



**PATIENT PRESENTING CLINICAL SIGNS**

**BANJO DOSS** 12yo NM dachshund mix presented 8/20/21 for bloody stool and defecating more than usual. Eating, drinking, and urinating normally. Normal energy. Not on any meds except heartworm preventative. Owner reports two new lumps on either side of penis. Physical exam revealed a new grade 3-4/6 systolic heart murmur, moderate dental disease, two 2cm round subcutaneous freely moveable masses on either side of the prepuce, fairly symmetrical (FNA in-house reveals fat cells only). One firm 1.5cm subcutaneous freely moveable mass to right of tail base (FNA in house reveals mineralized cyst like material with some atypical cells present - sent in cytology pending)TPR WNL. Diagnostics: Thoracic and abdominal radiographs sent to AIS revealed mild enlargement of the left atrium suggestive of mitral valve insufficiency. No radiographic evidence of CHF. Normal abdomen. CBC: Plt 538 (H), PCT 0.61% (H), otherwise WNL Chem: BUN 5 (L), ALT 191 (H), ALKP 291 (H), otherwise WNL Fecal: negative for ova and parasites. Patient has had normal stools in 24h since visit. Purpose of cardiac ultrasound: characterize degree of heart disease, any meds necessary? Purpose of abdominal ultrasound: Investigate potential causes for diarrhea/senior screen for abdominal disease.

**SPECIES**

Canine

**BREED**

Beagle/Dachshund Mix

**SEX**

MN

**AGE**

12 Years

**WEIGHT**

21.2 lbs

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Subtle asymmetrical apical luminal surface to possible focal micropolypliod change was present likely associated with age related mural changes and considered incidental. 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.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.94 cm in width.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination was 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 was present. The left kidney measured 4.7 cm in length. The right kidney measured 5.2 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. The left adrenal gland measured 0.78 cm width in the cranial pole and 0.82 cm width in the caudal pole. The right adrenal gland measured 0.70 cm width in the cranial pole and 0.64 cm width in the caudal pole.

*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.

*Liver / Gallbladder*

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

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT

**HOSPITAL NAME**

Donner Truckee  
Veterinary Hospital

**REFERRING VET**

Dr Jen Anderle

**INVOICE**

47086

**DATE**

8-22-21



**PATIENT**

Banjo Doss

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 echogenic, non-dependent yet non-organized gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.

**SPECIES**

Canine

***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.

**BREED**

Beagle/Dachshund Mix

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.

**SEX**

***Pancreas***

MN

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.

**AGE**

12 Years

***Free Abdomen***

Homogeneous well demarcated nonmineralized small subcutaneous masses noted adjacent to the prepuce. Example measured 2.8 x 1.1 cm.

**WEIGHT**

21.2 lbs

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETED BY**

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

- Subtle apical micropolypliod urinary bladder mural changes - considered age related or incidental.
- Mild age related kidneys.
- Benign hepatopathy.
- Minor gallbladder debris (non-mucocele).
- Parapreputial homogeneous subcutaneous masses - sonographically consistent with fat echogenicity and lipomas.

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT

**HOSPITAL NAME**

Donner Truckee  
Veterinary Hospital

**REFERRING VET**

Dr Jen Anderle

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Largely mild geriatric abdomen without evidence of significant mural changes including no evidence of gastroenterocolic mural pathology. Supportive care for potential low grade or resolving colitis is recommended.

Hepatosupportive medications including denamarin and ursodiol may be considered.

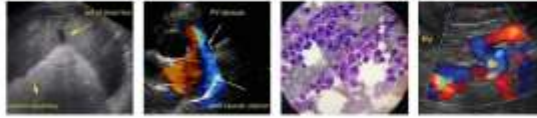
**INVOICE**

47086

No indication of underlying adrenal disease, given the presentation of the liver and bilateral adrenal glands in concurrence with lack of reported clinical signs.

**DATE**

8-22-21



**PATIENT**

Banjo Doss

**SPECIES**

Canine

**BREED**

Beagle/Dachshund Mix

**SEX**

MN

**AGE**

12 Years

**WEIGHT**

21.2 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT

**HOSPITAL NAME**

Donner Truckee  
Veterinary Hospital

**REFERRING VET**

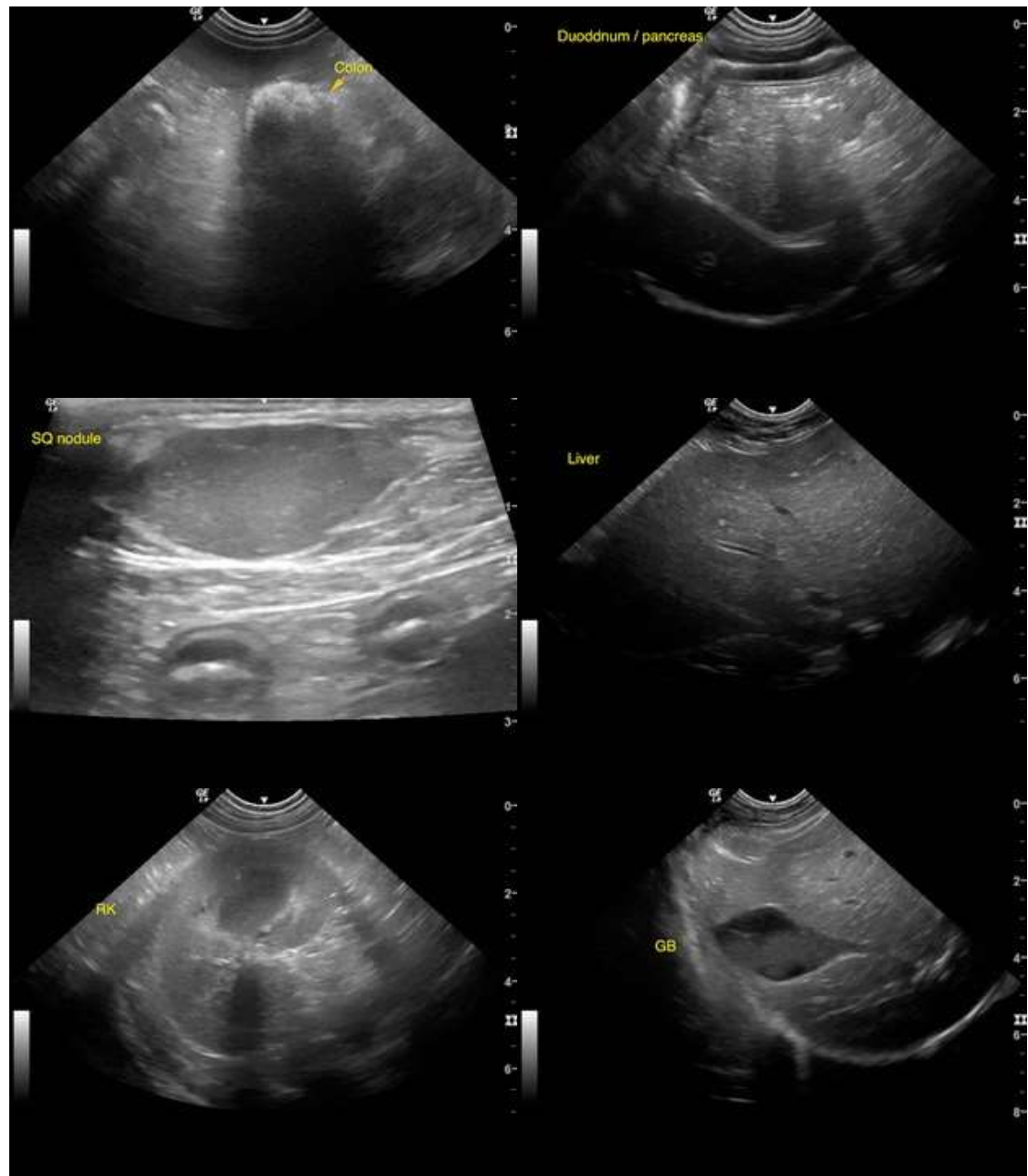
Dr Jen Anderle

**INVOICE**

47086

**DATE**

8-22-21





**PATIENT**

Banjo Doss

**SPECIES**

Canine

**BREED**

Beagle/Dachshund Mix

**SEX**

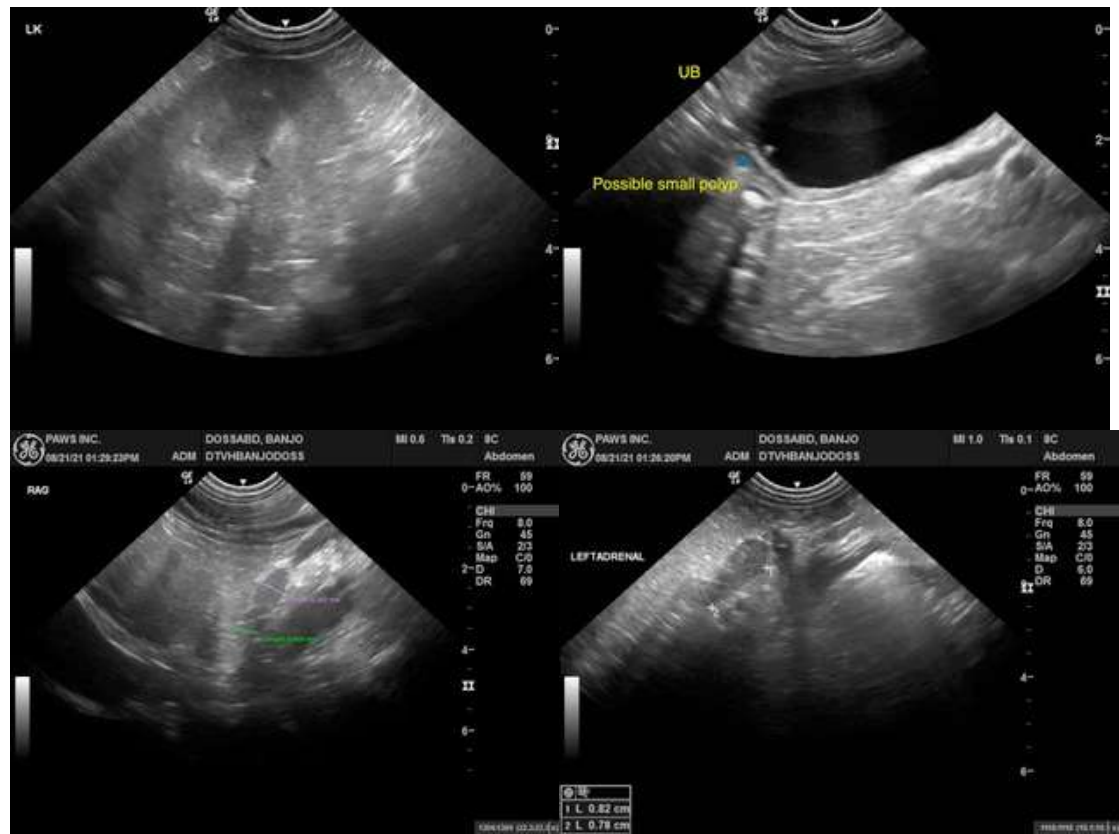
MN

**AGE**

12 Years

**WEIGHT**

21.2 lbs



**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT

**HOSPITAL NAME**

Donner Truckee  
Veterinary Hospital

**REFERRING VET**

Dr Jen Anderle

**INVOICE**

47086

**DATE**

8-22-21

The information and recommendations provided are based on the images presented by the referring veterinarian. 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