



PATIENT PRESENTING CLINICAL SIGNS

Teddy Hall

SPECIES

Canine

BREED

Mini Dachshund

SEX

Intact Male

AGE

14 Years

WEIGHT

11.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Ingersoll VS

REFERRING VET

Dr. Prystayko

INVOICE

46320

DATE

3/30/23

Dog has history of IVDD being treated with chiropractic and laser for the last 5 years and has very few back flare-ups. Grand mal seizures started in 2015 as single seizures and despite phenobarbital he started to have cluster seizures within 1 year. Neurologist had prescribed phenobarb Kbromide and levetiracetam as of 2017 and seizures have decreased to basically 1 at a time and his last seizure was a single one in October 2022. He had a bout of colitis early March 2023 that settled down with bland food and a 10 days course of metronidazole that finished March 20/23. The bloodwork was for annual monitoring and as pre-anesthetic work up for intended dental that has been cancelled at this point. Current Medications phenobarbitol 22.5 mg BID, Potassium bromide 160mg BID, Levitiracetam 125mg TID, fortiflora 1 pkg daily, methocarbamol 60 mg BID

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 in size (2.18 cm in height at the level of the hilus) but has a regular shape with smooth external margins. The parenchyma is hyperechoic and heterogenous but no discrete focal lesions are present. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (4.97 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 (5.38 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 0.57 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 0.76 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.

Liver

The liver is large in size and irregular in shape, with normal echogenicity. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the



PATIENT vasculature and biliary tract appear normal. There is a large mixed echogenic hyperechoic irregular and partially cystic mass effect visualized toward the right side of the liver measuring 6.35 cm x 5.78 cm.

Teddy Hall

SPECIES The gallbladder lumen is significantly distended with hyperechoic adherent material to the wall measuring 0.73 cm with the impression of surrounding hyperechoic tissue. The gallbladder is somewhat displaced by the large mass effect, making evaluation challenging. No evidence of bile duct dilation is observed.

Canine

BREED *Gastrointestinal*

Mini 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.

SEX

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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 measures 0.50 cm. Jejunum wall measures 0.36 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.

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Pancreas

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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

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Evaluation of the peritoneal cavity did not reveal any evidence of effusion. The omentum is of normal echogenicity. No lymphadenopathy.

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HOSPITAL NAME

Both testicles are visualized. The left testicle is large measuring 2.16 cm in length, with a large hyperechoic cystic nodule visualized measuring 1.3 cm in diameter. The right testicle is smaller measuring 1.5 cm with a small mineralized foci measuring 0.30 cm.

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ULTRASONOGRAPHIC FINDINGS

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- Large, hyperechoic, heterogeneous prostate – Findings are most consistent with benign prostatic hypertrophy +/- prostatitis. Full visualization is not possible due to interference with the pelvis.

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

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- Large, heterogeneous liver with large mixed echogenic hyperechoic cystic mass effect – Findings are most consistent with a primary hepatic mass lesion (adenoma, carcinoma, other).
- Large, somewhat displaced gallbladder with adherent debris to the gallbladder wall and some surrounding inflammation – Findings could be consistent with cholecystitis.
- Hyperechoic cystic nodule in the left testicle – Consider such differentials as benign or neoplastic lesions such as Leydig cell tumor, Sertoli cell tumor, seminoma, granuloma, etc. Recommend neuter with histopathology (as treatment of choice), or cytology.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large mass effect in the right side of the liver. This is most consistent with primary hepatic mass lesion. This mass lesion displaces the gallbladder, which is large, with a large amount of adhered debris to the gallbladder wall. It is difficult to determine if the inflammation in the region of the gallbladder is secondary to the mass effect or to primary gallbladder disease (cholecystitis). It is also difficult to determine if the elevation in bilirubin is secondary to the mass effect or the changes observed in the gallbladder. C

Consider a contrast CT scan to further evaluate both of these areas for possible surgical removal. Primary hepatic mass lesions can have a good prognosis if they can be fully resected. Additionally, the gallbladder and the mass effect could be evaluated at the time of surgery, but referral to a veterinary surgeon is recommended, as the close proximity of these structures may make surgery challenging.

The prostate is large and hyperechoic. These findings are most consistent with benign prostatic hypertrophy +/- prostatitis. Additionally, the left testicle is large with a hyperechoic nodule. Recommend neutering with histopathology, and a urinalysis and culture to further evaluate the prostate. Recommend continued monitoring of the prostate post-neutering.

In the meantime, consider Ursodiol therapy and treatment for cholecystitis.

Recommend 3-view thoracic radiographs.

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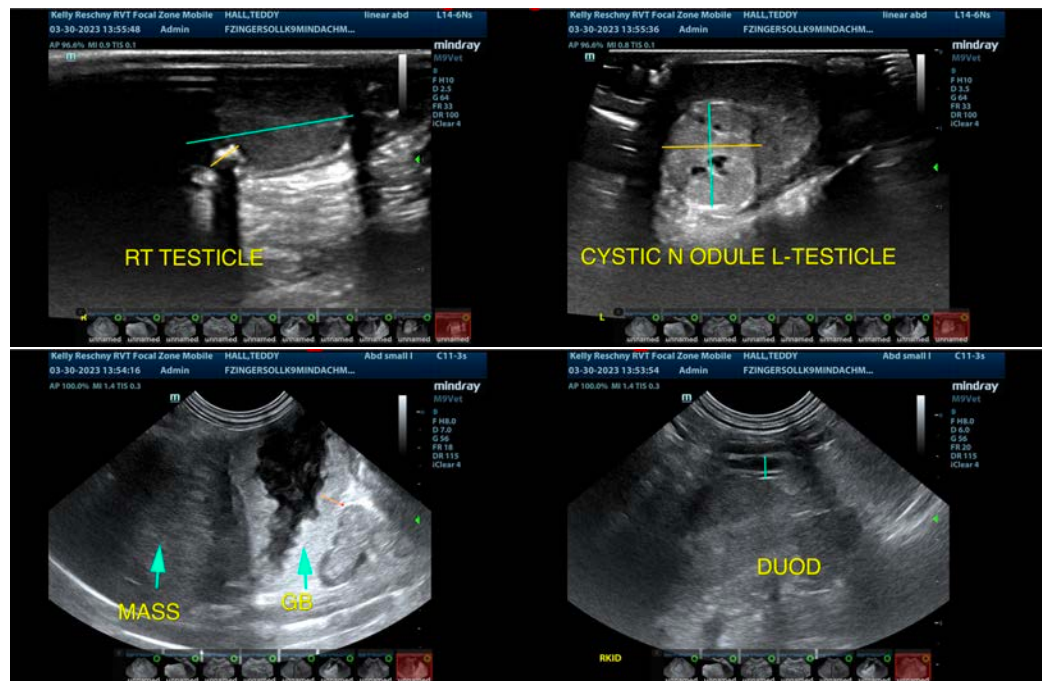
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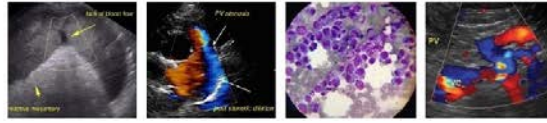
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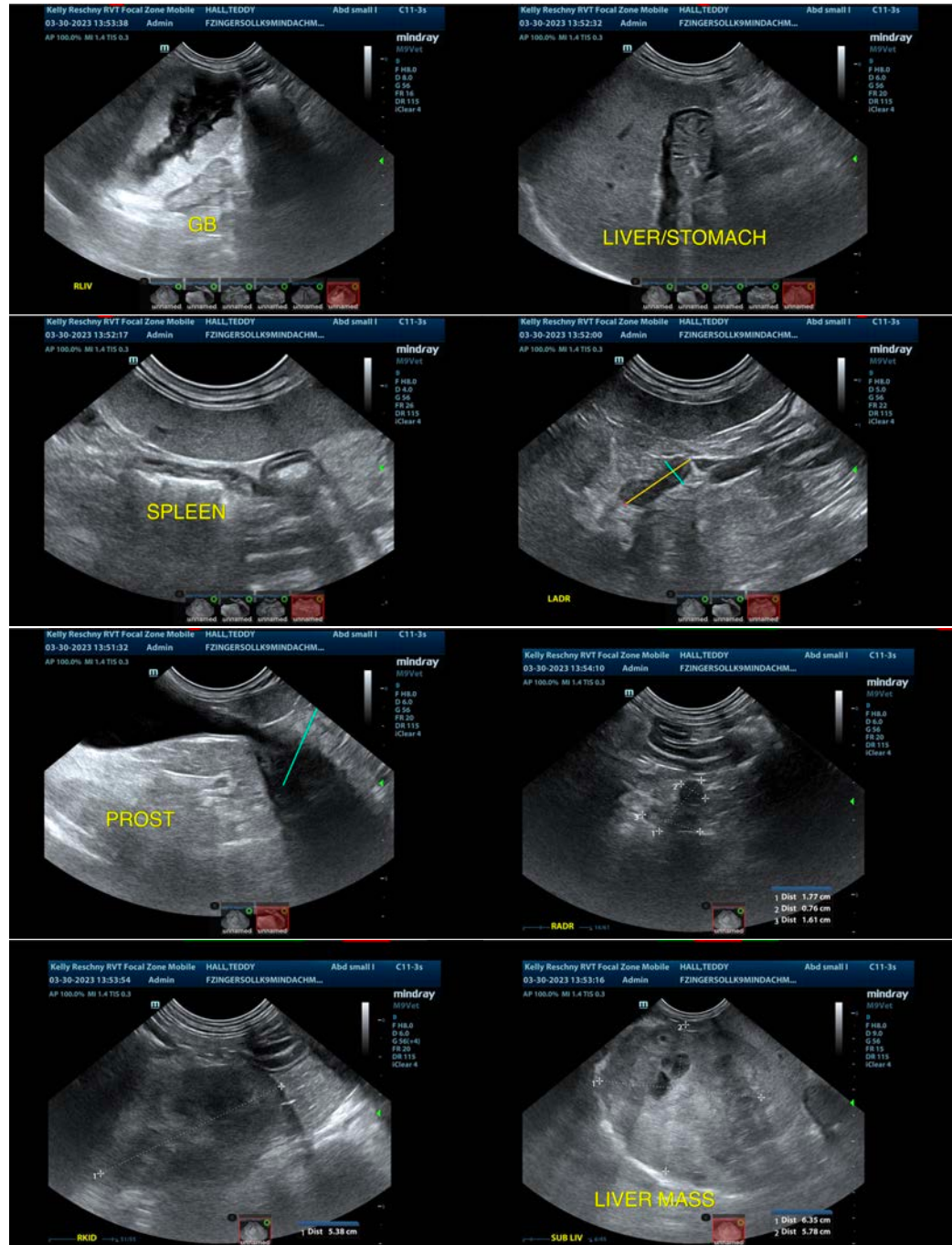
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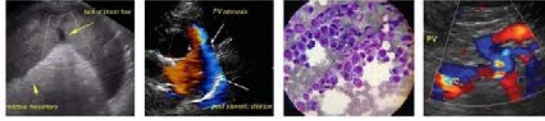
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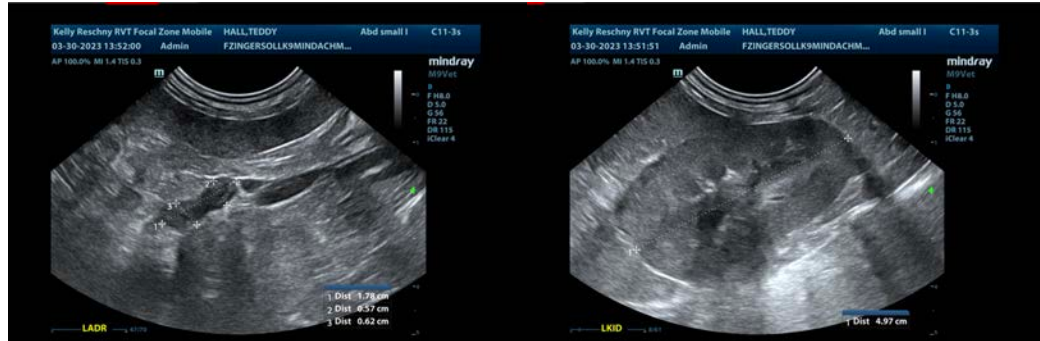
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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