



PATIENT PRESENTING CLINICAL SIGNS

Teea Grey Intermittent hematochezia but much improved. Eating fine - no vomiting for the past week. Drinking and urinating fine. No clinical signs, BAR. Current meds: Flagyl, probiotics, famotadine, propectalin, (discontinued Cerenia), B12.

SPECIES Abnormal PE/Chem/CBC/UA Results: ALP 251, all else WNL. Fecal (-).

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Dachshund The urinary bladder is partially filled. Its contents are anechoic. The mucosa is considered smooth and regular along the ventral wall and the majority of the dorsal wall, as well as at the trigone. However, the mucosa is thicker than usual and heterogeneous at the apex and the junction of the dorsal wall and apex, with areas of hypoechogenicity. No abnormalities are noted with the proximal urethra, and there is no evidence of sediment, cystoliths, intraluminal masses or polyps.

SEX

Spayed Female

Kidneys

AGE

11 Years

The **left** kidney measures 4.14 cm. The capsule is smooth. The cortex is very mildly hyperechoic and a mild loss of the normal definition of the cortico-medullary junction is present. Mineralizations of the diverticulae and pelvis are present, without evidence of nephroliths or pyelectasia. An accumulation of intrapelvic fat is noted. Blood flow is within normal limits. The surrounding mesentery is not hyperechoic.

WEIGHT

15.3 Pounds

The **right** kidney measures 4.27 cm. Findings are similar to the left kidney.

Aortic bifurcation/trifurcation

No abnormalities observed.

INTERPRETED BY

Lisa Carioto, DVM,
DVSc, Diplomate
ACVIM

Adrenal Glands

The **left** adrenal gland measures 0.85 cm at the cranial pole, 0.72 cm at the caudal pole and 1.61 cm in length. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

IMAGING PERFORMED BY

Kelly Vazquez

The **right** adrenal gland measures 0.96 cm at the cranial pole, 0.62 cm at the caudal pole and 1.84 cm in length. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

HOSPITAL NAME

Northvale VC

Spleen

The spleen is within normal limits in size, architecture, echotexture, and echogenicity. The capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.

REFERRING VET

Dr. Stefanie Simon

Liver

There are no obvious signs of hepatomegaly and its borders are smooth and sharp. It is diffusely hyperechoic. Focal lesions are not observed and no obvious abnormalities are noted with the hepatic vessels.

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The gallbladder (GB) wall is within normal limits in thickness and echogenicity. Two hyperechoic nodules are observed within the gallbladder (GB). The first nodule measures 5.1 mm in diameter x 7.5 mm in length. The second measures 3.7 mm in diameter x 5.2 mm in length. Neither casts an acoustic shadow. Their appearance is suggestive of inspissated debris, however, choleliths in their early

DATE

5/27/22



PATIENT	development cannot be excluded. There is no evidence of edema surrounding the GB. The portions of the cystic and/or common bile ducts observed are not dilated or tortuous, i.e. there are no signs of an obstruction.
Teea Grey	
SPECIES	Gastrointestinal
Canine	The lumen of the stomach is filled with ingesta and gas. The gastric wall is within normal limits in thickness and the wall layers are well defined. Subjectively, the submucosa and muscularis are more prominent than usual. Fogging of the muscularis is also present. No obvious abnormalities are observed with its peristalsis.
BREED	No abnormalities are observed with the duodenum.
Dachshund	
SEX	The jejunum is very mildly thickened (0.50 cm). Some of the loops of jejunum are corrugated, its mucosa is prominent and mild fogging of the mucosa is present. No abnormalities are observed with the ileocecal colic junction, however, a few loops of jejunum in the surrounding region are corrugated and a focal loss of detail in wall layering is observed, in addition to an odd gas pattern.
Spayed Female	
AGE	The colonic wall is at the high end of the normal reference range to very mildly thickened (0.21 cm). Although mural detail is preserved, the mucosa appears prominent and the muscularis is mild to moderately thickened. A significant amount of gas is present and mild corrugation is observed. Semi-formed stools are present.
11 Years	
WEIGHT	Pancreas
15.3 Pounds	No abnormalities are observed with the architecture, echogenicity or echotexture of the pancreas. There is no evidence of hyperechogenicity of the surrounding mesentery, i.e., signs of active pancreatitis are not present.
INTERPRETED BY	Other
Lisa Carioto, DVM, DVSc, Diplomate ACVIM	Lymph nodes
	No abnormalities are observed
IMAGING PERFORMED BY	Abdominal effusion is not visualized.
Kelly Vazquez	
HOSPITAL NAME	ULTRASONOGRAPHIC FINDINGS
Northvale VC	<ul style="list-style-type: none"> • Urinary bladder: The apex and junction of the dorsal wall and apex are abnormally shaped and the mucosa is thicker than usual. The region is heterogeneous and varies in echogenicity and appears to encroach into the detrusor muscle. An emerging neoplastic process cannot be excluded, including a benign leiomyoma, however, a leiomyosarcoma or lymphoma, cannot be excluded. A fine needle aspirate of the affected area is suggested. • Gastrointestinal tract: A significant amount of ingesta is present in the stomach. A delay in gastric emptying may be present if Teea was fasted. Although no obvious abnormalities are noted with the stomach, a few changes are observed, which may be due to recent episodes of vomiting that have since resolved. However, underlying inflammatory bowel disease (IBD) cannot be excluded. The colonic changes are suggestive of recent diarrhea and hematochezia, and may also be due to underlying IBD. Obvious signs of neoplasia are not observed. A few loops of jejunum show abnormalities suggestive of inflammation, including corrugation. Inflammatory bowel disease is suspected, however, emerging neoplasia cannot be excluded. A re-evaluation of the affected area is suggested in a 3-4 weeks.
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Teea Grey

SPECIES

Canine

BREED

Dachshund

SEX

Spayed Female

AGE

11 Years

WEIGHT

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- Gallbladder:** The two hyperechoic nodules observed within lumen are suggestive of inspissated debris, however, choleliths in their early development cannot be excluded. There are no signs of an obstruction. Gallbladder sludge is often clinically insignificant, however, gastroesophageal reflux disease (GERD), may occur in some patients. Obtaining a history regarding signs of GERD from the client is suggested. Treatment with an anti-acid, proton pump inhibitor or ursodeoxycholic acid may be required depending on Teea's history. Signs of suppurative cholecystitis are not apparent.
- Adrenal glands:** Bilateral adrenomegaly may occur be due to adrenal hyperplasia secondary to stress or chronic illness. Pituitary dependent hyperadrenocorticism is also possible, but considered less likely given the absence of clinical signs, or clinical signs have not yet developed. Further diagnostics are not necessary if a patient is not demonstrating clinical signs of HAC. However, an arterial blood pressure and a urine protein: creatinine ratio (to obtain baseline results) are recommended.
- Liver:** A vacuolar hepatopathy could explain the diffuse hyperechogenicity. The latter may occur in conjunction with stress, concurrent illness or hyperadrenocorticism. Cholestasis is also possible. Differential diagnoses, such as hepatitis, cholangitis/cholangiohepatitis are considered unlikely, but should be correlated with clinical signs.
- Kidneys:** Mild renal changes are present, which are suggestive of age related degeneration.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The following are suggested/recommended

- Continue current medications/supplements for treatment of diarrhea.
- A re-evaluation of the affected area of the gastrointestinal tract, i.e. stomach, colon and jejunum in the region of the ileo-cecal-colic junction, is suggested in a 3-4 weeks. A re-evaluation of the urinary bladder is also recommended at that time.
- Obtaining a history regarding signs of GERD from the client is suggested. Treatment with an anti-acid, proton pump inhibitor or ursodeoxycholic acid may be required depending on the patient's history.
- A fine needle aspirate of the thickened and abnormal portion of the urinary bladder (apex/junction of apex and dorsal wall).
- Urinalysis and urine culture and sensitivity, if not recently performed.
- If negative, a urine protein: creatinine ratio due to bilateral adrenomegaly.
- An arterial blood pressure due to bilateral adrenomegaly.



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Tea Grey

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PERFORMED BY**

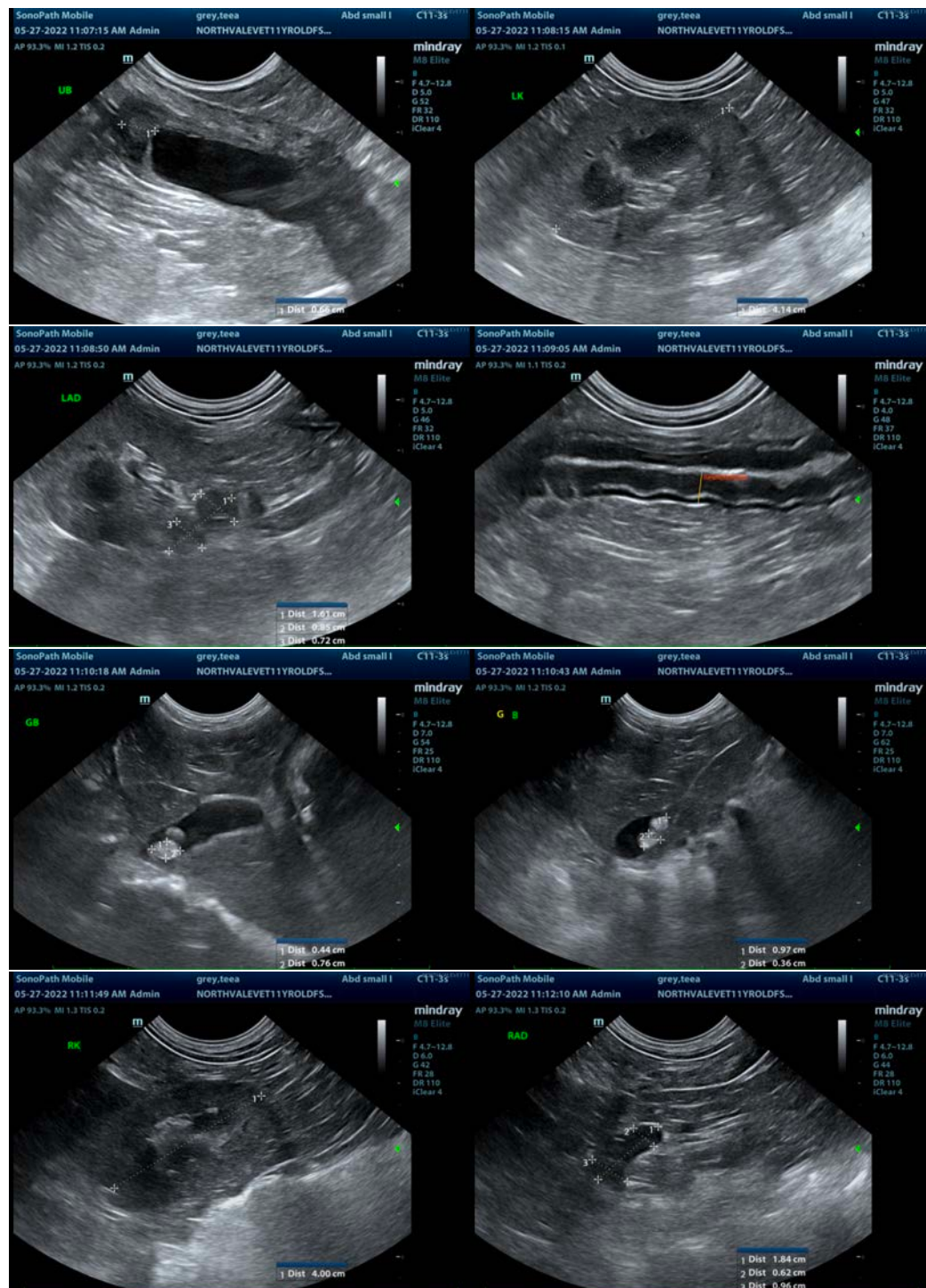
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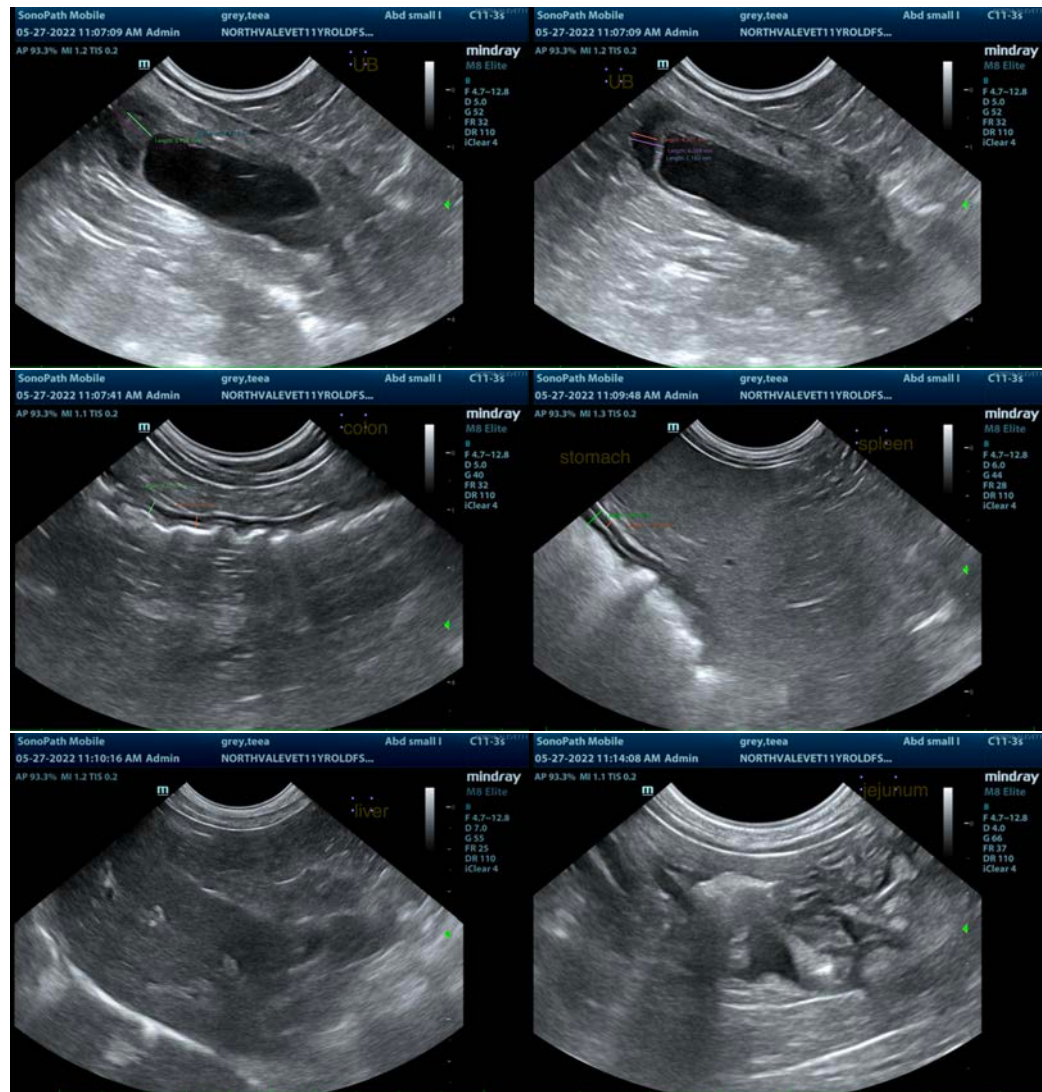
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

Lisa.Carioto@sonopath.com

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