



PATIENT

Sadie Doxtator

SPECIES

Canine

BREED

Miniature Dachshund

SEX

Spayed Female

AGE

13 Years

WEIGHT

14.6 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Lucas Budden

HOSPITAL NAME

Frontier VH

REFERRING VET

Dr. Lucas Budden

INVOICE

36120

DATE

3/10/22

PRESENTING CLINICAL SIGNS

Seen 2/11/2022 for urinary accidents in the house, hematuria, and polyuria. Urine culture showed E. coli positive and treated with Clavamox. Recheck urine culture on 3/7/2022 was negative. Still having accidents in the house. No more polyuria or hematuria.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem/T4 3/8/2022 Globulins elevated 5.6 Total protein elevated 9.1 Albumin normal 3.5 BUN elevated 55, creatinine 1.6. Phosphorus elevated 6.5 Amylase elevated 1313 PSL 564, likely nsf. Rest of CBC CHEM WNL T4 1.6 Abdominal rads 3/8/2022

FINDINGS: The intra-abdominal serosal detail is normal. The visible portions of the liver, spleen, and kidneys are within normal limits. The soft tissue opacity effacing with the mid liver on the left lateral projection is likely associated with the pyloric outflow; it is not seen on the right lateral projection. The stomach is mildly filled with gas and fluid. The small intestine are normal in size. The colon contains a small amount of gas and unformed faeces. The urinary bladder is moderately filled. There is no evidence of uterine enlargement. The skeletal structures are within normal limits. The portion of thorax included in the study is within normal limits. The abdominal wall soft tissues are within normal limits.

CONCLUSIONS: No abnormalities are seen on this study. Notably the colon is mostly empty which can be due to diarrhoea or inappetence. With respect to the urogenital abnormality, it appears that all appropriate investigation has been performed. From an imaging perspective, further evaluation of intrapelvic structures (for an underlying cause) is best performed by CT as these are not well evaluated by ultrasound.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall measures at a normal thickness, but has some mild mucosal irregularity present diffusely. The area of the trigone, proximal urethra, and ureteral papillae appeared free of any mass lesions ore calculi. Findings are most consistent with cystitis. An underlying neoplastic etiology cannot be ruled out.

The left kidney has a normal shape and size (4.56 cm) with pinpoint non-obstructive nephroliths. Overall echogenicity is normal with adequate 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.

The right kidney has a normal shape and size (4.02 cm) with 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.56 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 0.56 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, 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.



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Liver

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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 is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

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Gastrointestinal

Miniature Dachshund

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.

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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 measured 0.36 cm. Jejunum wall measured 0.22 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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.

WEIGHT

14.6 Pounds

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.

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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.

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ULTRASONOGRAPHIC FINDINGS

- Mildly irregular urinary bladder mucosa – findings are most consistent with bacterial cystitis. Other differentials cannot be excluded.
- Decreased corticomedullary distinction in both kidneys with pinpoint non-obstructive nephroliths – The bilateral renal findings are consistent with age-related change.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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No large mass lesions or stones are visualized within the urinary bladder. The bladder mucosa does appear slightly irregular. This would be most consistent with either current or previous cystitis. Although an early neoplastic process cannot be ruled out as a possibility, it seems unlikely at this time. Recommend urine culture again in the next few weeks, further out from the previous antibiotic treatment, and recommend urinalysis with this sample. Additionally, recommend palpation of the urethra via digital rectal exam to look for thickening or a mass effect.

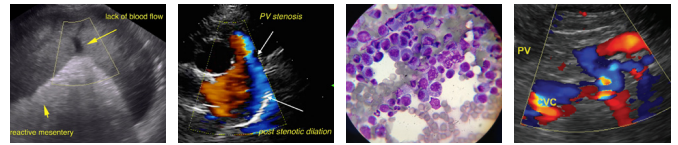
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It is also possible that there was either a urinary tract infection or pyelonephritis previously evident, which caused the renal disease to become more apparent. Recommend a blood pressure evaluation and



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urine protein/creatinine ratio. If the symptoms point more towards the lower urinary tract, and they are persistent you could consider a cystoscopy to evaluate the distal urethra, vagina, and to obtain samples for histopathology and culture from the urinary bladder. If we are dealing with more of a PU/PD type scenario, renal insufficiency would be my primary differential.

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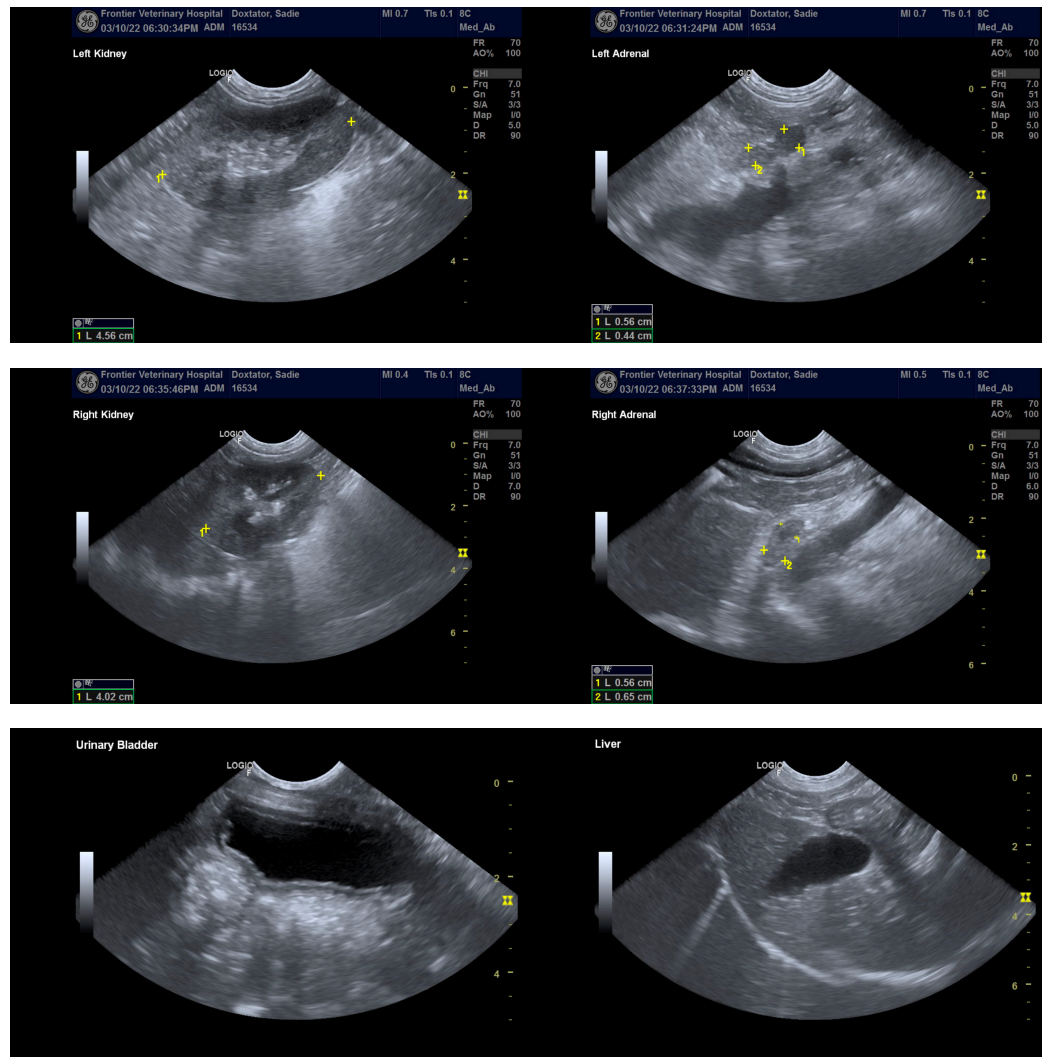
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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