



PATIENT

Badger Stiesberg

PRESENTING CLINICAL SIGNS

follow up Sonopath scan 4/30/2020- Ca and alk phos has increased since. increased water intake.
Abnormal PE/Chem/CBC/UA Results: Ca 12.9 and Alkphos 142. In 11/2020 the Ca was 11.0 and the AlkPhos was 667

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Dachshund

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, or masses. There is a small 0.47 cm hyperechoic, mildly shadowing object in the dependent portion of the urinary bladder, most consistent with a very small stone or a small pile of sandy debris. The prostate is normal at 0.48 cm.

SEX

Neutered Male

AGE

12 Years

The left kidney has a normal shape and size (5.26 cm) with small pinpoint non-obstructive nephroliths and cortical cysts. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

23 Pounds

The right kidney has a normal shape and size (5.87 cm) with small pinpoint non-obstructive nephroliths. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

Kathleen Sennello DVM,
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(Small Animal Internal
Medicine)

Adrenal Glands

The left adrenal gland is normal in size measuring 0.64 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.67 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

Spleen

HOSPITAL NAME

Pine Creek VC

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

REFERRING VET

Dr. Denny Nolet

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There is a small ill-defined, hypoechoic nodule visualized at 0.89 cm.

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The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

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Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measured 0.32 cm. Duodenum wall measured 0.46 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

Other

A brief view of the heart was submitted. No significant pericardial effusion was seen.

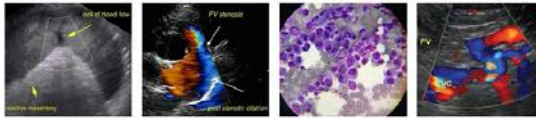
Cervical Region

The left thyroid gland appears relatively normal in size, measuring 0.53 cm in width on the sagittal view. Indistinct parathyroid tissue is visualized at 0.36 cm. The parathyroid parenchyma appears somewhat mottled.

The right thyroid gland appears normal at 0.37 cm in width in the sagittal view, and a hypoechoic parathyroid nodule is visualized and measured 0.13 cm.

PRIMARY FINDINGS

- Dependent hypoechoic material in the urinary bladder – most consistent with a small stone or pile of sandy debris. Correlate with radiographs. Recommend urinalysis and culture.
- Decreased corticomedullary distinction in both kidneys with small non-obstructive nephroliths and occasional small cortical cysts. Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.
- Heterogeneous liver with ill-defined, hypoechoic nodule – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.
- Moderate gallbladder debris – The gastric distension and hypomotility could be consistent with



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Badger Stiesberg focal ileus or a proximal duodenal obstruction.

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SECONDARY FINDINGS

- Mildly mottled left thyroid tissue – significance of this is unclear. Recommend parathyroid hormone evaluation and ionized calcium.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BREED

Dachshund

No large focal lesions are visualized. Many of the changes reported could be consistent with age related change. Recommend urinalysis and culture due to the PU/PD and mineralization in the urinary bladder. Recommend hypercalcemia malignancy panel with an ionized calcium and PTH to determine if the hypercalcemia is significant. Recommend rectal exam to look for an anal gland tumor.

SEX

Neutered Male

The liver changes are non-specific. You could consider a fine needle aspirate and liver function test to further evaluate. Additionally, if signs of Cushing’s are present, you could consider adrenal function testing.

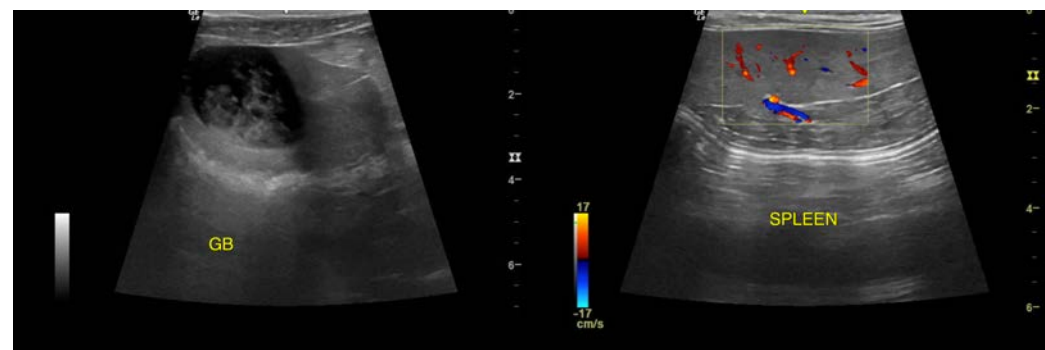
AGE

12 Years

The thyroid changes are less consistent with a neoplastic process and more consistent with either hyperplasia, or may be normal for this individual. Recommend further workup for hypercalcemia, as a significant parathyroid lesion is not observed.

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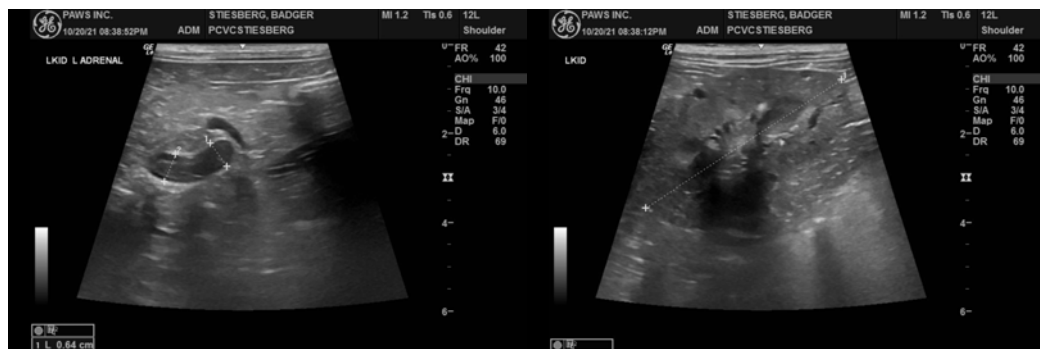
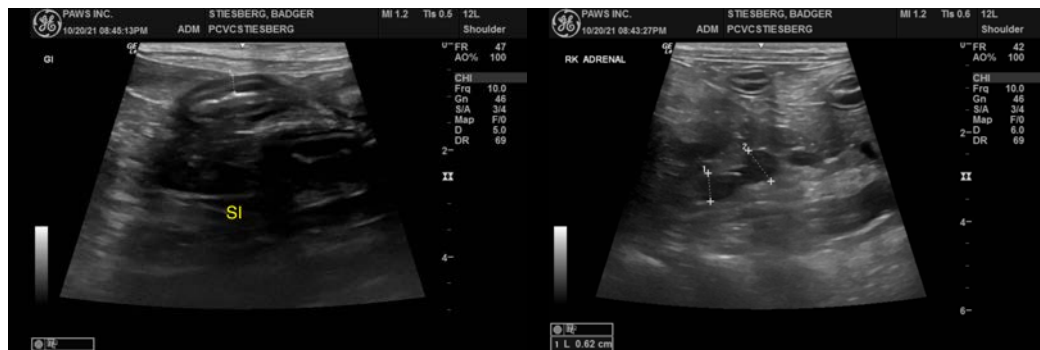
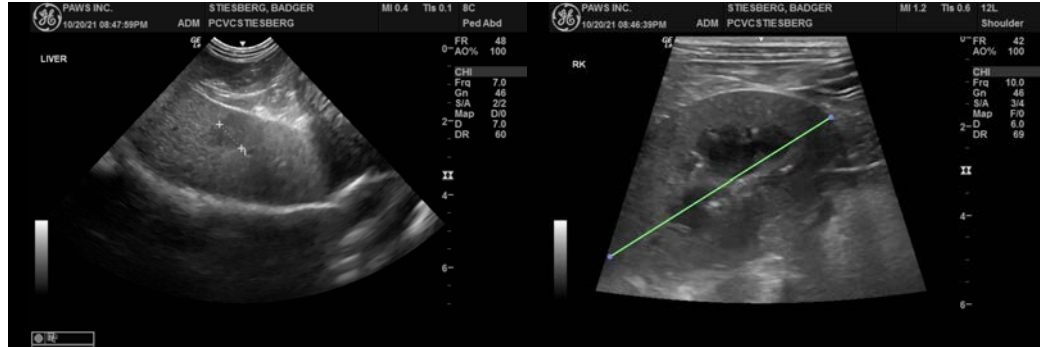
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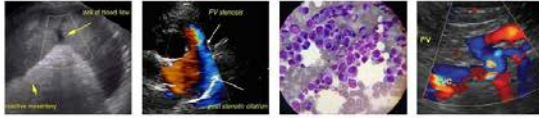
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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.

BREED

Dachshund

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