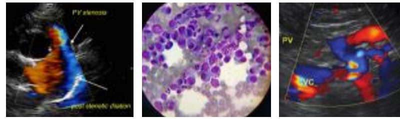
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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**DATE**

12/29/21

**PATIENT**

Sausage Matuoka

**SPECIES**

Canine

**BREED**

Dachshund

**SEX**

Neutered Male

**AGE**

3/23/09

**WEIGHT**

15.5 Lbs.

**INTERPRETED BY**

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

**HOSPITAL NAME**

Paradise AH

**REFERRING VET**

Dr. Twardzik

**INVOICE**

13241

## PRESENTING CLINICAL SIGNS

History: Patient presented for his annual exam and senior bloodwork. On exam, moderate dental tartar was noted, along with mild resistance to right hip extension and patchy alopecia with erythema.

Current Medications: Trazodone 50 mg -- 1 tab the night before and two hours prior to vet visits. VetriScience joint/mobility supplement, CBD, Nexgard and Heartgard (all chronic).

Lab Results: 11/16 U/A (refrigerated sample): SG = 1.042, 7 RBC/hpf, >50 CaDiOx crystals/hpf. 12/7 U/A: WNL. Attached separately.

Radiographs: Attached separately. Two radiopaque objects in region of ureters on lateral radiograph.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

Imaging Performed By: Rachel Brilhart, RDMS.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal in size (0.92 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney presented normal size (4.73 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney presented normal size (4.62 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

### *Adrenal Glands*

The left adrenal gland is mildly enlarged (0.54 cm at cranial pole) (0.70 cm at caudal pole) (2.16 cm in length); with a prominent caudal pole. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is mildly enlarged (0.65 cm at cranial pole) (0.62 cm at caudal pole) (1.83 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable.

Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

### *Spleen*

The spleen is normal in size (1.18 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is slightly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

### *Liver*

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No focal distinct lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated echogenic partially dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal.

### *Gastrointestinal*

The gastric lumen is distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract. appears patent. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall thickness is normal with a normal layering pattern. Mucosal speckling is observed in some segments. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

### *Pancreas*

A portion of the pancreas is obscured by the gastric distention. In the visualized portions, no obvious pathology is observed.

### *Free Abdomen*

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

## ULTRASONOGRAPHIC FINDINGS

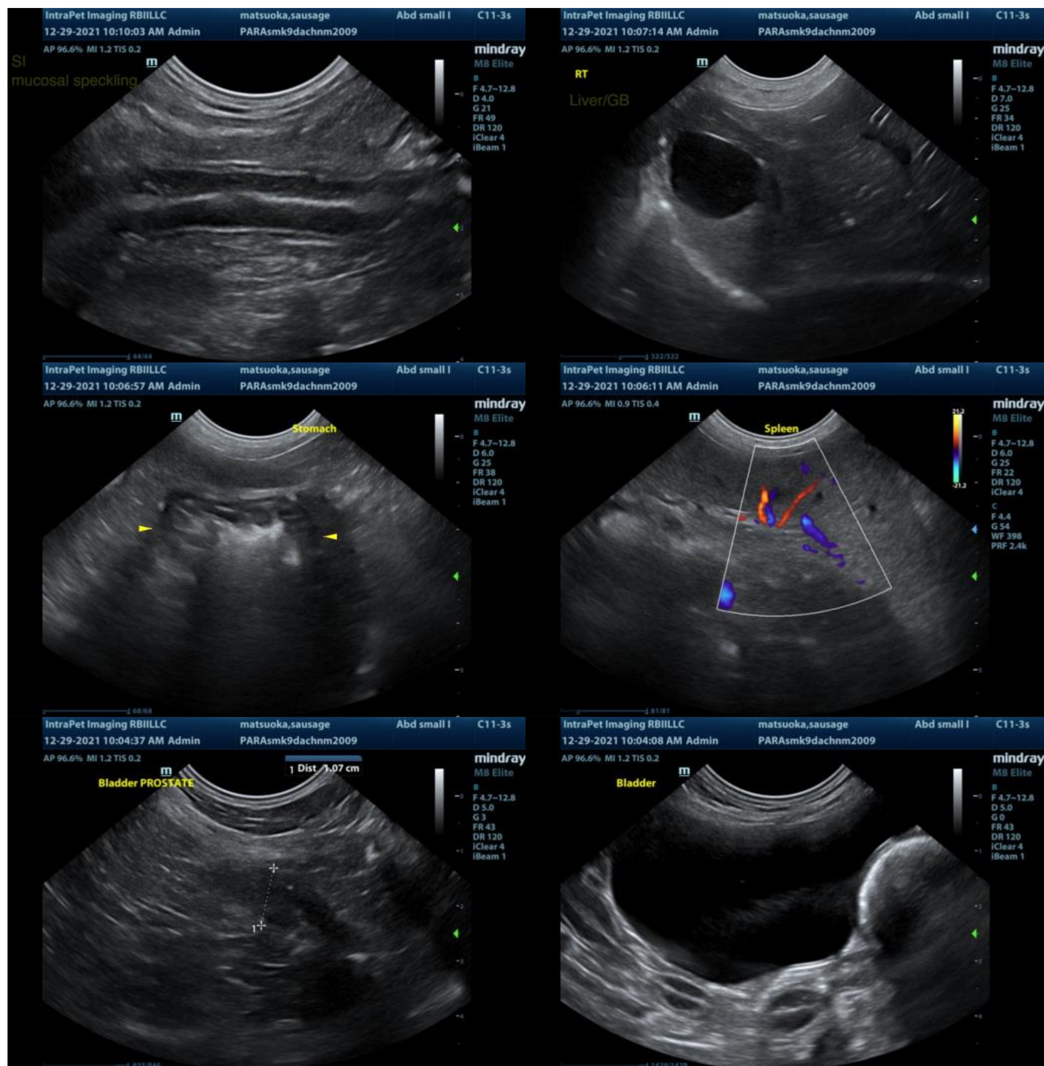
- Mild bilateral adrenomegaly
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered unlikely.
- Gallbladder debris/sludge, non-mucocele
- The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Delayed gastric emptying.
- The small intestinal mucosal speckling can be associated with inflammatory disease/enteritis. However, correlation with clinical findings is recommended.

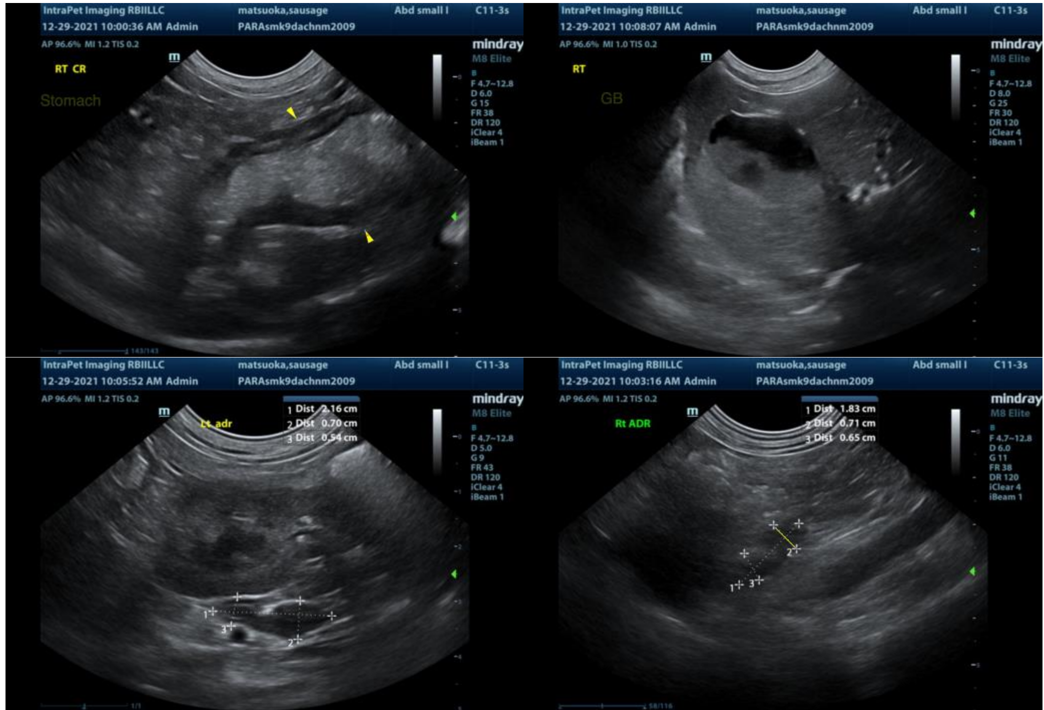
*There is no obvious evidence of mineralization in the region of the ureters, although this area may be somewhat obscured by the small intestinal distention.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Serial monitoring (i.e., every 3-4 months) of the patient's urinalysis can be considered to assess for persistent crystalluria.

- Consider testing for hyperadrenocorticism with a low-dose dexamethasone suppression test or ACTH stimulation test if clinical signs (i.e., PU/PD) develop in the future.






**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.

**Andrea Nicastro**, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com