



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Skip Gartz
SPECIES Canine
BREED Dachshund Mix
SEX Neutered Male

History: Patient presented to Dr. Kinnear on 1/11/2023 for evaluation of the following: -- Presents for: O suspicious of diabetes or a UTI. P has been drinking an ton of water the past couple weeks, urinating in the house, and going frequently. -- Per O every time he goes it's a full stream and he doesn't seem painful. -- P is also losing a lot of hair and it's becoming coarse. -- E/D Eating normal, drinking a lot of water. -- U/S: Stools normal, urinating frequently. -- Medications/Preventatives: Phycox chews, No scoot chews, Credelio

Abnormal PE/Chem/CBC/UA Results: PE findings: -- Grade 1-2/4 dental calculus, -- Grade III/IV R sided heart murmur -- Coarse, irregular haircoat along back. Alopecia along dorsum. Increased skin turgor time. -- Muscle atrophy along epaxials and thighs CBC - eosinopenia, 0.01 K/uL (0.06-1.23) Chem/lytes - ALT: 151 U/L (10-125) - GGT: 13 U/L (0-11) - ALP: 704 U/L (23-212) TT4= 0.9 U/A (via cysto): USG = 1.012, otherwise WNL LDDST: Cortisol -Baseline: 5.9 (1.0 - 6.0) µg/dL Cortisol - 4 hr Post Dex: 4.5 µg/dL Cortisol - 8 hr Post Dex: 6.7 ug/dL * The result of the low dose dexamethasone suppression (LDDS) test in this dog may support a diagnosis of hyperadrenocorticism and does not differentiate pituitary-dependent from adrenal-dependent disease.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Minor medullary mineralization was noted in both kidneys. The left kidney measured 4.7 cm in length. The right kidney measured 4.8 cm in length.

Adrenal Glands

Both adrenal gland was borderline to mildly prominent in size based on caudal pole width measurement in light of body weight. Both adrenal glands exhibited mild nonhomogenous to ill-defined nodular parenchyma. No evidence of parenchymal mineralization noted. No adrenal tumors noted. The left adrenal gland measured 2.0 cm in length x 0.54 cm at the caudal pole in width. The right adrenal gland measured 1.8 cm length x 0.64 cm at the caudal pole in width.

Spleen

The spleen was overall normal in size with primarily symmetrical capsule contour and finely textured homogenous parenchyma. A solitary mildly expansive nonhomogenous hypoechoic nodule was noted with mild associated symmetrical splenic capsule distortion, measuring 1.4 cm in diameter. Splenic vascularity was normal.

Liver

The liver presented mild to moderately enlarged in size. Overall normal hepatic parenchyma echogenicity was noted, exhibiting mild to moderate coarse echotexture. Symmetrical to mildly swollen hepatic contour was noted. Discrete isoechoic nodules were noted, likely consistent with

INTERPRETED BY

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DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Patti Mayfield, DVM

HOSPITAL NAME

Tumalo AH

REFERRING VET

Megan Kinnear, DVM

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discrete areas of hyperplasia, hematopoiesis or similar. No evidence of hepatic parenchymal neoplastic criteria. The hepatic and portal vasculature were normal in appearance without signs of congestion.

SPECIES

Canine

The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

BREED

Dachshund Mix

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

SEX

Neutered Male

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

AGE

12 Years

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

WEIGHT

5.9 kg

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

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- Bilateral borderline to mild prominent mildly irregular adrenal glands- consistent with pituitary dependent hyperadrenocorticism without adrenal neoplastic criteria. Possible functional adenomatous change.
- Mild chronic renal changes with minor medullary mineral
- Benign hepatopathy- suggestive of vacuolar hepatopathy pattern
- Nonspecific mildly expansive splenic nodule- hyperplasia, hematopoiesis, granuloma, splenitis, emerging neoplastic criteria are all potentials.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation of the splenic nodule with pending cytology is recommended. If splenic cytology is consistent with a benign process, sonographic monitoring for evidence of splenic nodule progression with initial recheck in 4-6 weeks is recommended.

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Empirical therapy with Trilostane with appropriate monitoring of response would be warranted given the adrenal presentation and LDDST results. Empirical hepatosupportive medications may prove beneficial.

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For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

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One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>



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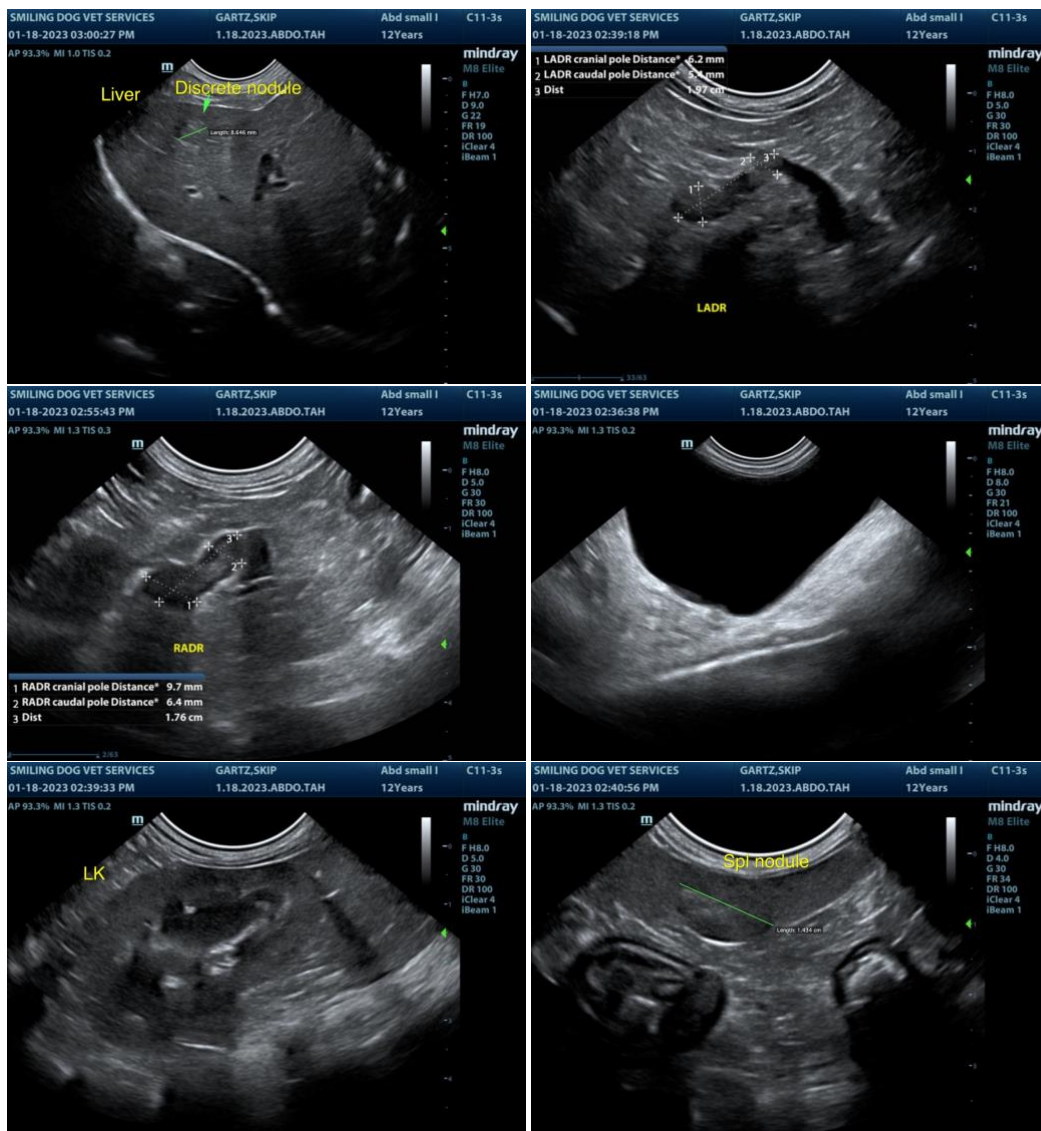
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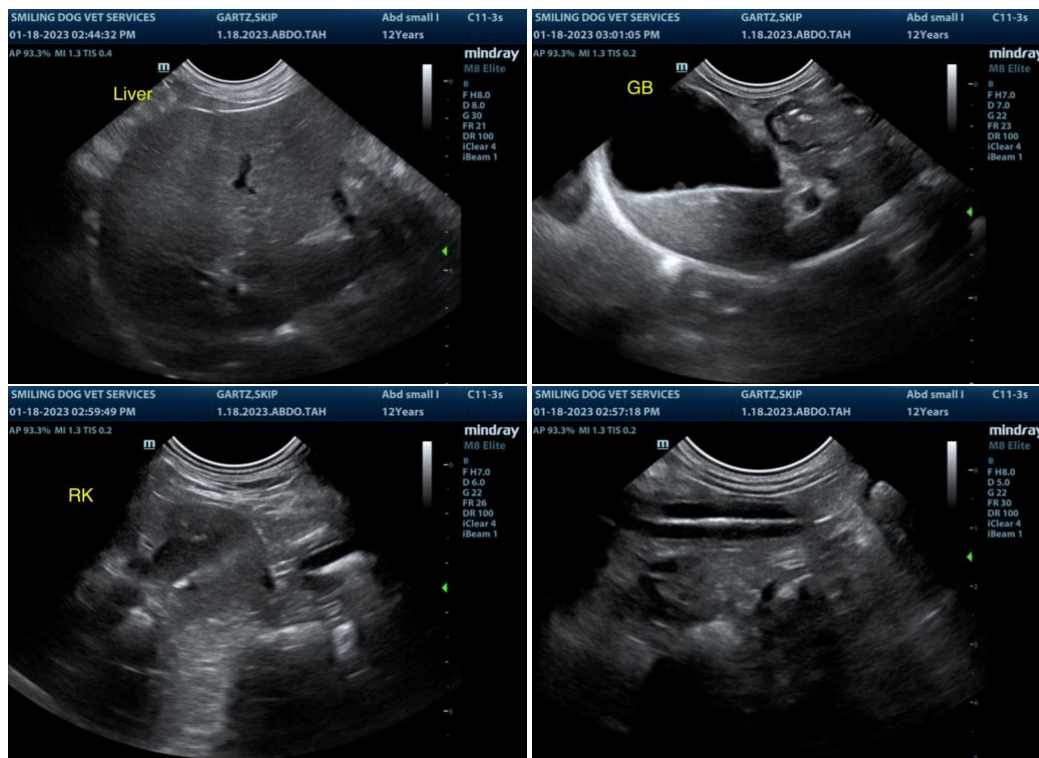
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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