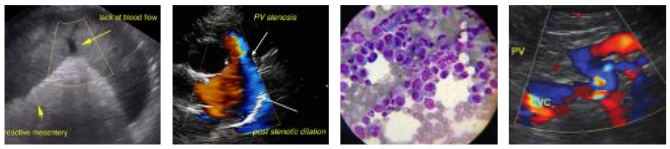
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Olive Kindelmann

SPECIES

Canine

BREED

Dachshund

SEX

Spayed Female

AGE

8 Years

WEIGHT

6 kg

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Matthew Olcha

HOSPITAL NAME

East Meadow VC

REFERRING VET

Dr. Matthew Olcha

INVOICE

16774

DATE

8/8/22

PRESENTING CLINICAL SIGNS

History: Inappropriate urination in the house. No other lower urinary signs. Hx of prior IVDD and spinal surgery with full recovery, no current neurologic deficits appreciated.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The wall at the apex is mildly thickened for patient size, measuring 3.1 mm.

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). The left kidney is 4.4 cm in length. The right kidney is 4.7 cm in length.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 4.0 mm at the cranial pole and 3.5 mm at the caudal pole. The right adrenal gland height is 3.6 mm at the cranial pole and 4.3 mm at the caudal pole.

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

Liver

The liver is diffusely hyperechoic and subjectively enlarged. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents and a small amount of echogenic freely movable sludge. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal.

Gastrointestinal

The stomach is moderately distended with normal ingesta. The gastric wall is 2.9 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.

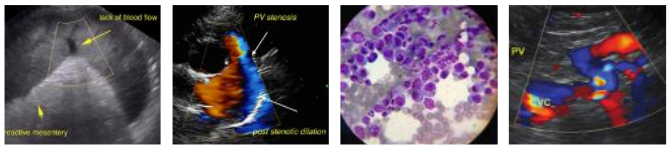
The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. The duodenal wall measures 4.4 mm. The jejunal wall measures up to 2.5 mm. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness, up to 1.4 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Olive Kindelmann

SPECIES

Canine

BREED

Dachshund

SEX

Spayed Female

AGE

8 Years

WEIGHT

6 kg

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Matthew Olcha

HOSPITAL NAME

East Meadow VC

REFERRING VET

Dr. Matthew Olcha

INVOICE

16774

DATE

8/8/22

Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mildly thickened urinary bladder wall

Secondary Findings

- A hyperechoic, subjectively enlarged and rounded liver

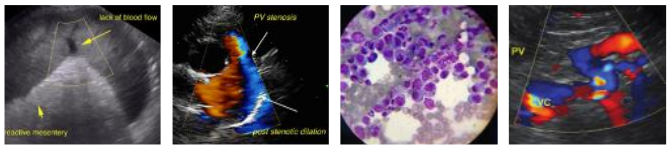
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The thickening in the urinary bladder wall apex may be relative to the bladder's partially distended state, however, it may also indicate inflammation. Although the urinalysis was unremarkable, a urine culture could be considered to definitively rule out urinary tract infection. If not already performed, a trial of either Incurin or Proin is recommended to rule out the possibility of urinary incontinence. If these measures do not determine the cause of the urinary accidents, a behavior etiology might also be considered.

The changes in the liver are non-specific and could be attributed to endocrine disease, other vacuolar hepatopathies, reactive hepatopathy, storage hepatopathy, chronic infectious or inflammatory disease (including leptospirosis), hepatic lipidosis, or less likely neoplasia. Ultrasound-guided or laparoscopic biopsies would be needed for definitive diagnosis. Recommendations include:

- ❖ screening for diabetes mellitus and hyperlipidemia if not already performed
- ❖ testing for Cushing's disease is recommended only if clinical signs support the diagnosis

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Olive Kindelmann

SPECIES

Canine

BREED

Dachshund

SEX

Spayed Female

AGE

8 Years

WEIGHT

6 kg

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Matthew Olcha

HOSPITAL NAME

East Meadow VC

REFERRING VET

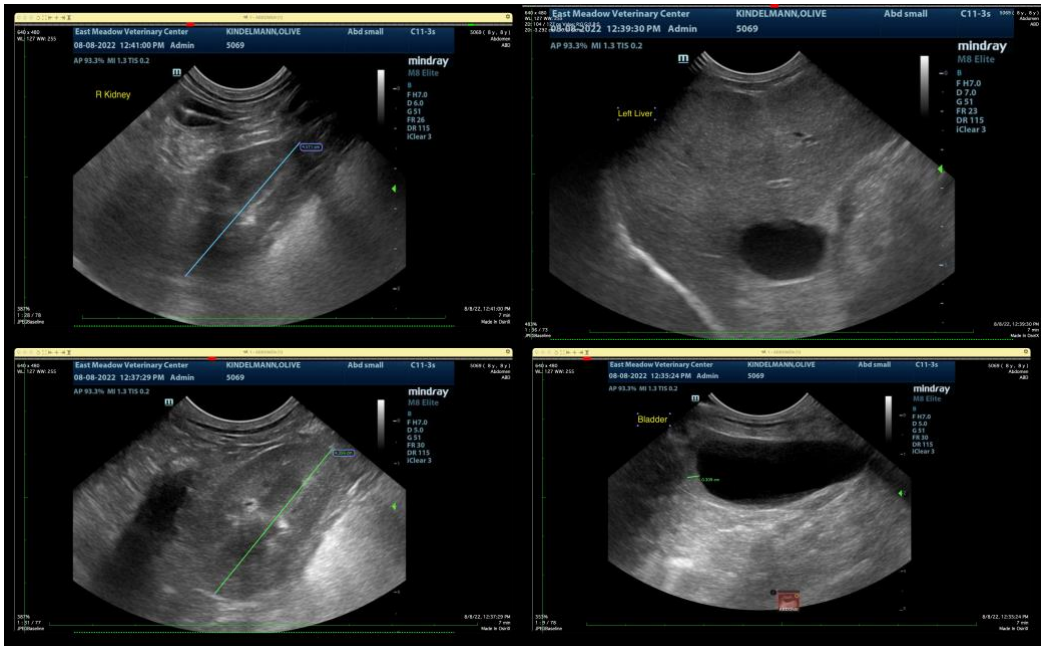
Dr. Matthew Olcha

INVOICE

16774

DATE

8/8/22



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.

Tam Mengine, DVM, DABVP (canine/feline practice) info@SonoPath.com