



PATIENT PRESENTING CLINICAL SIGNS

Dew Scinto Not eating well and a lot of vomiting last week. In August had ALKP of 2121. Hospitalized since yesterday. Was offered food last night and was gone this morning. Also was given a meatball of canned food for meds this morning.

SPECIES Abnormal PE/Chem/CBC/UA Results: Rads: enlarged pylorus vs spleen. BW from yesterday: Chem: Albumin 2.6 (2.7-4.4), ALKP 1768 (5-131), Total Bili 0.5 (0.1-0.3), BUN 75 (6-31), BUN/CREA ratio 47 (4-27), Glucose 636 (70-138), Calcium 8.5 (8.9-11.4), Sodium 130 (139-154), Chloride 87 (102-120), Cholesterol 332 (92-324), Amylase 1801 (290-1125), Precision PSL 4471 (24-140), T4 <0.5 (0.8-3.5).
Canine CBC: WBC 30.1 (4.0-15.5), PLT 545 (170-400), NEUT 22274 (2060-10600), Bands 1204 (0-300), MONO 4515 (0-840).

BREED

Dachshund X

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Neutered Male

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild particulate non-dependent sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

AGE

7 Years

The residual prostate and aortic trifurcation were free of pathology.

WEIGHT

26 Pounds

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 5.29 cm. The right kidney measured 6.1 cm.

INTERPRETED BY

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

Adrenal Glands

The adrenal glands were mildly prominent in size, yet maintained symmetrical capsule contour and primarily uniform parenchyma. The left adrenal gland measured 0.49 cm at the cranial pole and 0.72 cm at the caudal pole. The right adrenal gland measured 0.49 cm at the cranial pole and 0.82 cm at the caudal pole. No evidence of adrenal masses.

IMAGING PERFORMED BY

Rachel Runnells, RVT

Spleen

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.

HOSPITAL NAME

SVS Imaging
Kansas City

Liver

REFERRING VET

Dr. Breinin

The liver presented increased in size. The parenchyma of the liver was subjectively increased in echogenicity to hyperechoic compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. Subtle multifocal hypoechoic parenchymal nodules were present. No distinct masses. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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25830

DATE

9/28/21



PATIENT

Dew Scinto

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate echogenic to shadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.

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. Duodenum wall measured 0.31 cm.

BREED

Dachshund X

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

SEX

Neutered Male

The right pancreas was prominent in size with symmetrical to swollen contour with uniform hypoechoic parenchyma compared to adjacent omentum. The left pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum.

AGE

7 Years

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present. Generalized mild reactive mesentery along with focal area of scant free fluid noted in the right cranial abdomen, adjacent to the pancreas and caudate liver.

WEIGHT

26 Pounds

ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly with generalized hyperechoic to subtle hypoechoic nodular parenchyma - metabolic/vacuolar/reactive (diabetic) hepatopathy, cholangiohepatitis/non-specific hepatitis, lipidosiis possible. Hepatic neoplasia considered a less likely differential diagnosis.
- Mild gallbladder debris (non-mucocele)
- Subjective mild prominent adrenal glands - non-specific.
- Pancreatitis
- Moderate echogenic to shadowing gastric ingesta - potentially indicative of post-prandial presentation, minor potential for possible gastric foreign material cannot be ruled out.
- Reactive omentum and focal scant peripancreatic free fluid

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine culture and sensitivity on sterile urine sample recommended given the probable glucosuria. Fructosamine level may be considered. Assuming normal clotting status, ultrasound guided FNA of the liver may be considered for screening cytology. Vitamin K administration prior to hepatic FNA (if elected) is recommended. Hospitalization with control of serum glucose and empirical therapy for pancreatitis would be appropriate.

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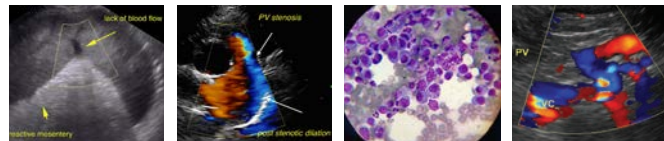
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The mildly prominent bilateral adrenal glands were non-specific and of unclear clinical significance. Potential for patient variant or stress hypertrophy possible. An ACTH stimulation test (given the possibility of diabetes) to assess for underlying endocrinopathy may be considered if clinically indicated.

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For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.



PATIENT

Dew Scinto

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

SPECIES

Canine

BREED

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SEX

Neutered Male

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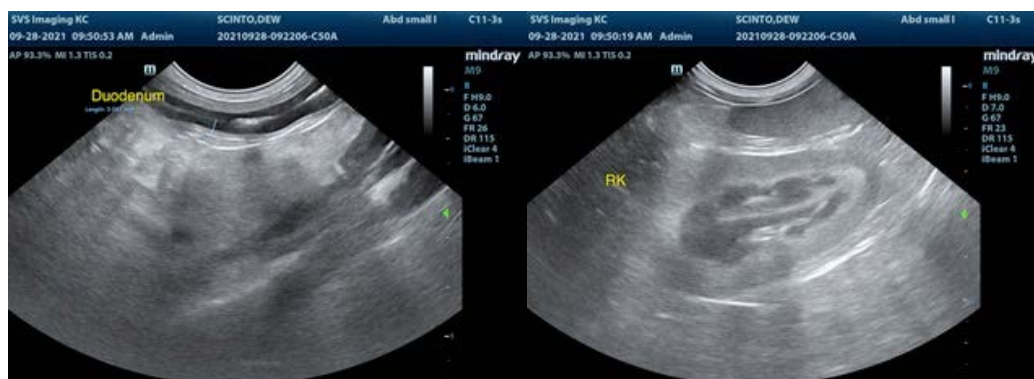
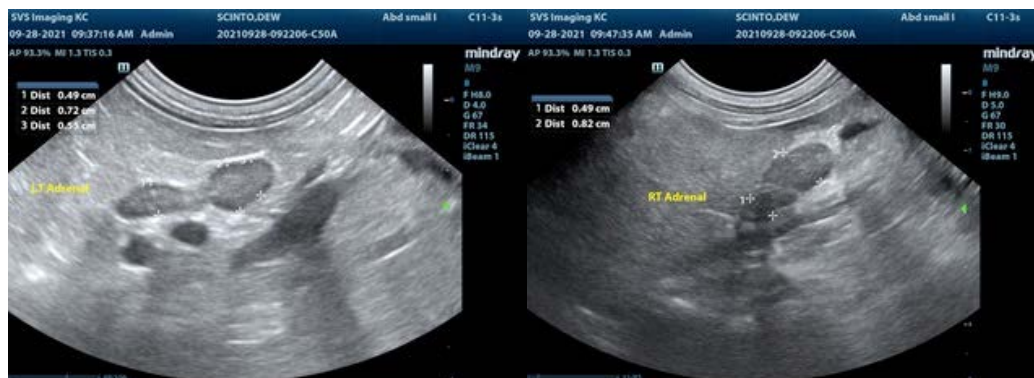
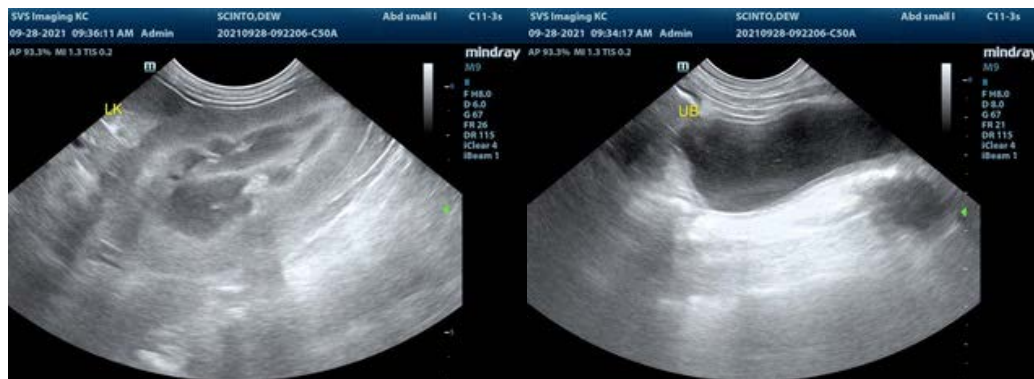
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SPECIES

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Dachshund X

SEX

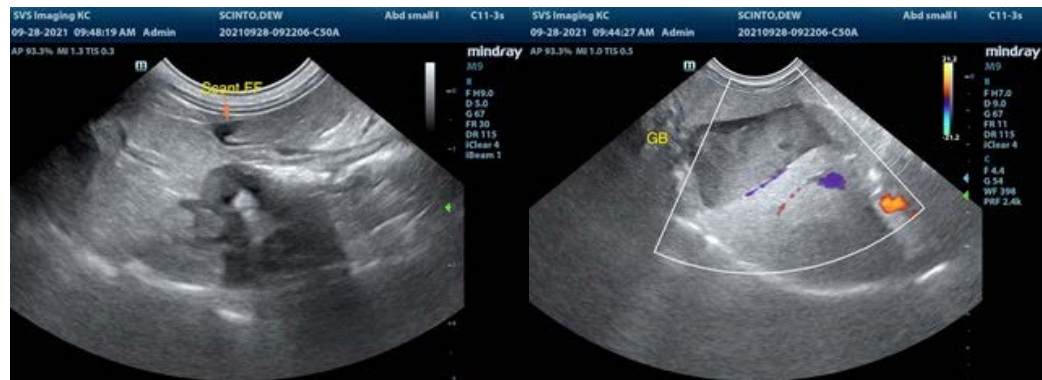
Neutered Male

AGE

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WEIGHT

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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.

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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