



PATIENT PRESENTING CLINICAL SIGNS

Toby Meyer-Ogren

Recheck echo. History chronic valvular disease- Stage B1. Doing well overall. History urinary incontinence not improved on Prazosin. Is polydipsic, but unable to concentrate urine. Query Cushing's. On exam: Grade III/VI holosystolic murmur. BP: 115 mmHg. Toby was neutered July 2022. -Pertinent previous echo findings (7/19/22 Adam Kane, DVM, DACVIM-Cardiology): LA 1.83, LA:Ao 1.07, LV 2.73 cm, normal LA size, mild-moderate MR, TR (3.01m/s, 36 mmHg), mild pHTN. *Having bi-cavity ultrasound exams.

SPECIES

Canine

BREED

Dachshund Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

MN

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

AGE

5yr

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 5.1 cm in length. The right kidney measured 4.6 cm in length.

WEIGHT

18lb

The area of the aortic trifurcation was free of pathology.

The residual prostate exhibited mild prominent size, subtle asymmetrical contour and non-homogenous non-mineralized parenchyma measuring 3.2 cm x 1.8 cm. The post prostatic urethra was normal in structure and tone to a depth of 2.0 cm.

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

Adrenal Glands

IMAGING PERFORMED BY

Pamela Harrigan, RDMS

The bilateral adrenal glands were borderline prominent in size based on caudal pole width measurement and body weight. The left adrenal gland measured 0.63 cm width at the caudal pole and 0.46 cm width at the cranial pole. The right adrenal gland measured 0.59 cm width at the caudal pole and 0.50 cm width at the cranial pole.

Spleen

HOSPITAL NAME

Wood River Animal Hospital

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

REFERRING VET

Dr. Schuelke

Liver/Gallbladder

INVOICE

12999ag

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content and mild non-dependent non-organized debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

DATE

02/17/2023

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild ingesta exhibiting progressive distal acoustic shadowing with no signs of ileus, obstruction or foreign material.

SPECIES

Canine

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.

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

BREED

Dachshund Mix

Pancreas

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.

SEX

MN

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

AGE

5yr

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable urinary bladder
- Mildly prominent non-homogenous residual prostate
- Sonographically normal bilateral kidneys
- Borderline prominent bilateral adrenal glands-non-specific
- Subjective mild hepatomegaly-benign
- Mild gallbladder debris-not consistent with mucocele criteria

WEIGHT

18lb

Secondary

- Gastric ingesta

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential for mild to persistent prostatitis possible given the time frame from neuter. No overt evidence of residual prostatic neoplastic criteria. Residual prostatic sampling via prostatic wash or ultrasound guided FNA for cytology +/- C/S is required for further definition. The borderline prominent bilateral adrenal glands may be normal patient variant and non-specific given lack of reported clinical signs suggestive of Cushing's syndrome. Although not typically associated with young/middle aged patients, full adrenal work up could be considered if clinical suspicion for adrenal hyperfunction. A full urinary work up including a C/S suggested. The presence of gastric ingesta is nonspecific and likely indicates post-prandial presentation.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

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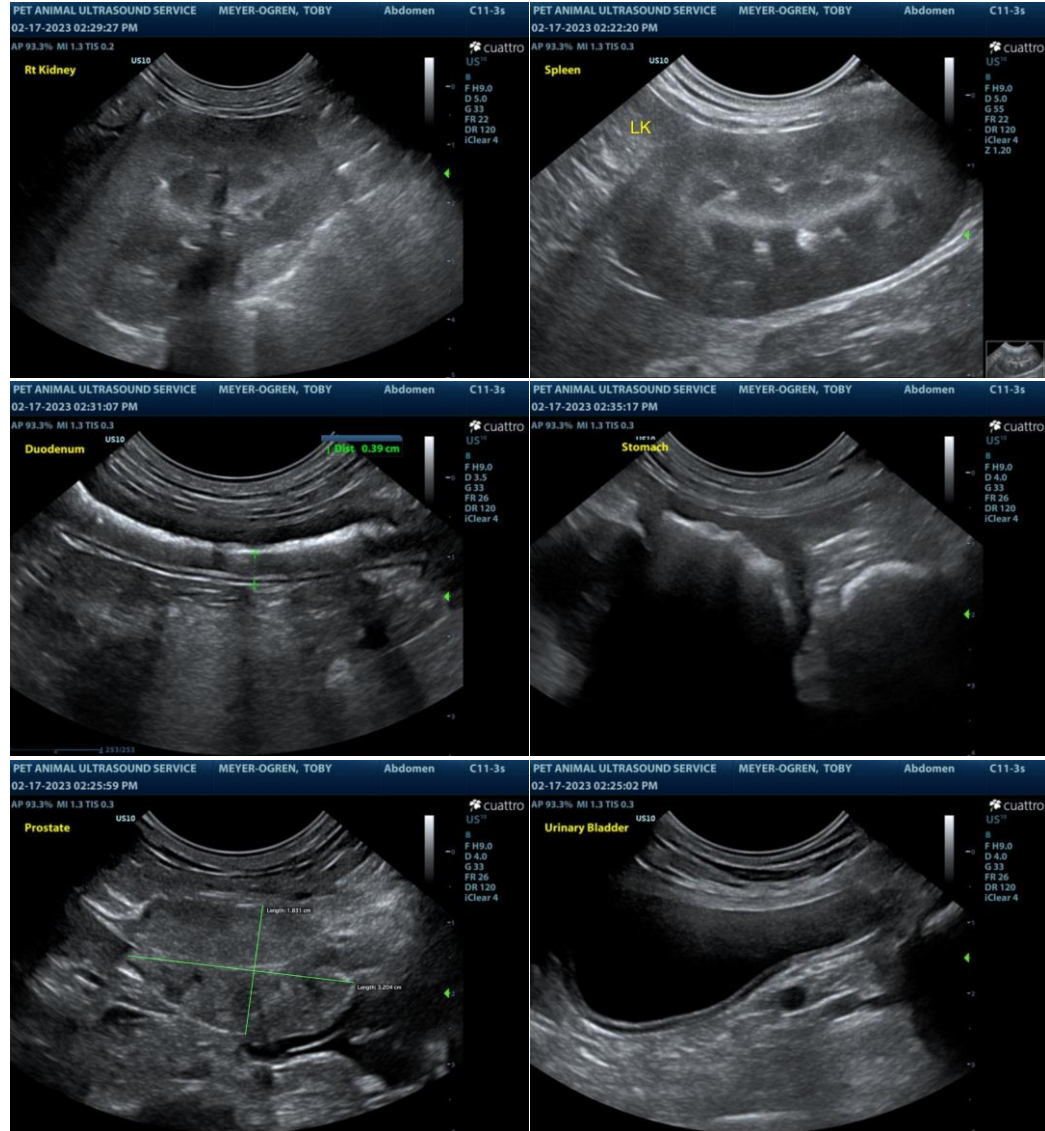
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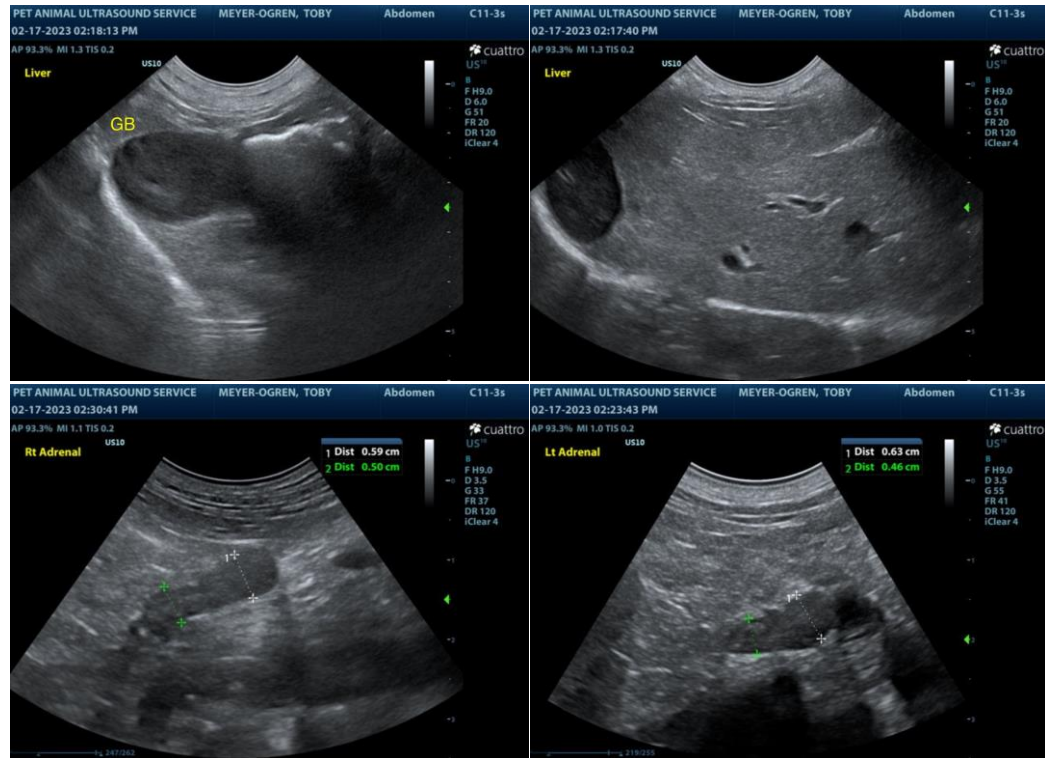
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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 info@SonoPath.com