



PATIENT

Ditto Fischer

SPECIES

Canine

BREED

Dachshund

SEX

Neutered Male

AGE

12 Years 2 Months

WEIGHT

15.2

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Carissa Rhoades

HOSPITAL NAME

Elizabeth AH

REFERRING VET

Dr. Leon Anderson

INVOICE

25932

DATE

9/29/21

PRESENTING CLINICAL SIGNS

No issues currently. Possible increase in drinking. Lab abnormalities prompted scan. Abnormal PE/Chem/CBC/UA Results: PE: Tense abdomen, sclerosis normal for age, Stage I Dental disease, overweight. LABS: 9-22-21 Urinalysis: SG-1.021, pH-8.0, Sediment-11WBC, 43RBC, 6-10 nonsquam. epith., Protein 100 CBC: RBC 9.45M/uL, HCT 60.9%, Hgb 21.6g/dL, Retic 151 K/uL, Retic Hgb 23.6pg Chem: Glucose 204 mg/dL, Sodium 140 mmol/L, Potassium 5.5 mmol/L, Na:K 25, chloride 98mmol/L, Anion Gap 32 mmol/L, ALP 238 U/L, Chol 491 mg/dL, Triglyceride 2102 mg/dL, Lipase 499 U/L, Creatine Kinase 784 U/L Spec cPL: 558 ug/L Cardiopet proBNP: N TT4 & FT4: N Heartworm / Ehrlichia / Lyme / Anaplas: Neg Fecal Antigen Screen & Flotation: Neg

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall is irregular and thickened in areas up to 0.57 cm. There are areas of mineralization in the bladder wall as well as a larger area of shadowing tissue approximately 2.33 cm x 1.19 cm. This is most consistent with a larger bladder stone, but a mineralized mass effect can sometimes mimic this appearance. Correlate with radiographs.

The prostate is normal in size (0.91 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 left kidney has a normal shape and size (4.78 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 right kidney has a normal shape and size (5.1 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.73 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 0.65 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 size with smooth peripheral margins. The parenchyma is hyperechoic and homogenous in 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 gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

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Gastrointestinal

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. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.)

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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.

Pancreas

WEIGHT

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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, 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

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PRIMARY FINDINGS

- Irregular shadowing structure in urinary bladder – most consistent with a large stone. Recommend radiographs to better estimate size and nature of lesion.
- Large, hyperechoic liver – The diffuse hepatic changes are non-specific and can be seen with vacuolar hepatopathy, reactive change, nodular hyperplasia or, less likely, inflammatory/immune-mediated disease, infiltrative neoplasia, or other hepatopathy.

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SECONDARY FINDINGS

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- Moderate gallbladder sludge – The significance of the aggregated gallbladder sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The urinary bladder wall is very irregular and partially mineralized. Additionally, there is some mineralization within most consistent with a stone, but a mass effect cannot be completely ruled out. Imaging with rotation of the patient to see if the stone moves and confirming that the colon is empty can be very helpful in these situations. Recommend urinalysis and culture. If irregularity in the bladder wall does not resolve with treatment of a urinary tract infection, neoplastic change cannot be excluded as a differential.

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The liver is large and hyperechoic. This is a common finding in diabetics and is likely normal for this patient.

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The adrenal glands are not overtly enlarged, but could be on the high end of normal. If concern for Cushing's disease is high, you could consider adrenal function testing.

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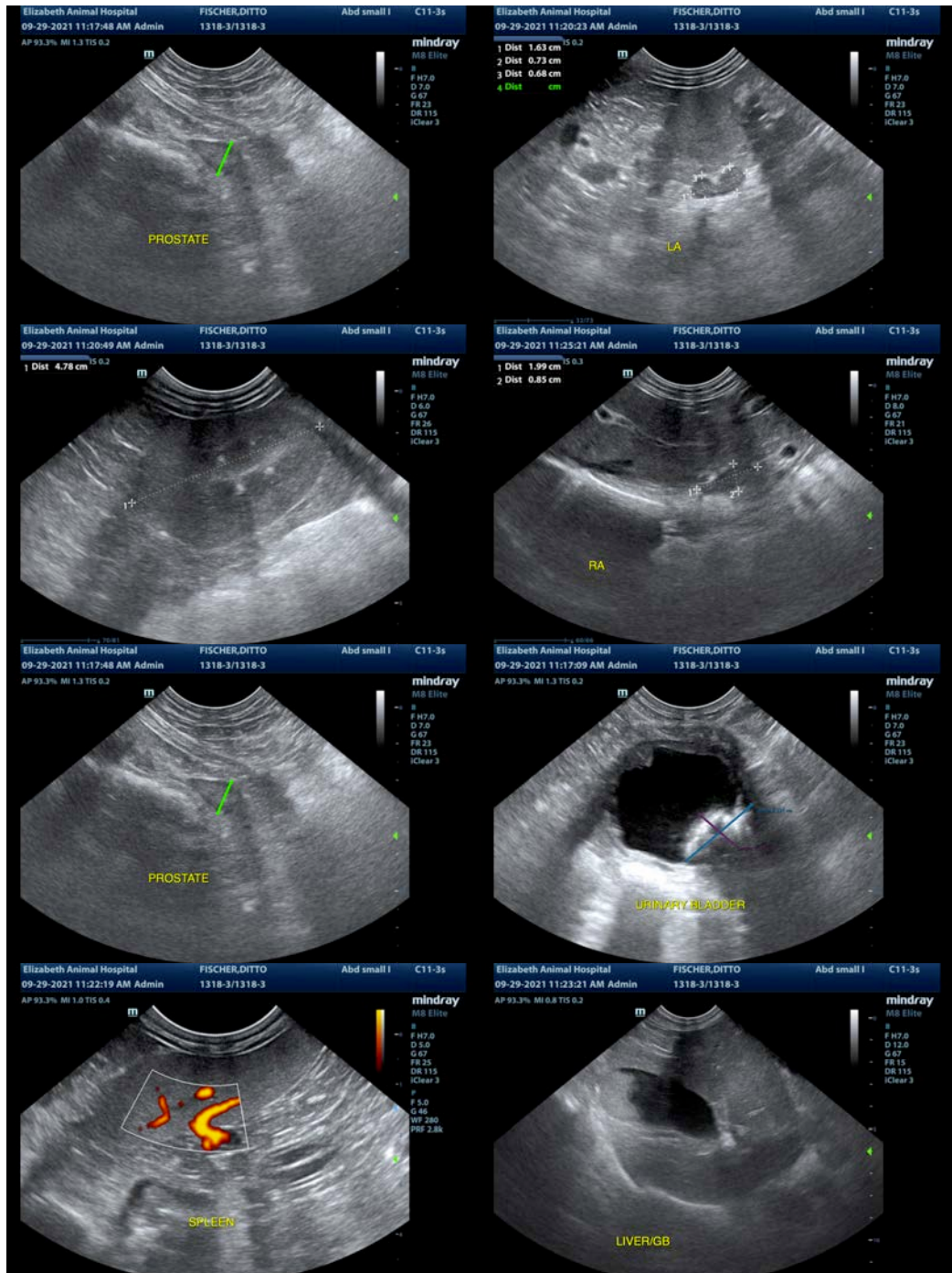
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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kathleen.sennello@sonopath.com

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