



**PATIENT**

Theodore Gerg

**SPECIES**

Canine

**BREED**

Mini Dachshund

**SEX**

MN

**AGE**

14 yrs

**WEIGHT**

17.4 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Q Street AH

**REFERRING VET**

Dr. Hoerauf

**INVOICE**

14831

**DATE**

8/16/23

**PRESENTING CLINICAL SIGNS**

Patient was seen on 8-11-23 for leaking urine, straining to defecate and owners have noticed a small amount of blood in stool. He has been gradually losing weight and his appetite has declined.

Abnormal PE/Chem/CBC/UA Results: Labwork from 7-7-23 ALP 384 BUN 55 Creatinine 1.9 Amylase 1339 Precision PSL 342

Current Medications Gabapentin, Baytril Radiographic Findings No recent rads-uroliths seen last year

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal size and tone. Multiple, small, dependent cystic calculi were present in the urinary bladder lumen with an example measuring 0.65 cm diameter. Normal proximal urethral structure and tone were noted to a depth of 2.0 cm.

The residual prostate was sonographically unremarkable.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation or pyelectasia was present. A left kidney small caudal cortical cyst was noted. Pinpoint medullary mineral was noted. The left kidney measured 5.5 cm in length. The right kidney measured 5.3 cm in length.

**Adrenal Glands**

Both adrenal glands were mildly enlarged in size based on caudal pole width measurement in light of body weight. The adrenal glands exhibited mild asymmetrical capsule contour with mild nonhomogeneous, nonmineralized adrenal parenchyma. The left adrenal gland measured 2.3 cm length x 0.74 cm width at the caudal pole. The right adrenal gland measured 2.9 cm length x 0.72 cm width at the caudal pole. There was no evidence of adrenal tumors.

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



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***Liver/ Gallbladder***

The liver exhibited subjective mild enlargement with rounded to mild asymmetrical hepatic capsule contour and generalized mild nonhomogeneous hepatic parenchyma. Evidence of mild parenchymal remodeling was noted. Normal to adequate hepatic vascular volume was present. The gallbladder was non-distended in size containing primarily anechoic content with mild nonorganized hyperechoic gallbladder sediment. There was no evidence of post hepatic obstructive criteria.

***Gastrointestinal***

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild retained anechoic fluid. There were 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.

The descending colon exhibited intact subtly prominent wall layering. The colon contained semi-formed to possible soft fecal matter.

***Pancreas***

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

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Multiple small cystic calculi, sonographically unremarkable prostate and visible proximal urethra
- Mild chronic renal changes with small left kidney cortical cyst
- Bilateral mildly enlarged nonhomogeneous adrenal glands
- Mildly enlarged nonhomogeneous liver - subjectively benign
- Mild gallbladder sediment (non-mucocele)
- Structurally unremarkable gastrointestinal tract with mild colitis
- Mild pancreatic remodeling

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Full urinary workup with screening C/S is recommended. Adrenal workup with LDDST is recommended if clinical signs consistent with Cushing's Syndrome are present.



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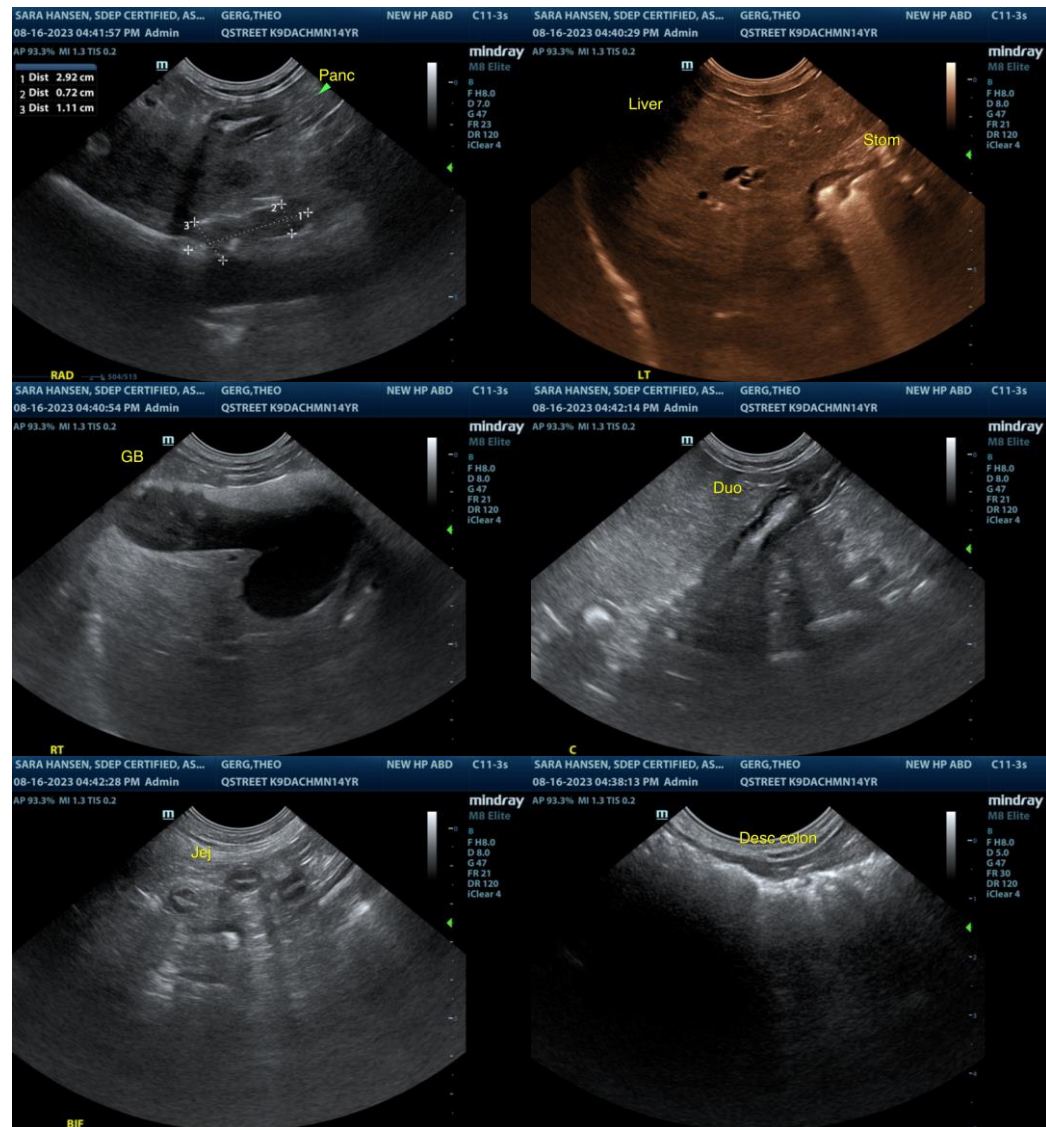
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Low-grade to chronic pancreatitis may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation. A GI panel to include PLI/TLI/Cobalamin/Folate for further assessment of the pancreas, as well as nonstructural intestinal disease as a contributing factor to the weight loss, is warranted. Three-view chest radiographs are suggested to rule out occult intrathoracic pathology as a contributing factor to the weight loss and decreased appetite. Empirically, as-needed gastrointestinal supportive care and therapy for mild colitis would be reasonable.





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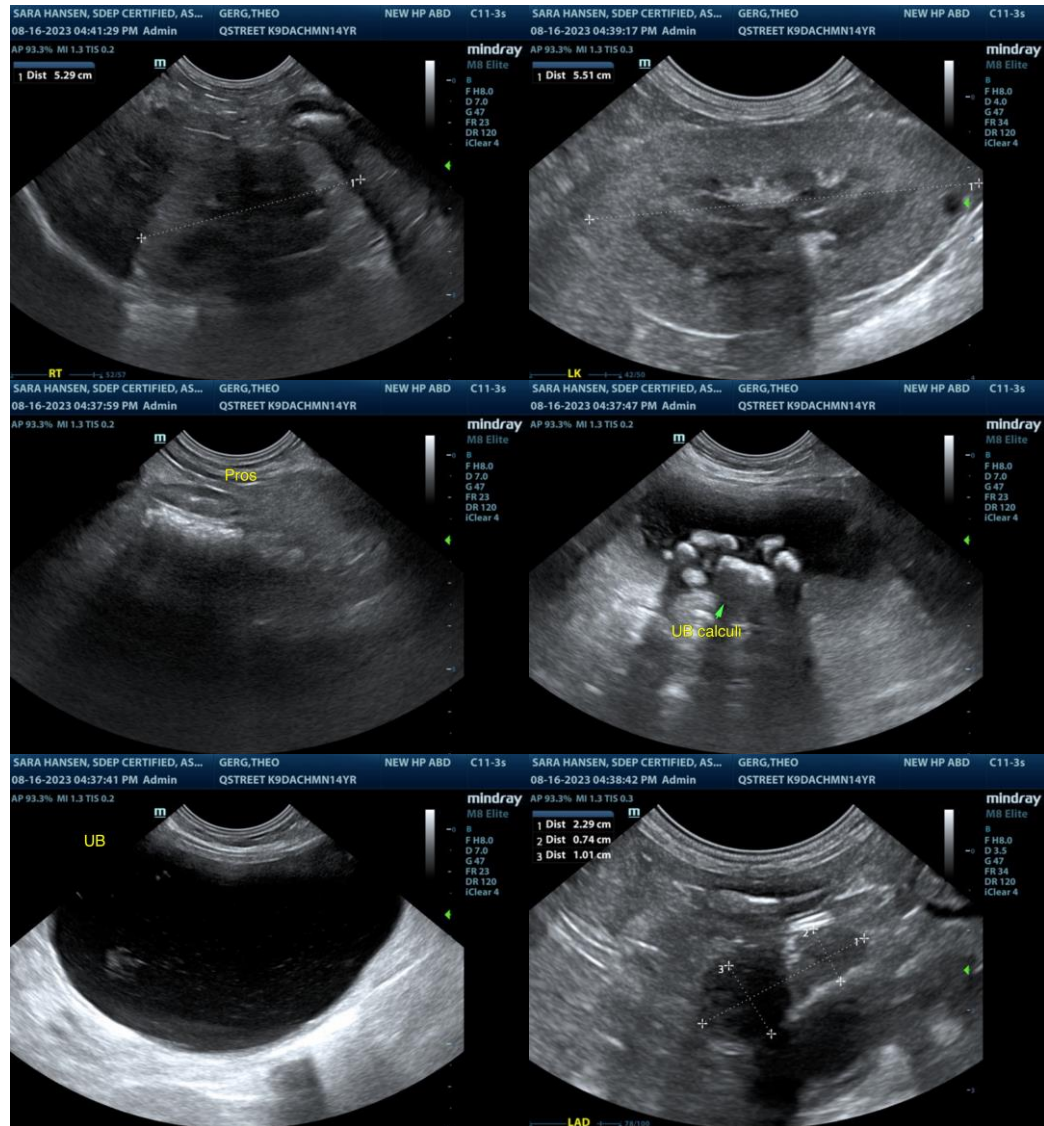
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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