



**PATIENT**

Roxy Troy

**SPECIES**

Canine

**BREED**

Dachshund

**SEX**

FS

**AGE**

14yr

**WEIGHT**

20lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jessica Miller, RDMS

**HOSPITAL NAME**

The Venturing Vet

**REFERRING VET**

Dr Herzog

**INVOICE**

14464ag

**DATE**

08/01/2023

**PRESENTING CLINICAL SIGNS**

Straining to urinate, resistant bacteriuria. Current meds: Nitrofurantoin

Abnormal PE/Chem/CBC/UA Results: Lymph 4838, Mono 1416 UA: Bacteria 26-50 Rods

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Left kidney cortical cyst and minor pyelectasia was present. The left kidney measured 5.6 cm in length. The right kidney measured 6.3 cm in length.

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

The left adrenal gland was mildly enlarged based on caudal pole width measurement in light of body weight normal in size. The left adrenal gland measured 0.8 cm width in the cranial pole and 2.7 cm length.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.54 cm width at the caudal pole and 2.7 cm length.

**Spleen**

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

**Liver/Gallbladder**

The liver was enlarged with areas of mild asymmetrical to rounded contour. Generalized mild non-homogenous to mixed echogenic parenchyma was present. Intermittent variably echogenic non-disruptive intraparenchymal nodules were present, an example measuring 1.0 cm in diameter. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with minor echogenic sediment. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

**Gastrointestinal**



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained anechoic fluid with no signs of ileus, obstruction or foreign material.

**SPECIES**

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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**

**BREED**

Dachshund

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

**Free Abdomen**

**SEX**

FS

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

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

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- Sonographically unremarkable urinary bladder and visible proximal urethra.
- Moderate chronic renal changes with left kidney cortical cyst and mild pyelectasia.
- Enlarged non-homogenous/nodular liver- non-specific, chronic vacuolar hepatopathy, inflammatory/immune mediated disease, hematopoiesis, hyperplasia, fibrosis or neoplasia all possible.
- Gallbladder debris (non-mucocele).
- Remodeled pancreas.
- Non-specific mild non-homogenous left adrenomegaly.

**WEIGHT**

20lb

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

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

No overt evidence of lower urinary tract pathology or nidus for chronic UTI or resistant bacteriuria. UTI protocol based on C/S results with recheck C/S on a sterile urine sample post completion of antibiotic protocol is recommended. The left kidney pyelectasia may be owing to chronic renal changes or potential pelvic scarring possibly owing to previous calculi passage. Potential for low grade left kidney pyelonephritis cannot be definitively excluded.

**IMAGING PERFORMED BY**

Jessica Miller, RDMS

Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology is warranted for further assessment. A screening BP is advised to assess for evidence of hypertension and an adrenal work up could be considered if clinical signs consistent with Cushing's syndrome arise.

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No overt anesthetic contraindications assuming no evidence of hepatic dysfunction.

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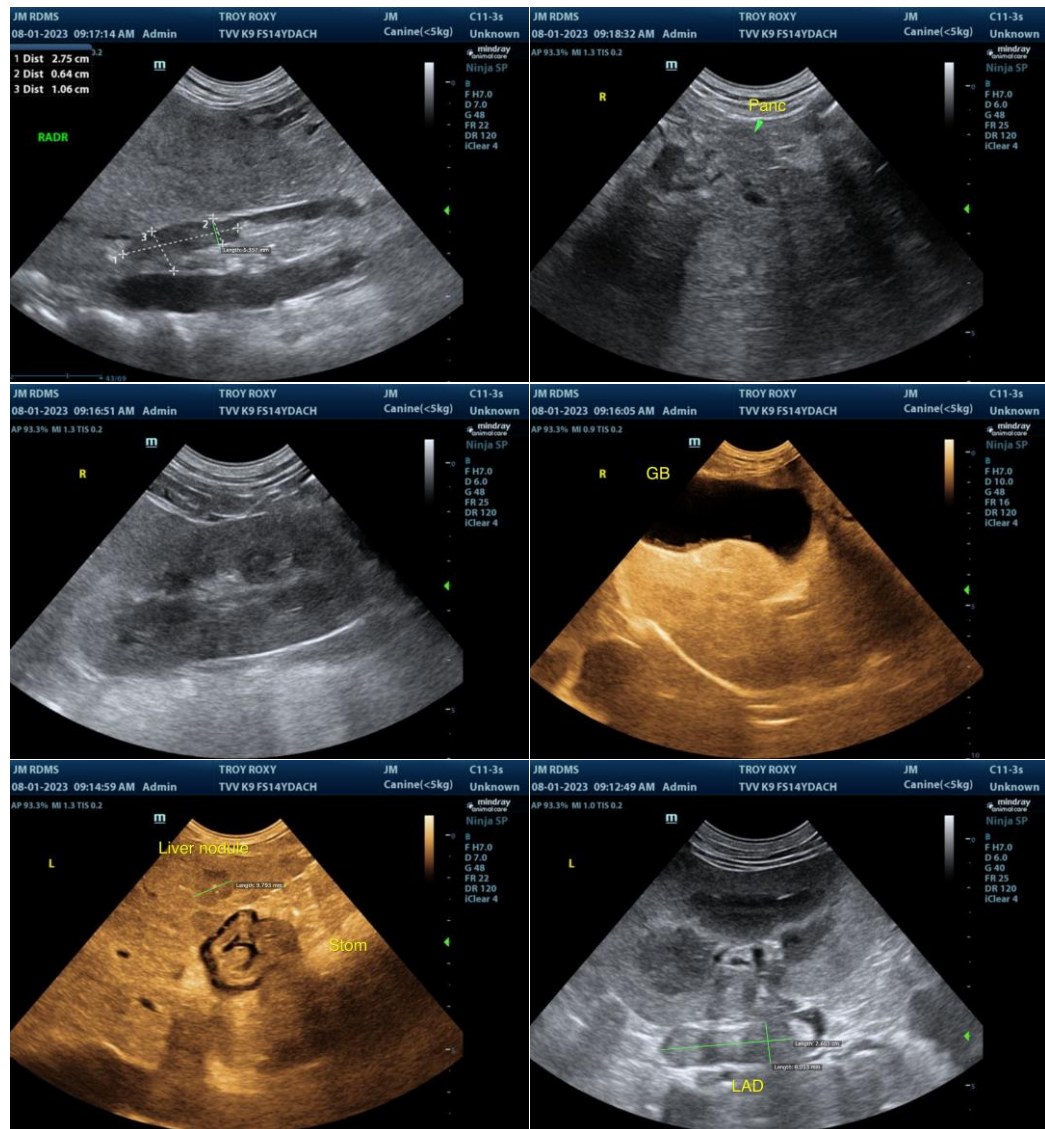
Dr Herzog

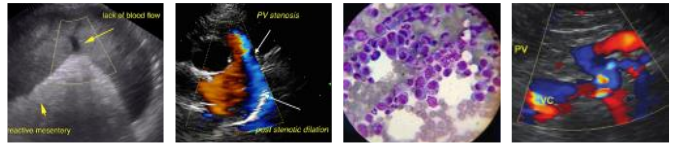
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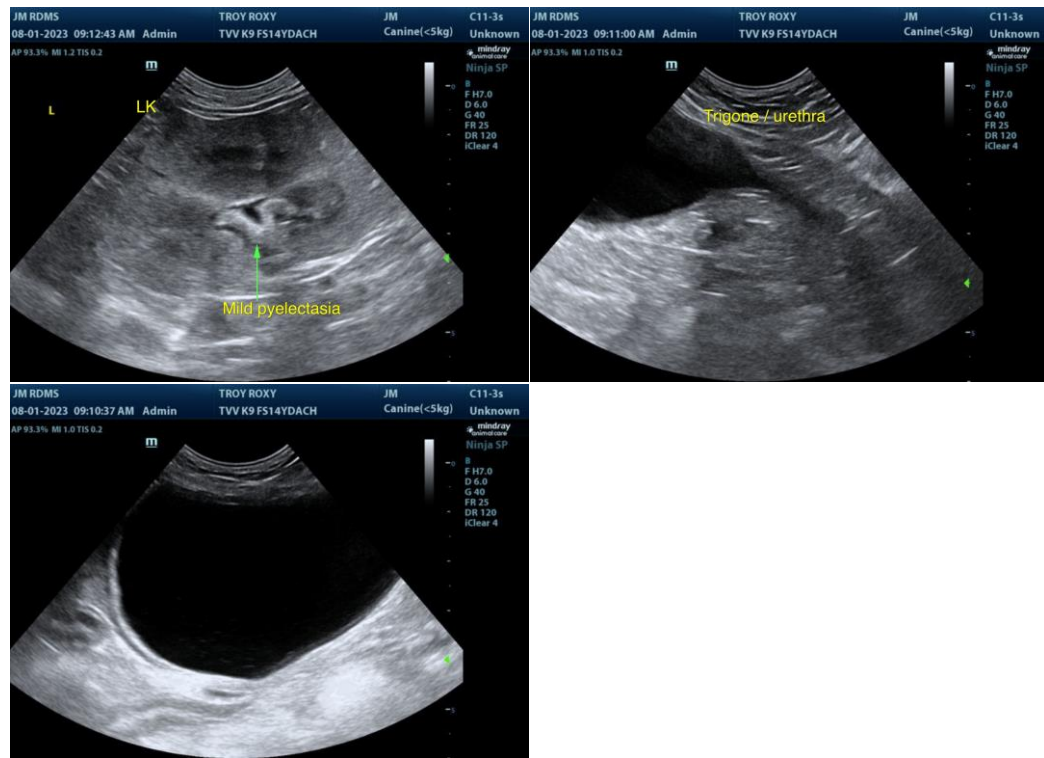
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**INTERPRETED BY**

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DVM, DABVP  
(Canine and Feline)

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.

**IMAGING PERFORMED BY**

Jessica Miller, RDMS

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