



PATIENT

Lord Stanley Roletta

SPECIES

Canine

BREED

Dachshund

SEX

Neutered male

AGE

9 ½ years

WEIGHT

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Diane McFadden, RVT

HOSPITAL NAME

Morris Hills VC

REFERRING VET

Dr. Hirshenson

INVOICE

18202

DATE

11/25/22

PRESENTING CLINICAL SIGNS

History: chronic hematuria; on S/O diet; no meds at this time; has been on clavamox in the past
Abnormal PE/Chem/CBC/UA Results: cbc/chem nsf; UA: wbc > 50 hpf, rbcs > 50 hpf, protein 3+,
USPG 1.023. (urine caught one hour previously)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is minimally distended with anechoic urine. The bladder wall is diffusely thickened with an irregular mucosal surface. The ureteral papilla, trigone and pelvic urethra are of normal appearance and the ureters are not visible (normal). There is a 1.1 cm shadowing urolith present. No masses are noted. The pelvic urethra is visualized to 1.0 cm.

The prostate is not specifically seen, presumably due to its intrapelvic location.

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 4.1 cm in length. The right kidney is 4.3 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 5.1 mm at the caudal pole. The right adrenal gland height is 8.5 mm at the cranial pole and 3.9 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 of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. 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. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is empty. The gastric wall is 3.3 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 4.7 mm. The jejunal wall measures up to 2.8 mm. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness, up to 1.5 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.



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Pancreas

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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.

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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.

SEX

Neutered male

ULTRASONOGRAPHIC FINDINGS

- A urinary bladder stone

AGE

9 1/2 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The shadowing material in the urinary bladder is consistent with urinary calculi. Recommendations include:

- A lateral pelvic radiograph, including the entire pelvic urethra, and penile urethra in males.
- Cystotomy with stone analysis and culture of the urine or stones, followed by appropriate dietary therapy and/or antimicrobial therapy if indicated

WEIGHT

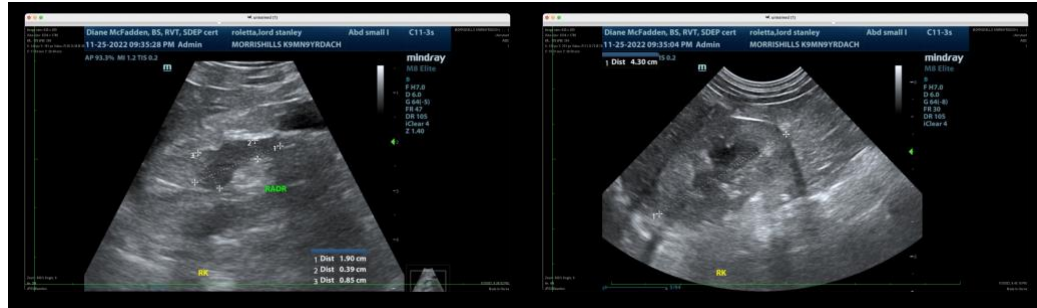
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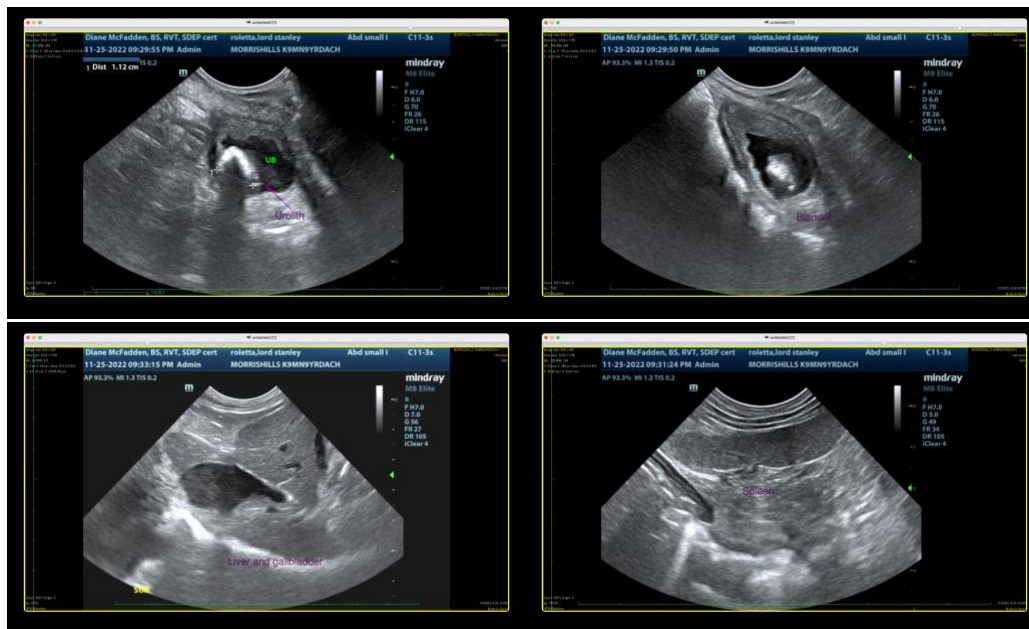
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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