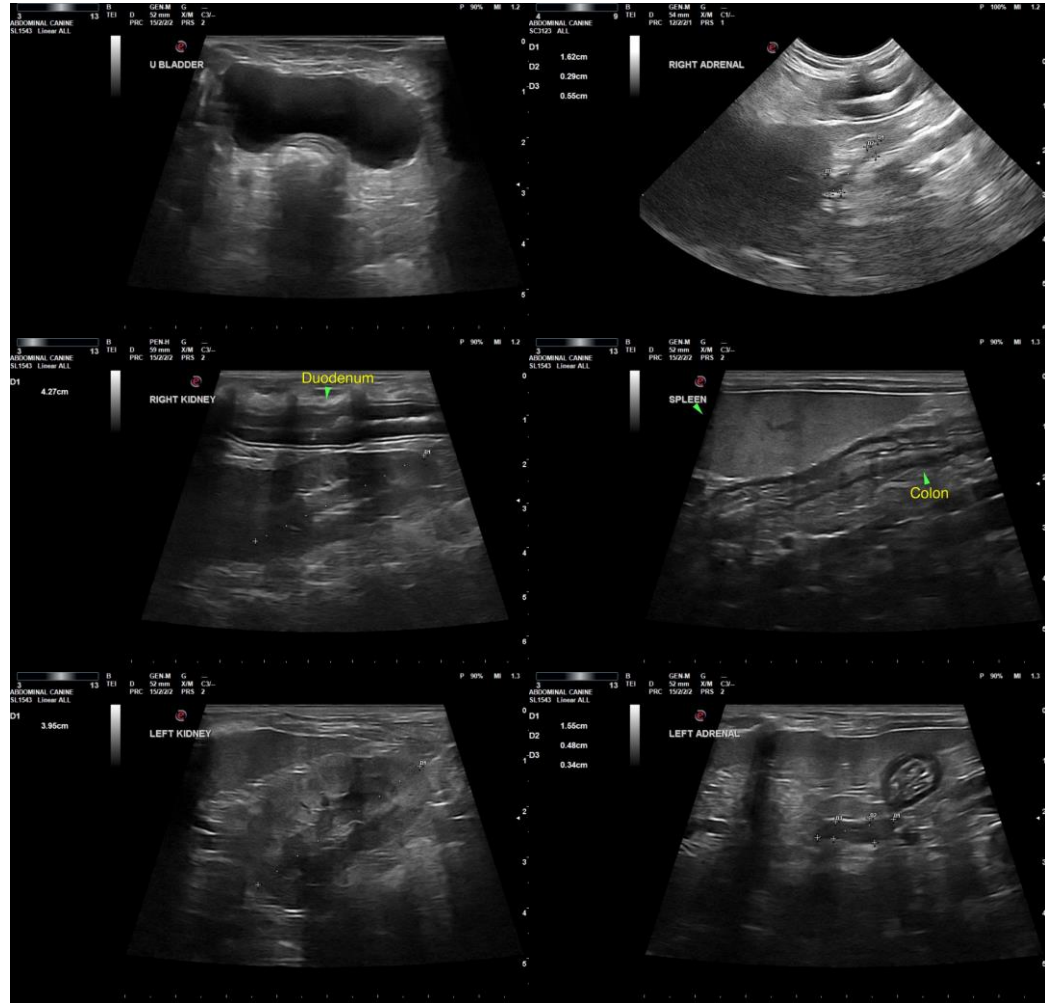
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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