

**PATIENT**

Romeo Midwest
Dachshund Rescue
14176T

SPECIES

Canine

BREED

Dachshund

SEX

Intact Male

AGE

10 Years

WEIGHT

8.5 kg

INTERPRETED BY

Kathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Madison Veterinary
Specialists - Dr. Keith

INVOICE

42925

DATE

11/23/22

PRESENTING CLINICAL SIGNS

Romeo presented to the MVS Emergency Service on Nov 22, 2022, at 2:45pm, for evaluation of anemia. Romeo was rescued from a family yesterday. Owner (rescue) brought Romeo to primary care where they did an exam and sent out bloodwork and prescribed Clindamycin Today, breathing is labored, Owner called primary care- primary care had bloodwork results showing Romeo was very anemic. Recommended coming here for evaluation/work up. Has eaten and drank while at home with the owner- but has a very hard time due to severe dental disease. No known previous medical history.

Abnormal PE/Chem/CBC/UA Results: PCV/TS: PCV- 10% TS- 6.6 g/dl 11/23/22 5am PCV/TS: 17%/6.4 (2 hr post transfusion) Saline Agglutination: Negative

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

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, masses or cystic calculi.

The prostate is large, hyperechoic and heterogeneous with numerous small anechoic cysts and a large cyst measuring 1.7 cm. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (5.13 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.49 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.55 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 0.63 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.

Spleen

The spleen is subjectively normal in size. The spleen echotexture is heterogenous and mildly mottled, 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.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

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The gallbladder lumen is moderately distended. The wall of the gall bladder appears thickened with a smooth mucosal surface measuring 0.35 cm. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering 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. Duodenum wall measures 0.40 cm. Jejunum wall measures 0.29 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 prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

There is a small to moderate amount of free abdominal fluid. Occasional prominent lymph nodes are visualized. A hepatic lymph node measures 0.64 cm in diameter. A mesenteric lymph node measures 0.40 cm.

Other

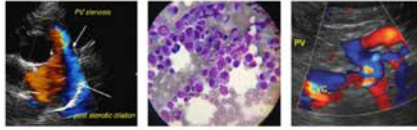
Both testicles are visualized. The left testicle has a small hyperechoic nodule measuring 0.18 cm.

PRIMARY FINDINGS

- Large, heterogeneous, mildly cystic prostate - Findings are most consistent with benign prostatic hypertrophy +/- prostatitis.
- Mildly mottled spleen - 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.
- Prominent, mottled pancreas - The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Mildly thickened gallbladder wall - This is likely secondary to edema.
- Shadowing material visualized within the gastric lumen. Correlate with radiographs and the feeding history. If the patient was adequately fasted, consider delayed gastric emptying or ingested foreign material.
- Small, hyperechoic nodule in the left testicle - There is a nodule visualized in the testicle. Consider such differentials as benign or neoplastic lesions such as Leydig cell tumor, Sertoli cell

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tumor, seminoma, granuloma, etc.

- Mildly prominent mesenteric lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

SPECIES

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SECONDARY FINDINGS

- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.

BREED

Dachshund

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Intact Male

No focal mass lesions are observed on today’s scan, and no obvious source of bleeding to explain the anemia reported. The prostate is large, heterogeneous, and cystic. These findings are consistent with benign prostatic hypertrophy +/- prostatitis. Recommend urinalysis and culture. Ideally, this pet would be neutered. Additionally, there is a small hyperechoic nodule in the left testicle, which currently is of unknown significance. Once this patient is more stable, recommend neutering and submitting the testicle for histopathology.

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Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.

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The spleen appears mildly mottled, and the pancreas is prominent and mottled. The significance of these changes is uncertain. Consider a fine needle aspirate of the spleen, particularly if there is concern for underlying round cell neoplasia. The changes in the pancreas are most consistent with previous episodes of pancreatic disease, but mild current inflammation is possible.

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The kidneys appear to have reduced corticomedullary distinction. This is most consistent with age related progressive renal changes. Recommend a blood pressure, urinalysis and culture as a baseline.

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For further evaluation of the anemia, recommend a pathologist review of a blood smear, looking for atypical cells, signs of autoimmune disease, and evidence of regeneration. If this is a non-regenerative anemia, recommend a bone marrow aspirate in addition to testing for vector borne diseases such as ehrlichia, babesia, etc. Check the stool for melena and consider immunosuppression if all results point towards autoimmune disease.

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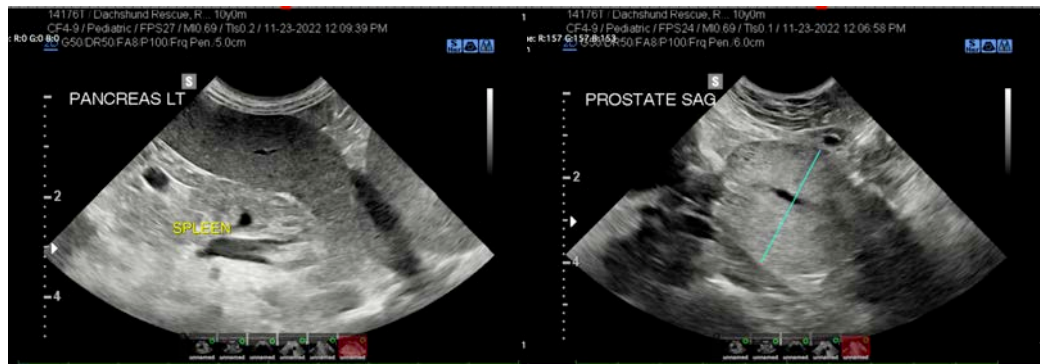
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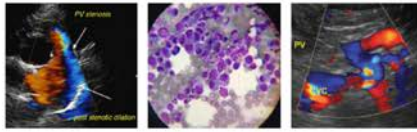
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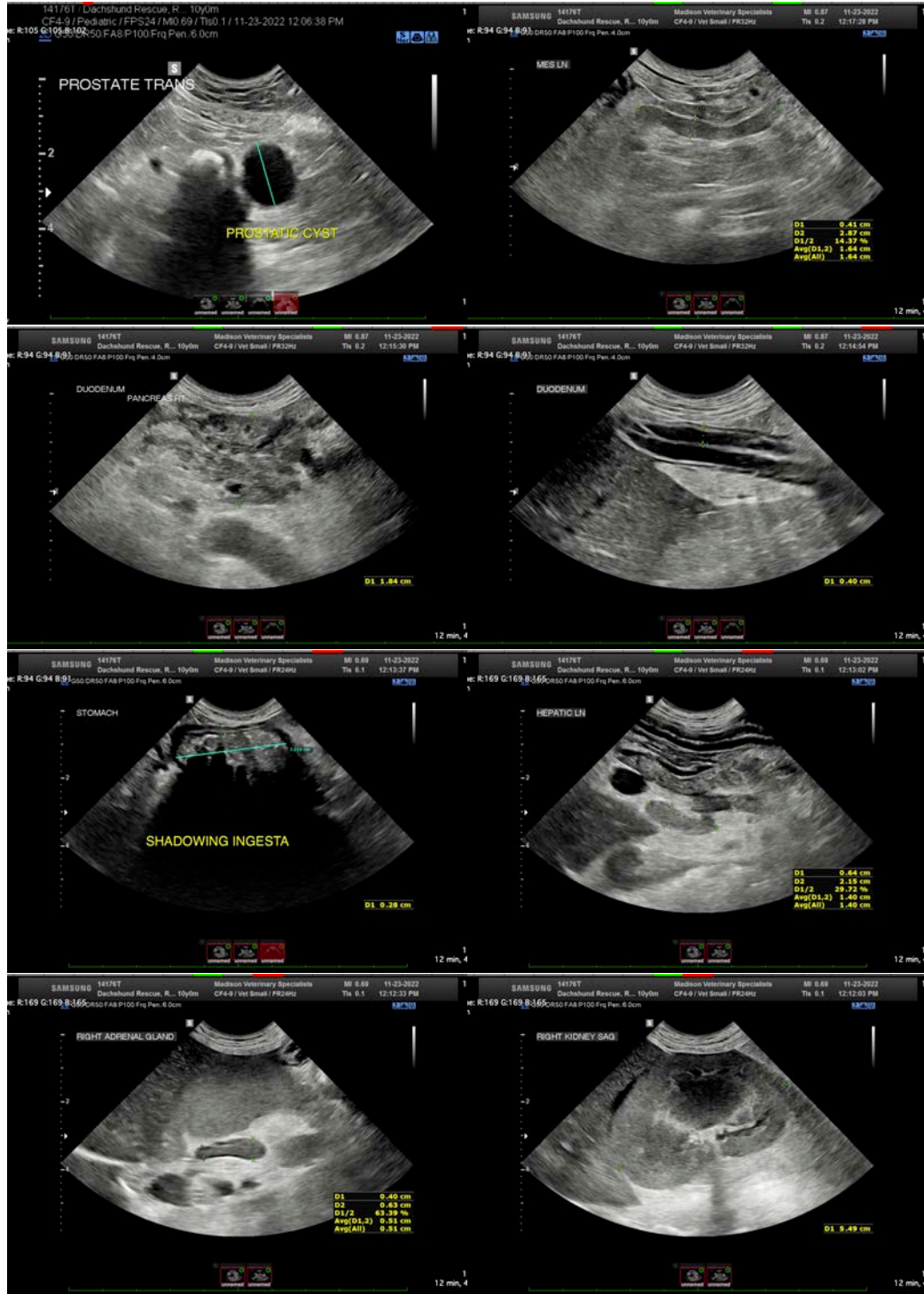
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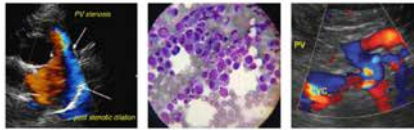
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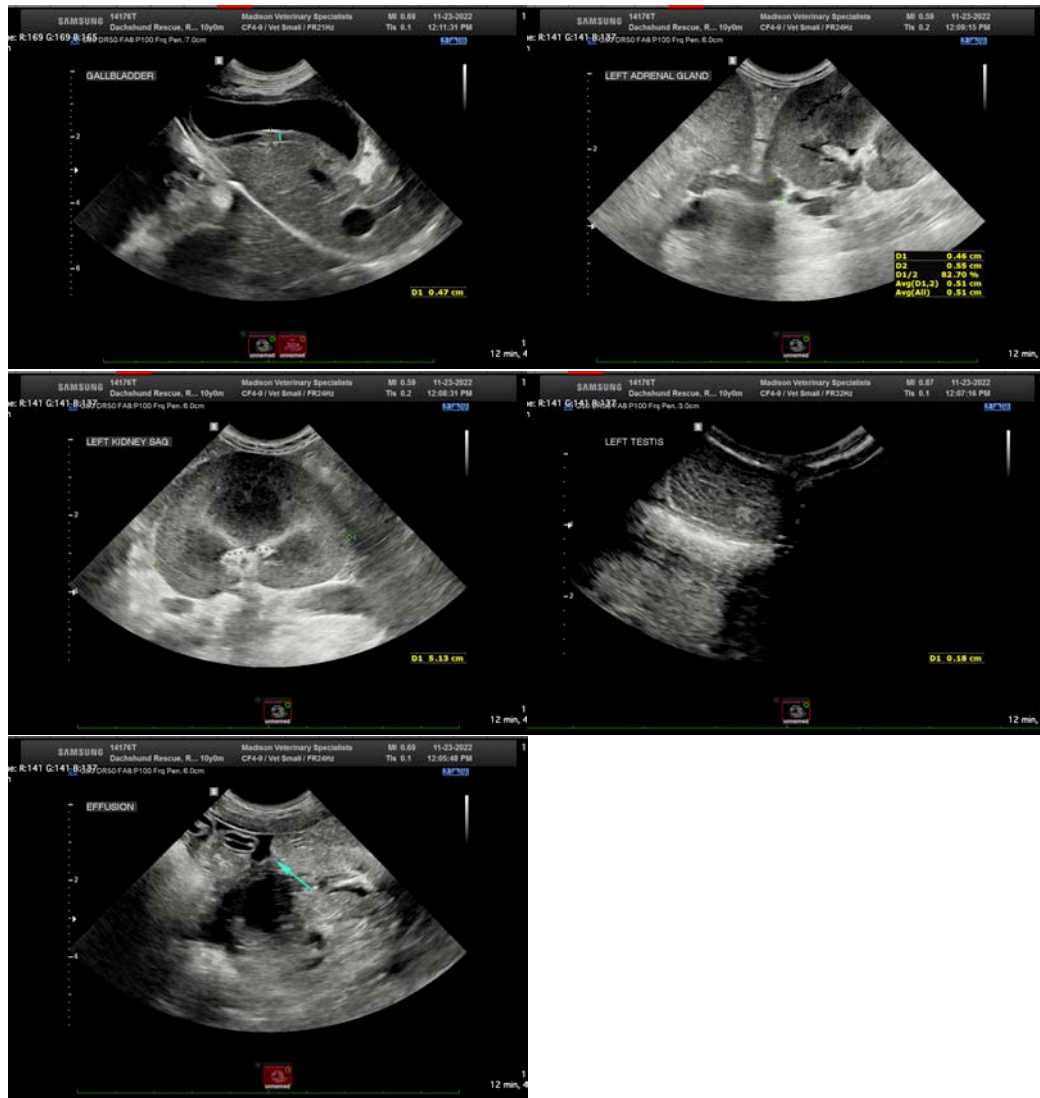
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

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