

PATIENT PRESENTING CLINICAL SIGNS

Marty Gaier History: concern for degenerative renal disease - PU/PD- Sedation dex/torb lightly- MEDS: Prazosin and Gabapentin

SPECIES Abnormal PE/Chem/CBC/UA Results: SDMA 22, BUN and Crea normal- USG 1006, persistently hyposthenuric

Canine

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Dachshund *Urinary System*

SEX

The urinary bladder is moderately distended with anechoic urine. The bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

Neutered Male

AGE

The prostate is normal in size (1.04 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

10 years

WEIGHT

The left kidney has a normal shape and size (3.20 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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.

12.2 lbs

INTERPRETED BY

Andrea Nicastro,
DVM, Diplomate
ACVIM (Small Animal
Internal Medicine)

The right kidney has a normal shape and size (3.73 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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.

IMAGING PERFORMED BY

Adrenal Glands

Loetitia Saint-
Jacques,
LVT

The left adrenal gland is normal in size (0.54 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.

HOSPITAL NAME

The right adrenal gland is normal in size (0.36 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.

MountainView AH

Spleen

REFERRING VET

Dr Bridget Landon

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

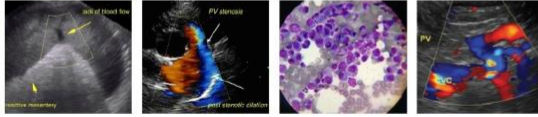
INVOICE

The liver is subjectively large 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 are numerous ill-defined hypoechoic nodules visualized in the parenchyma (example of which measure 0.93 x 1.04 and 0.41 x 1.06 cm). No focal nodules or cystic lesions are observed.

14048

DATE

8.10.23



PATIENT

Marty Gaier

Gallbladder is significantly distended (measuring 2.66 x 2.22 cm) with a large amount of primarily nonorganized intraluminal debris and a thickened wall (measuring 0.36 cm). There is hyperechoic/reactive mesentery visible in the cranial abdomen adjacent to the gallbladder. The bile duct is not clearly visualized.

SPECIES

Canine

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7 cm 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.

BREED

Dachshund

SEX

Neutered Male

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. The duodenum measured as normal (between 0.3-0.5 cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47 cm) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

AGE

10 years

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

12.2 lbs

Pancreas

The pancreas is prominent and mottled in the right limb 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.

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Internal Medicine)

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.

IMAGING PERFORMED BY

Loetitia Saint-
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LVT

ULTRASONOGRAPHIC FINDINGS

Findings

HOSPITAL NAME

MountainView AH

REFERRING VET

Dr Bridget Landon

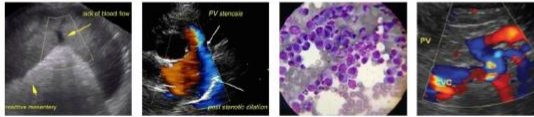
- Prominent mottled right limb of the pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Large heterogenous liver with ill-defined hypoechoic nodules – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. The nodules observed trend toward a more benign process, but underlying neoplasia cannot be ruled out.
- Large, distended gallbladder with a large amount of intraluminal debris and a thickened wall – Findings are concerning for a cholecystitis
- Mildly reduced corticomedullary junction in both kidneys - The bilateral renal findings are consistent with age-related change.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

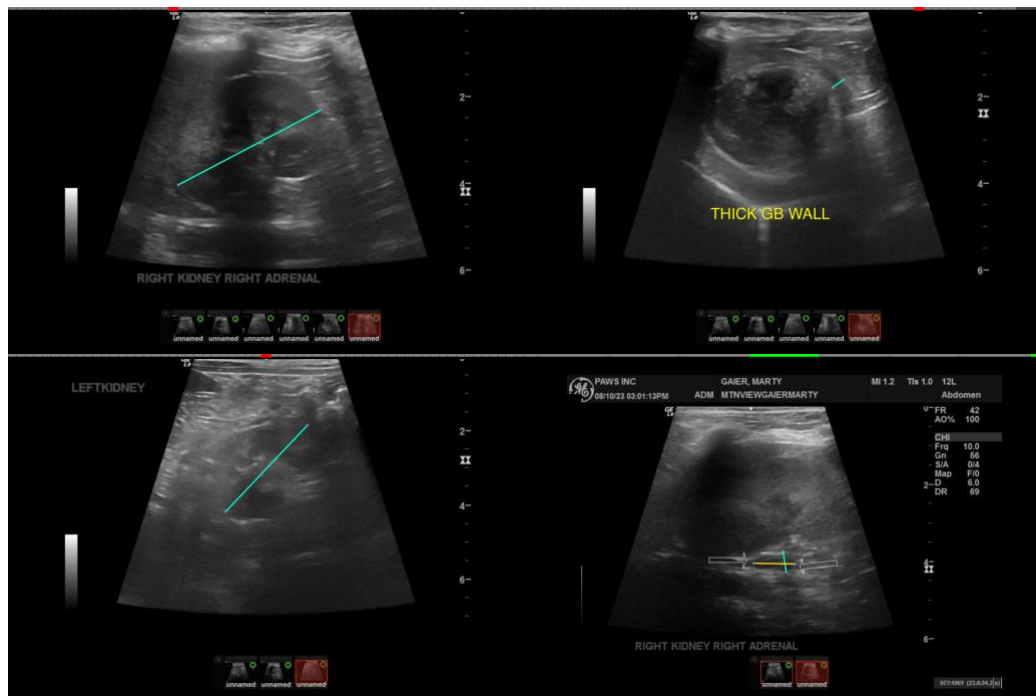
The changes visualized in the kidneys are nonspecific and could be consistent with age-related change.

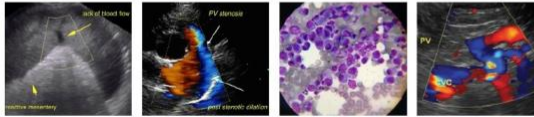
The gallbladder is very large and distended with nonorganized intraluminal debris and thickened gallbladder wall. There is questionable inflammation surrounding this thickened gallbladder wall which is concerning for severe cholecystitis. Correlate these findings with the patient's clinical signs and bloodwork results. Based on the appearance of the liver and gallbladder, I'd be surprised if liver values were normal. If the patient is sick and there are significant liver enzyme elevations, referral to a surgeon for a possible cholecystectomy could be considered. If a more conservative approach is desired, you could consider medical management with antibiotics and Ursodiol, with close continued monitoring of liver values and the gallbladder with ultrasound, as there is some risk for gallbladder rupture. This could develop into an emergency situation.

The significance of the ill-defined nodules in the liver is unclear. Consider a fine-needle aspirate and a liver function test.

The hyposthenuria reported is unlikely associated with chronic renal failure as this would typically result in isosthenuric urine. Consider further evaluation/treatment of the cholecystitis and reevaluation of the PU/PD/hyposthenuria at that time.

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





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Neutered Male

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HOSPITAL NAME

MountainView AH

REFERRING VET

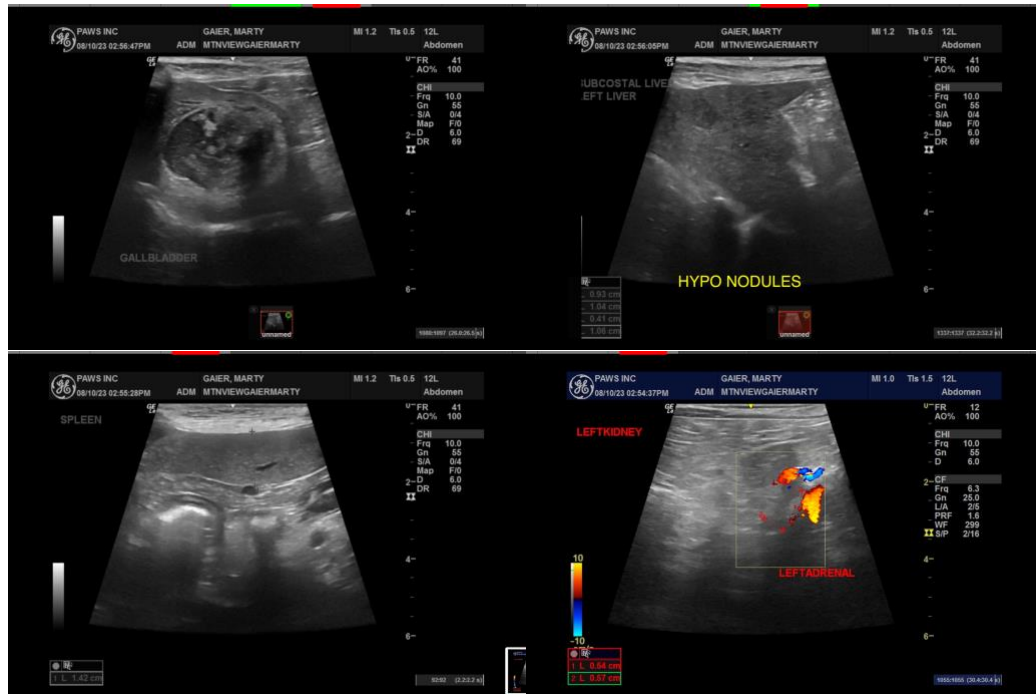
Dr Bridget Landon

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From: Sonopath SPA <spa@sonopath.com>
Date: Thursday, August 10, 2023 at 6:38 PM

Marty Gaier Dr Bridget Landon
Hospital Name: MountainView AH 14048
Email Address: loetitiarvt@gmail.com
Phone Number: (530) 786-8340

Notes to the Specialist: I am concerned about the GB rupturing or leaking- adrenals normal, hypoechoic liver nodules

Patient Name: Marty Gaier

Species: canine

Gender: MN

Age: 10years

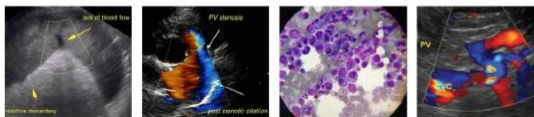
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Breed: dachshund

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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.



PATIENT

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.

Marty Gaier

SPECIES

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small animal Internal Medicine)
info@SonoPath.com

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Dachshund

SEX

Neutered Male

AGE

10 years

WEIGHT

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