



**PATIENT**

Buster Seefeldt

**SPECIES**

Canine

**BREED**

Min Dachshund

**SEX**

Male Neuter

**AGE**

14

**WEIGHT**

7.5 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Bealn

**HOSPITAL NAME**

Healing Traditions  
VC

**REFERRING VET**

Dr. Vockeroth

**INVOICE**

14392

**DATE**

7/26/22

**PRESENTING CLINICAL SIGNS**

Non clinical history of PU PD

Abnormal PE/Chem/CBC/UA Results: Non diagnostic blood work Urine SG 1017 after water deprivation

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and cystourethral junction 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 was noted.

The area of the aortic trifurcation was free of pathology.

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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint areas of medullary mineral were noted in the left kidney. The left kidney measured 4.2 cm in length. The right kidney measured 4.2 cm in length.

**Adrenal Glands**

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. No evidence of adrenomegaly or tumors was noted. The left adrenal gland measured 0.51 cm width in the cranial pole and 0.52 cm width in the caudal pole. The right adrenal gland measured 0.53 cm width in the cranial pole and 0.48 cm width in the caudal pole.

**Spleen**

The spleen was normal in size with areas of minor asymmetrical medial capsule contour and generalized mild splenic parenchyma heterogeneity. Several mild asymmetrical hyperechoic nodules were present in the medial parenchyma without associated distortion of the medial capsule. An example of a splenic nodule measured 0.9 cm in diameter.

**Liver/ Gallbladder**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Intermittent nondisruptive hyperechoic intraparenchymal nodules were noted with an example measuring 1.6 cm in diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The proximal to mid common bile duct exhibited mild distention containing anechoic content without evidence of ductal calculi or mucus.



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**Gastrointestinal**

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.

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

**Pancreas**

The parenchyma of the pancreas base and right pancreatic limb was hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

**Free Abdomen**

Possible mild hyperechoic mesentery was present in the right cranial abdomen around the pylorus, common bile duct, and right pancreatic limb.

**ULTRASONOGRAPHIC FINDINGS**

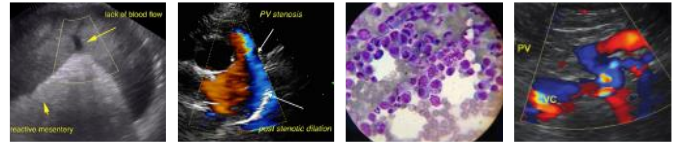
- Mild to moderate chronic renal changes with pinpoint medullary mineral
- Benign splenic nodules - consistent with benign myelolipomas
- Mild hepatic parenchymal remodeling with solitary to intermittent subjectively benign intraparenchymal nodules - nodules consistent with probable benign lipogranulomas or nodular hyperplasia
- Nonobstructive proximal common bile duct dilation
- Mildly mixed echogenic to hyperechoic remodeled pancreas - patient or age-related variant potential for chronic pancreatitis

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The mildly dilated common bile duct was not consistent with obstructive criteria. Potential considerations may include age-related or patient variant or potential cholangitis if previous or current history of hepatic enzyme elevations.

Even though no reported azotemia, potential for early chronic insufficiency or CRD could be present. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

Further assessment of the pancreas may include a spec cPL.



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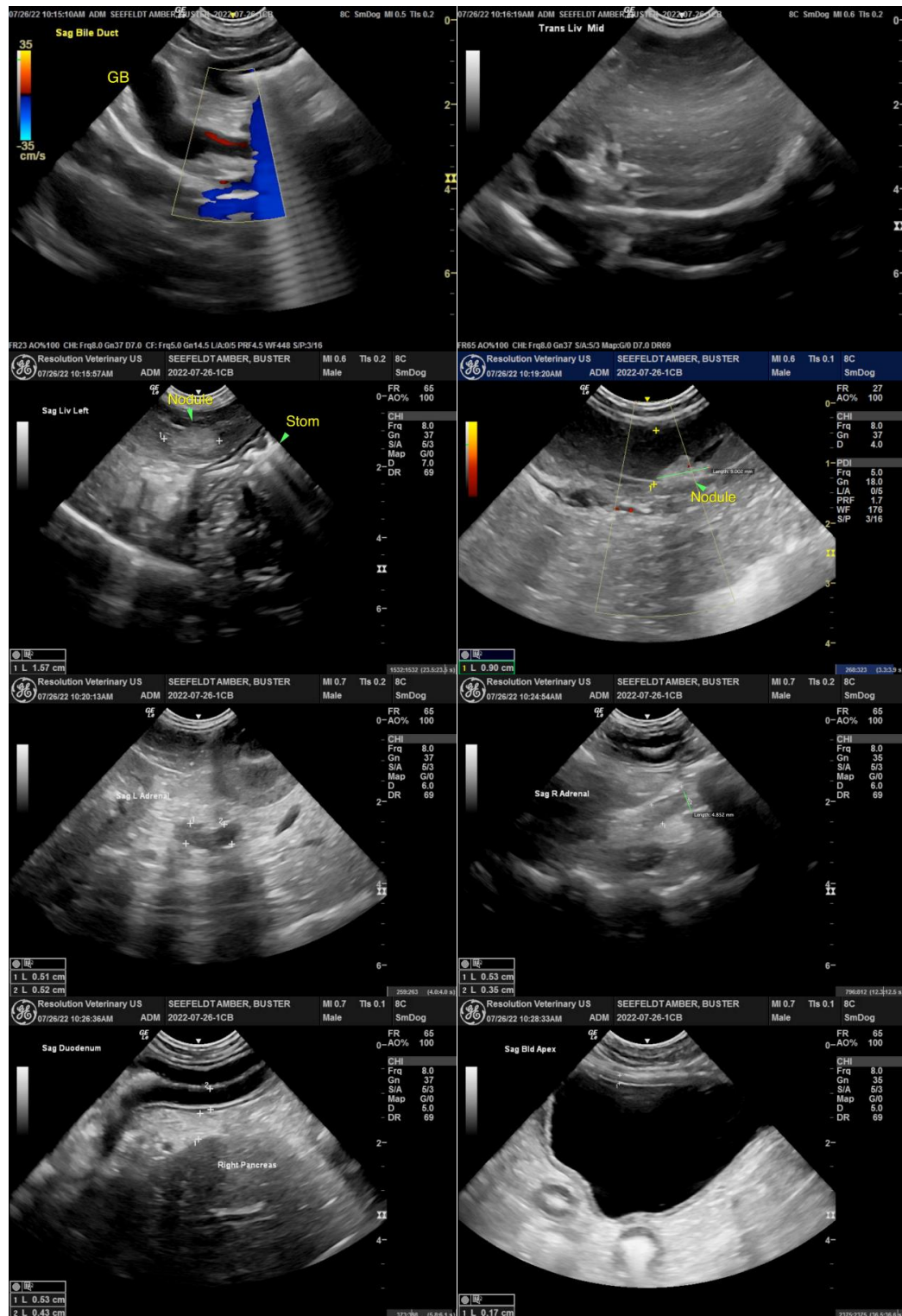
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
**info@SonoPath.com**

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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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