



**PATIENT**

Chubbs Kalinowski

**SPECIES**

Canine

**BREED**

Dachshund

**SEX**

MN

**AGE**

10 yrs

**WEIGHT**

28.5 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

West Salem Animal  
Clinic

**REFERRING VET**

Dr Sirianni

**INVOICE**

14888

**DATE**

9/16/22

**PRESENTING CLINICAL SIGNS**

1. Obese 2. Several small to medium sized soft subcutaneous mass - all feel like fatty tissue/lipomas. GI: ravenous appetite and drinks a lot of water. Abd. palp is firm but not painful. No fluid wave on ballottement. Submandibular nodes and popliteal nodes are palpable but not necessarily enlarged. FNA - small to medium sized lymphocytes present Radiographic Findings Abdomen: Splenomegaly. Mild changes in size since last abdominal radiographs. No evidence abdominal effusion or other masses. Primary Question/Differential to Be Answered in This Exam Lethargy/Lymphadenopathy/Abdominal distension? r/o: Cushing's dz, abdominal mass, abdominal effusion, open Abnormal PE/Chem/CBC/UA Results: CBC - nsf Chem - chronic elevation in ALP supports Cushing's dz. Now his calcium is significantly elevated, concerning for either neoplasia or hyperparathyroidism. E-lyte - wnl

**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 was noted.

The residual prostate was free of overt pathology, measuring 1.0 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. No evidence of pelvic dilation was present. The left kidney measured 5.4 cm in length. The right kidney measured 6.2 cm in length.

**Adrenal Glands**

Both adrenal glands exhibited borderline to mild prominent size, given the patient's size, with maintained homogeneous adrenal parenchyma. No evidence of adrenal tumors was noted. The left adrenal gland measured 2.9 cm length x 0.75 cm width at the caudal pole. The right adrenal gland measured 2.5 cm length x 0.70 cm width at the caudal pole.

**Spleen**

The spleen was normal in size and contour with mild parenchyma heterogeneity exhibiting pinpoint hyperechoic parenchyma foci, which may indicate pinpoint areas of microinfarction, fibrosis, or emerging mineralization. Suspect emerging discrete myelolipoma adjacent to the hilus. Normal splenic vascularity was note. No masses were noted in the spleen.



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***Liver/ Gallbladder***

The liver exhibited marked generalized enlargement with rounded contour with areas of minor capsule asymmetry. Generalized nonhomogeneous mildly mixed echogenic parenchyma exhibiting moderate coarse echotexture was noted. Intermittent nondisruptive, discrete, hyperechoic intraparenchymal nodules were present. No definitively hepatic masses were visualized. The gallbladder was non-distended in size containing mild, mildly congealed to moderate gallbladder debris primarily along the inner luminal wall. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

***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 omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

**ULTRASONOGRAPHIC FINDINGS**

- Hepatomegaly exhibiting nonhomogeneous to discrete nodular parenchyma
- Gallbladder debris (non-mucocele)
- Mild pancreatic remodeling - benign
- Borderline to mildly prominent bilateral adrenal glands
- Mild chronic renal changes
- Benign splenic pinpoint to focal hyperechoic foci

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Considerations for the liver may include chronic marked vacuolar hepatopathy, inflammatory / immune-mediated disease, age-related hepatic parenchymal remodeling, discrete areas of nodular hyperplasia, hematopoiesis, fibrosis, or other hepatopathy with infiltrative neoplasia considered less likely given this presentation. Correlation with pending hepatic FNA cytology is suggested.



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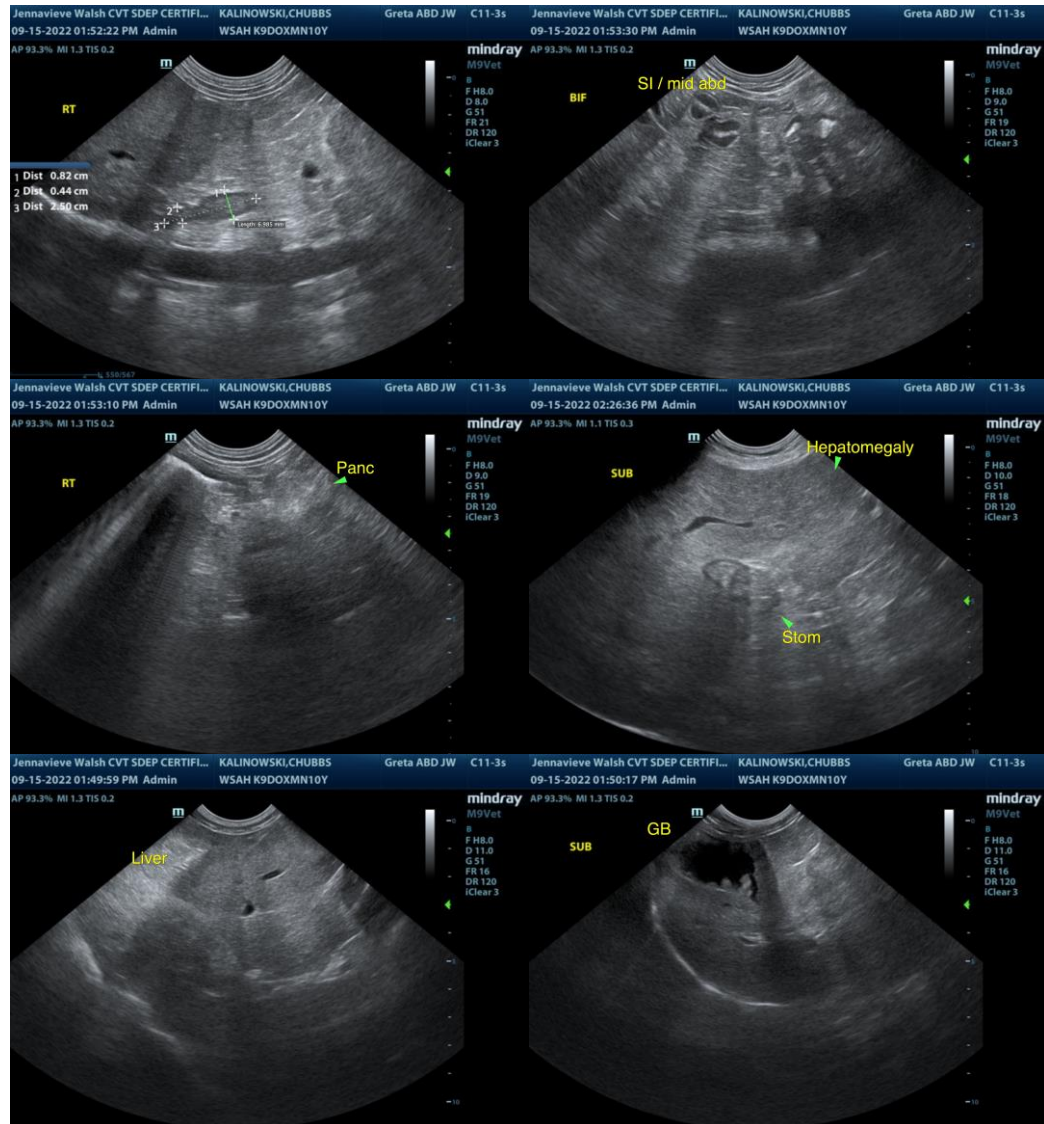
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Pending cytology, full adrenal workup with LDDST may be considered if strong clinical suspicion for Cushing's Syndrome. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial. Given the hypercalcemia, rectal palpation, three view chest radiographs if not done, as well as hypercalcemia panel to assess ionized calcium and PTH levels may be considered.





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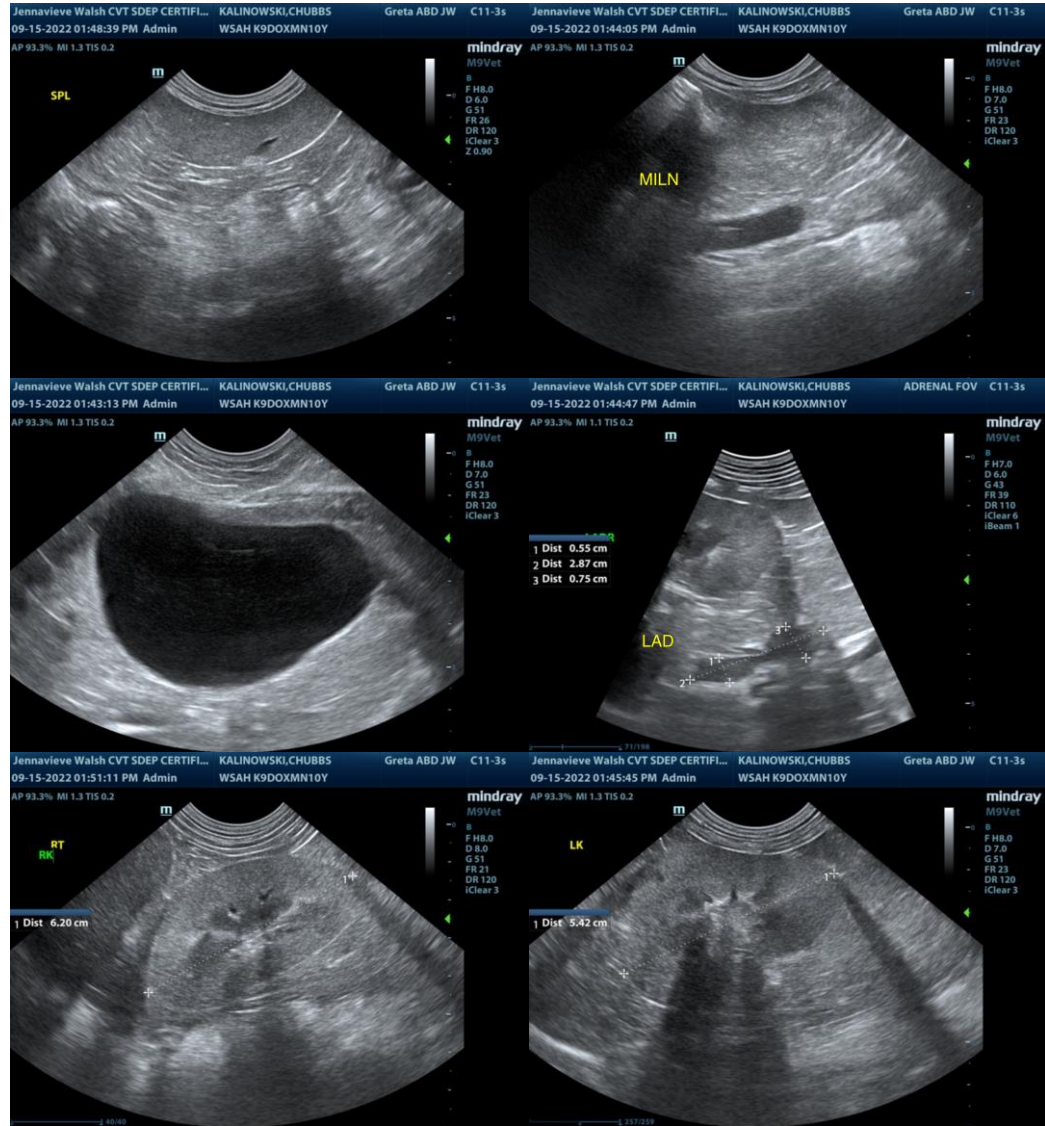
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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