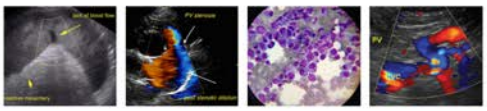


PATIENT

Henry Kessloff

SPECIES

Canine

BREED

Dachshund

SEX

Neutered Male

AGE

6 Years

WEIGHT

17 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Littleton AH

REFERRING VET

Dr. Christy Cox

INVOICE

25281

DATE

9/9/21

PRESENTING CLINICAL SIGNS

History of general ADR. Eats a home-cooked diet. No murmur. Radiographs: subjective splenomegaly and cardiomegaly. Having bi-cavity ultrasound exams. BP: 190-200 mmHg (stressed).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder 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.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture. Focal non-obstructive mineral was noted in the likely prostatic urethra.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. Pinpoiont medullary mineralization was present in both kidneys. The left kidney measured 4.8 cm. The right kidney measured 5.1 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.44 cm at the cranial pole and 0.46 cm at the caudal pole. The right adrenal gland measured 0.43 cm at the cranial pole and 0.44 cm at 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

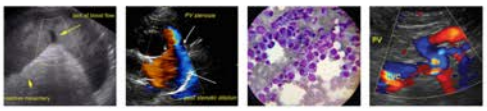
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate echogenic ingesta with progressive distal acoustic shadowing, most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. Gastric body wall measured 0.37 cm.

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. Duodenum wall measured 0.48 cm. Jejunum wall measured 0.26 cm.

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



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Pancreas

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.

Free Abdomen

No evidence of intraabdominal masses, lymphadenopathy or effusion.

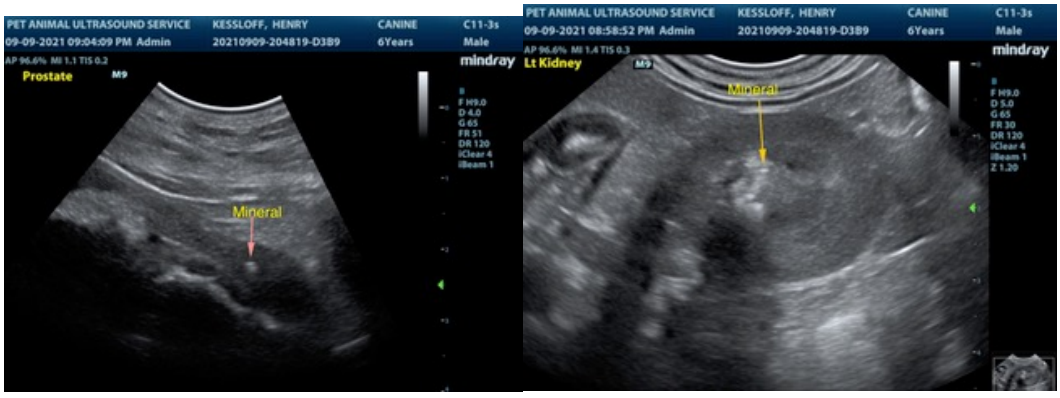
ULTRASONOGRAPHIC FINDINGS

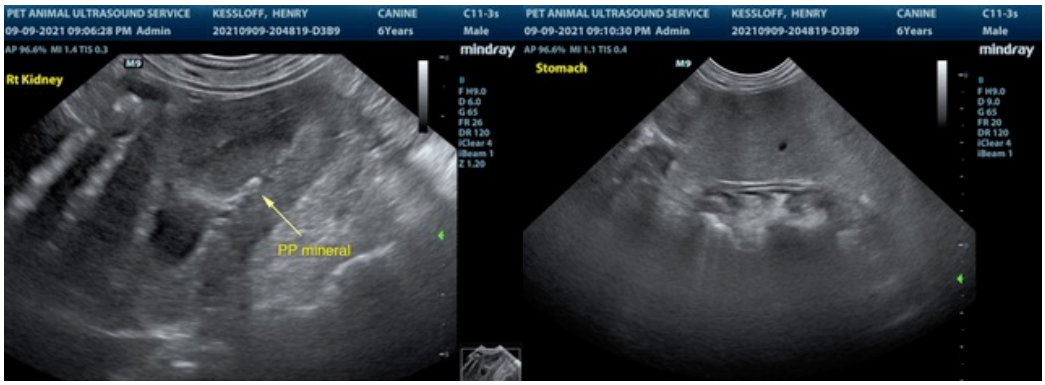
- Focal non-obstructive mineral in likely prostatic urethra
- Bilateral pinpoint renal medullary mineralization
- Gastric ingesta

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presence of gastric ingesta is nonspecific and likely indicates post-prandial presentation. Correlation with most recent meal ingestion is recommended. If documented NPO prior to the ultrasound, the presence of gastric ingesta may indicate some degree some of gastric hypomotility or metabolic stasis. The sonographic presentation of the ingesta was most consistent with food, without evidence of foreign material.

It is suspected that this patient may be passing small amounts of mineral from the kidneys into the urinary bladder, resulting in focal non-obstructive prostatic urethral mineral. Overall, no overt evidence of significant visceral pathology as an obvious cause of the patient's clinical signs.





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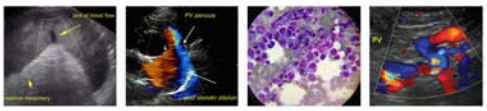

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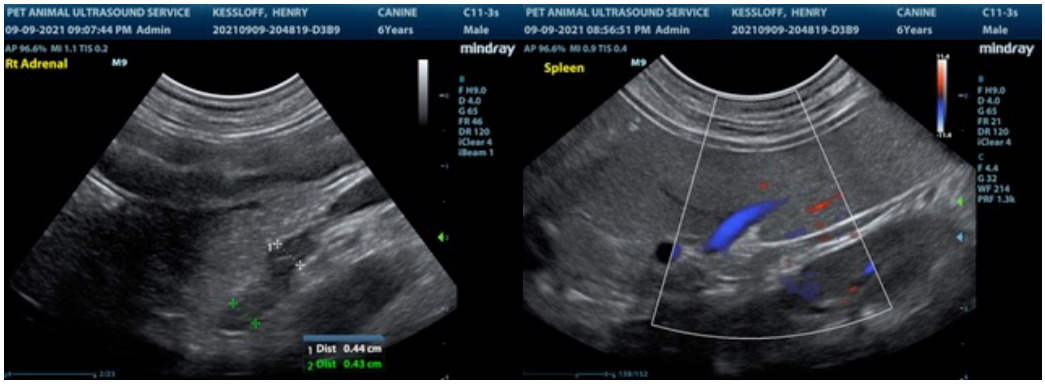

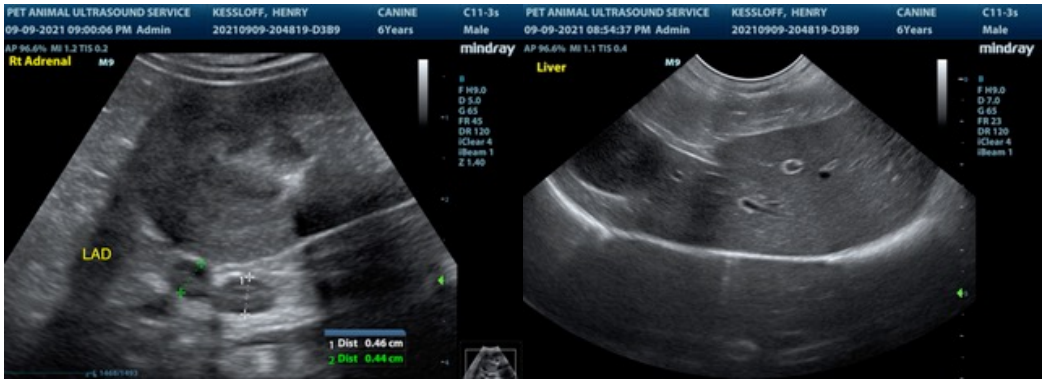

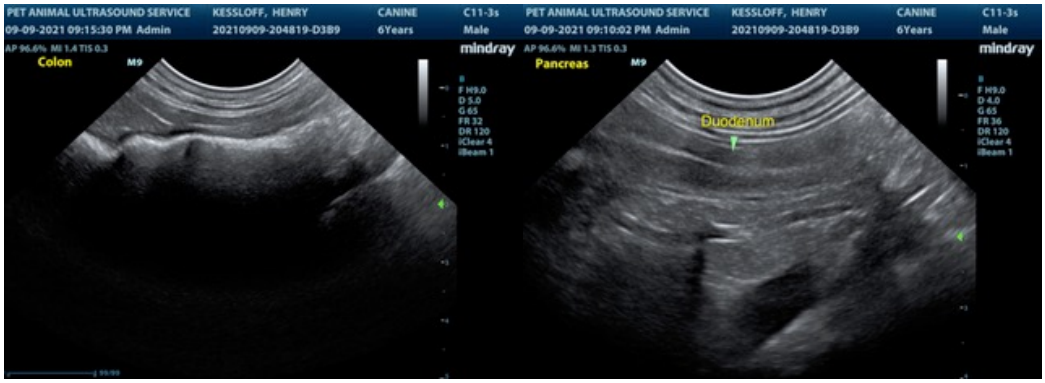

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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