**PATIENT**

Gizmo Stoner

**PRESENTING CLINICAL SIGNS**

Weight loss, PU/PD.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: P's ALP increased from 800 to 1923 in 8 months. UA - no signs of infection, no proteins, SG low at 1024 X-rays (met check) - WNL ACTH STIM completed- Pre 1.9 Post 18.2 Sent O home with Denamarin

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****BREED**

Dachshund

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

**SEX**

Neutered Male

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture.

**AGE**

15 Years

The area of the aortic trifurcation was free of pathology.

**WEIGHT**

15 Pounds

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Minor dystrophic medullary mineral noted as well as intermittent cortical cysts. The left kidney measured 5.0 cm. The right kidney measured 5.7 cm.

**Adrenal Glands**

Bilateral symmetrical adrenal gland enlargement (mild) based on caudal pole width measurement in light of body weight, with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 1.7 cm length x 0.66 cm at the caudal pole. The right adrenal gland measured 1.7 cm length x 0.59 cm at the caudal pole. No adrenal tumors or neoplastic criteria.

**INTERPRETED BY**

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

**Spleen**

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.

**IMAGING PERFORMED BY**

Sara Pender, CVT

Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

**HOSPITAL NAME**

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**Liver**

The liver presented 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. Mildly congealed yet non-organized hyperechoic gallbladder debris present. No evidence of gallbladder or peripheral gallbladder inflammation. The cystic and common bile ducts were normal.

**REFERRING VET**

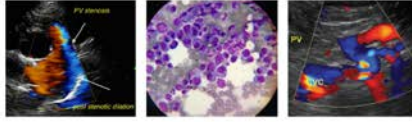
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**DATE**

2/27/23

**PATIENT*****Gastrointestinal***

Gizmo Stoner

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.

**SPECIES**

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.

Canine

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

**BREED*****Pancreas***

Dachshund

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****ULTRASONOGRAPHIC FINDINGS**

Neutered Male

- Benign hepatopathy – sonographically suggestive of vacuolar hepatopathy pattern. Potential for inflammatory hepatopathy i.e., cholangiohepatitis possible.
- Moderate gallbladder – not consistent with mucocele criteria.
- Bilateral mild prominent adrenal glands
- Chronic renal changes exhibiting minor medullary mineral and small cortical cysts
- Sonographically unremarkable gastrointestinal tract/pancreas

**AGE**

15 Years

**WEIGHT**

15 Pounds

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS****INTERPRETED BY**

The mild bilateral prominent adrenal glands are of unclear clinical significance, given patient's clinical signs and recent ACTH stimulation results in conjunction with weight loss (unless evidence of muscle wasting is present). If strong clinical suspicion for hyperadrenocorticism, adrenal retesting and/or consideration for possible atypical hyperadrenocorticism may be indicated in this patient. The reported USG of 1.024 is not overtly suggestive of significant polydipsia. Continued monitoring of urinalysis for evidence of decreasing urine specific gravity and/or evidence of infection/proteinuria is suggested. Empirically, hepatosupportive medications including current Denamarin and Ursodiol may prove beneficial.

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

**IMAGING PERFORMED BY**

Sara Pender, CVT

**HOSPITAL NAME**

A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological examination are recommended to assess for or rule out occult disease which may cause weight loss.

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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/>.

**REFERRING VET**

Dr. Sciortino

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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**PATIENT**

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**SPECIES**

Canine

**BREED**

Dachshund

**SEX**

Neutered Male

**AGE**

15 Years

**WEIGHT**

15 Pounds

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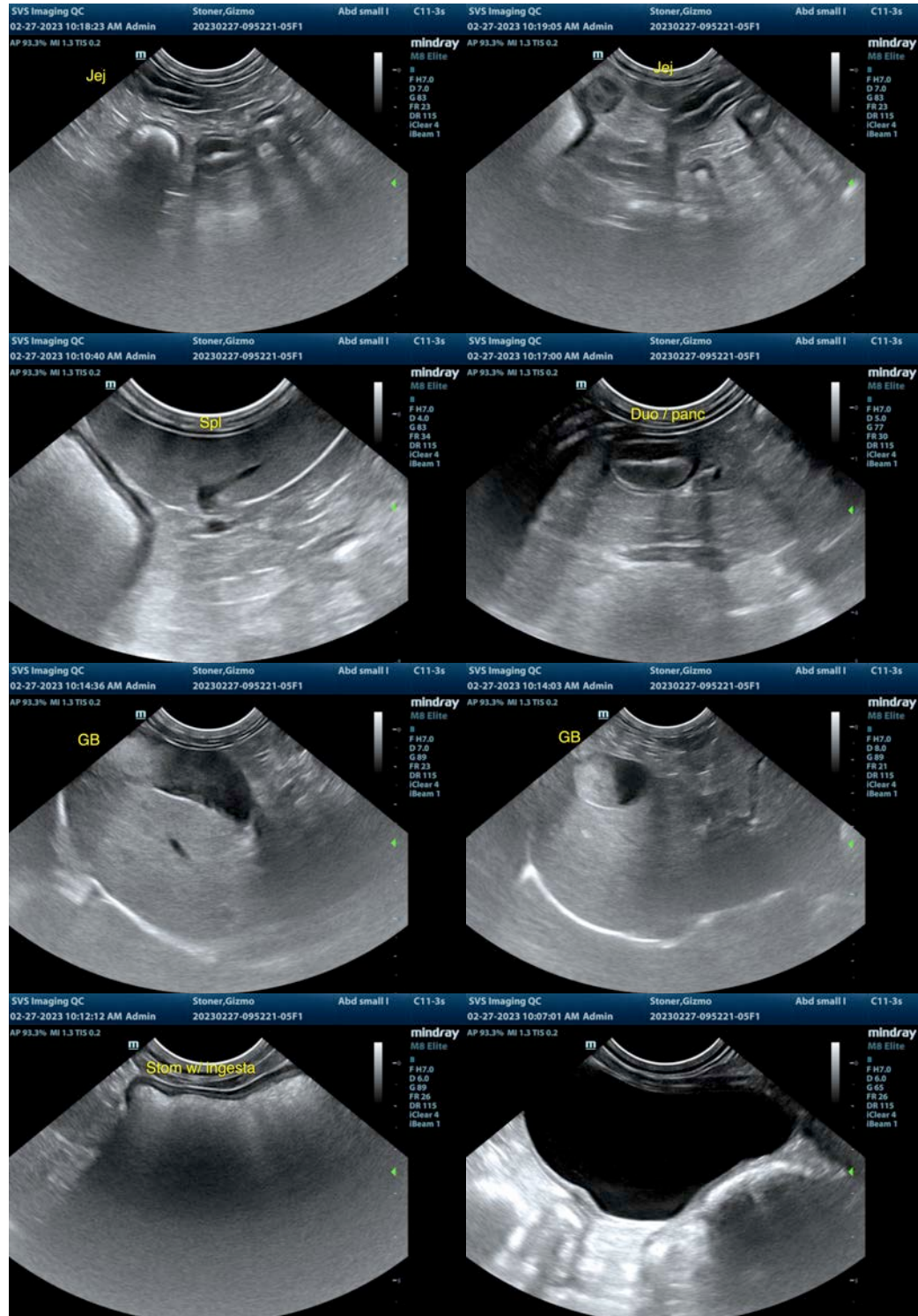
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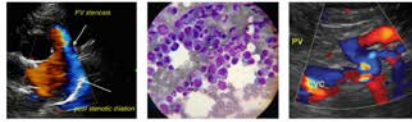
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**SPECIES**

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**BREED**

Dachshund

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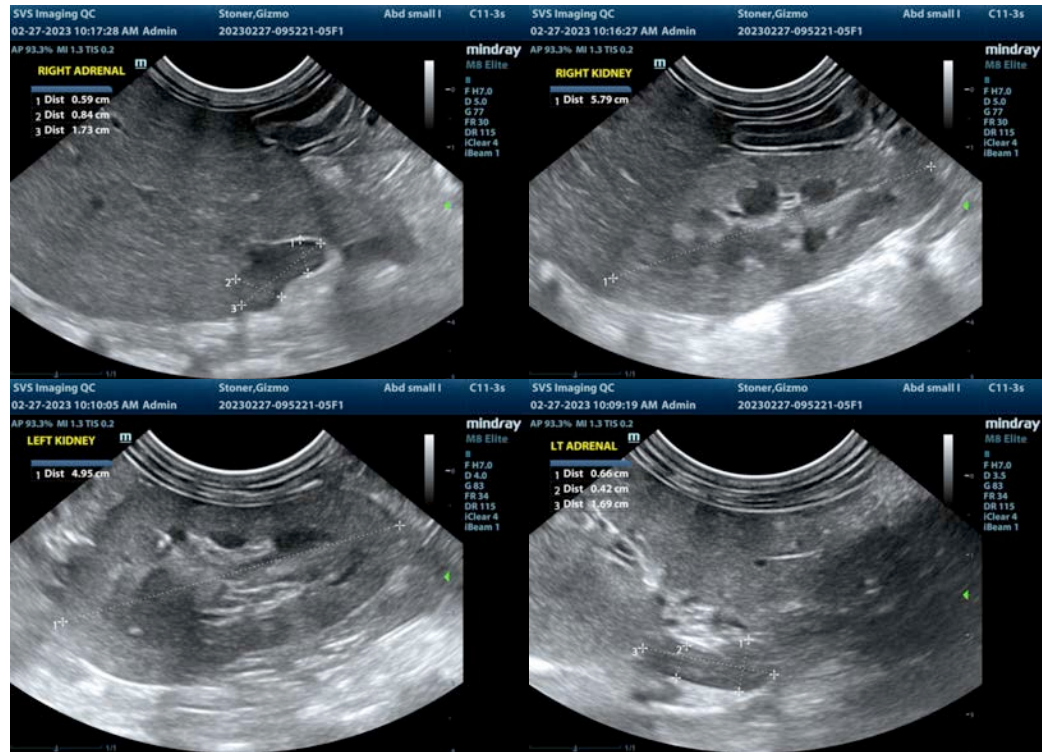
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**

info@SonoPath.com