



PATIENT

Oliver Naylor

SPECIES

Canine

BREED

Dachshund X

SEX

Neutered Male

AGE

7.8 Years

WEIGHT

15 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Tam Mengine

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Dr. Tam Mengine

INVOICE

24600

DATE

8/12/21

PRESENTING CLINICAL SIGNS

Wellness labs in 2/21 - ALT 217, Chol 102, Alb 2.6. Mini-chem rechecked in 4/21 - ALT 248, Alb now normal at 3.1 (Chol not rechecked). Presented 8/4/21 for vomiting and eating grass. Weight down 2# from April. CBC - wnl. Chem - ALT 427, BUN now low (6), ALB 2.3, Chol 100, else wnl. T4 1.7 U/A and bile acids pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with primarily suspended echogenic debris present. There is at least one (possibly two) shadowing calculi visible, measuring 0.57 cm. The bladder wall in that area has slightly irregular mucosa. The trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, or masses.

The prostate is normal in size (0.78 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.

The right kidney has a normal shape and size (5.32 cm). 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, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The left kidney has a normal shape and size (4.83 cm). 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. Pinpoint non-obstructive nephroliths were present. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.39 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 0.37 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 small to 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/slightly reduced. No focal nodules or cystic lesions are observed.

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 mild amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.



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Gastrointestinal

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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 uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Duodenum wall measures 0.4 cm. Jejunum wall measures 0.25, 0.32 cm.

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Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed. There is mild mucosal speckling evident in the duodenum.

SEX

Neutered Male

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

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.

WEIGHT

15 Pounds

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.

ULTRASONOGRAPHIC FINDINGS

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Kathleen Sennello DVM,
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- Shadowing stones evident in the urinary bladder – correlate findings with radiographs and consider the possibility of urate stones if they are not evident. Recommend urinalysis and culture.
- Questionably small liver – The liver is difficult to visualize clearly intercostally, which is common in deep chested Dachshunds. Correlate liver size with abdominal radiographs. If small, recommend pre- and post-prandial bile acids (already submitted).
- Mild small intestinal wall thickening with intact layering – The mild small intestinal wall changes may be a normal variant in this patient or could be consistent with an inflammatory process (e.g., inflammatory bowel disease).

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver enzyme elevations, low BUN and low albumin are concerning for liver dysfunction. Liver function test will be very helpful to help determine if this is significant. There is a possibility for a liver shunt or microvascular dysplasia causing urate stones, but this dog is older than the typical shunt patient and could also just be a Dachshund with liver disease and concurrent bladder stones. Additionally, recommend further evaluation of the hypoalbuminemia by performed a urine protein/creatinine ratio to look for evidence of proteinuria, and a GI panel to look for evidence of B12 deficiency, which could indicate small intestinal disease.

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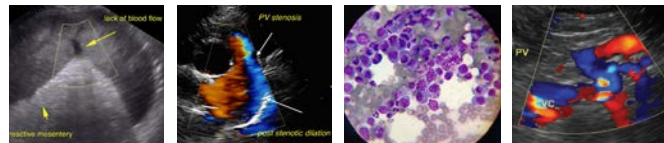
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The bowel is subjectively thickened, and there is some mucosal speckling, which can be seen with lymphangiectasia and IBD (this is not diagnostic for these conditions). If liver function test is abnormal, recommend CT scan for further evaluation of possible liver shunt. If liver function testing is normal, recommend additional testing for hypoalbuminemia, and you could consider surgery to remove the bladder stone (have it analyzed), and perform liver and gastrointestinal biopsies during the same



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procedure. As a side noted, it might be reasonable to consider testing for Leptospirosis and Addison's disease if this seems clinically appropriate.

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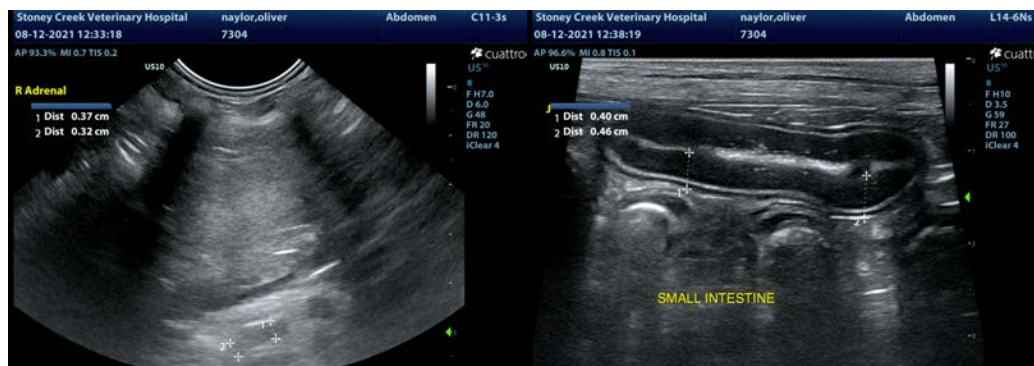
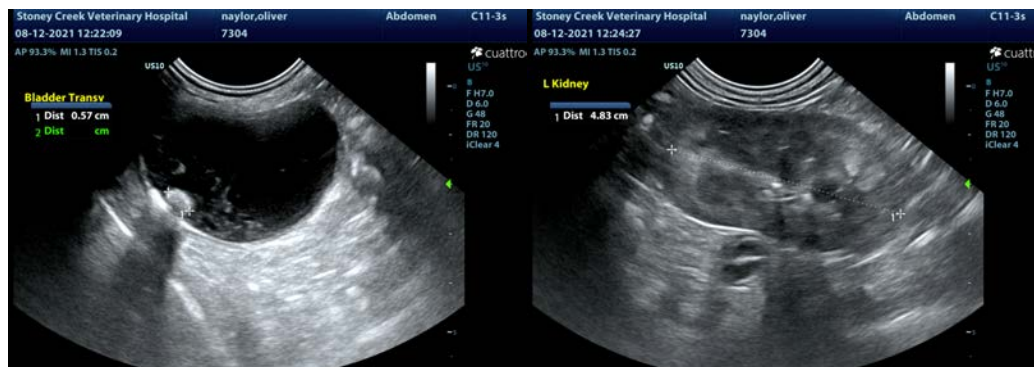
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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