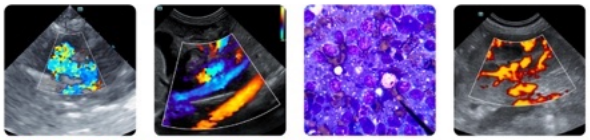


PATIENT

Brita Steckbeck

SPECIES

Canine

BREED

Dachshund

SEX

Spayed female

AGE

15 years

WEIGHT

15.5 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Jocelyn Smith, CVT

HOSPITAL NAME

Annville Cleona Veterinary Associates

REFERRING VET

Dr. Pinamonti

INVOICE

71867

DATE

2/24/26

PRESENTING CLINICAL SIGNS

Anorexia today. Chronic V+ intermittently, D+ Yesterday

ALP 874 AMY 3498 Snap CPL Pending Heart murmur gr 2 of 6 HX of suspected pyelonephritis HX of "very abnormal pancreas" on u/s 2024

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is underdistended, and the wall appears subjectively thickened; however, due to underdistension, wall measurements may be overestimated. The urine is anechoic. The bladder neck and proximal urethra appear normal. No calculi are identified, and there is no sonographic evidence of inflammatory or neoplastic changes.

The left kidney is slightly irregular in contour: 4.14x2.62 cm, and the cortical thickness is 0.45 cm in the sagittal plane. The cortex is mildly hyperechoic compared to the liver parenchyma. The corticomedullary ratio is within normal limits, and corticomedullary definition is mildly decreased. Early mineralizations or nephroliths are noted within the caliceal region. There is no evidence of pyelectasia or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

The right kidney has a markedly irregular contour: 4.97x2.53 cm, and the cortical thickness is 0.40 cm in the sagittal plane. The cortex is hyperechoic compared to the liver parenchyma. The corticomedullary ratio is within normal limits; however, corticomedullary definition is lost. Early renal lithiasis is present, the largest measuring 4.33 mm. There is no evidence of pyelectasia or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

Adrenal Glands

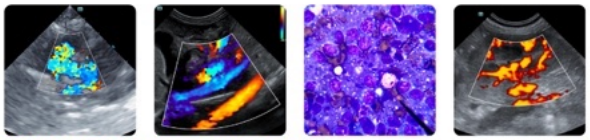
Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.86 cm at the cranial pole and 0.71 cm at the caudal pole. The right adrenal gland was not visualized.

Spleen

Splenic thickness is 1.35 cm. The parenchyma demonstrates normal echogenicity and a fine, homogeneous echotexture without focal abnormalities. The splenic capsule is smooth and regular.

Liver

There is mild asymmetry between hepatic lobes, with some lobes appearing slightly more rounded than others. No marked global hepatomegaly is evident sonographically. The liver is subjectively mildly increased in size. There is mild variation in echogenicity between lobes, which may be seen with early vascular or hepatocellular changes; however, there is no marked change in overall echogenicity and no clear attenuation of the ultrasound beam. The hepatic parenchyma is generally uniform and isoechoic relative to the falciform fat, with normal echotexture. No hepatic lymphadenopathy is observed.



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The gallbladder lumen is moderately distended. The wall is thin. The contents are predominantly anechoic with a small amount of biliary sludge. No dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is empty and folded, with mural thickness of 2.10 mm and preserved wall layering. Pylorus: 4.30 mm.
Duodenum: 4.96 mm. Jejunum: 4.52 mm. Ileum: 2.14 mm. Wall layering is preserved throughout. The ileocecal junction was not visualized. No evidence of inflammation, ileus, or foreign material is identified.

Colon: completely empty and folded, with normal wall layering.

Pancreas

Right pancreatic limb thickness: 1.45 cm. Pancreatic parenchyma is hyperechoic relative to the adjacent omental fat.

Peritoneal Cavity

No sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly is identified. The iliac trifurcation appears normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Bilateral renal contour irregularity. Increased cortical echogenicity and decreased to absent corticomedullary definition.
- Bilateral non-obstructive nephrolithiasis (largest 4.33 mm, right kidney)
- Diffusely hyperechoic pancreatic parenchyma

SECONDARY FINDINGS

- Mild subjective hepatomegaly with rounded left hepatic margins.
- Mild biliary sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Renal findings are most consistent with chronic renal parenchymal disease, likely chronic interstitial nephropathy. The nephroliths identified are incidental and non-obstructive, as there is no pyelectasia or hydronephrosis.

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Diffuse pancreatic hyperechogenicity in geriatric dogs is more commonly associated with chronic fibrotic change or, more likely given the pancreatic enlargement, fatty infiltration (pancreatic lipidosis). In dogs with hyperadrenocorticism, chronic glucocorticoid excess is associated with visceral fat redistribution and lipid deposition within abdominal organs, including the pancreas. This can result in increased pancreatic echogenicity without peripancreatic inflammatory changes. Correlation with cPL testing remains appropriate to exclude active inflammation.

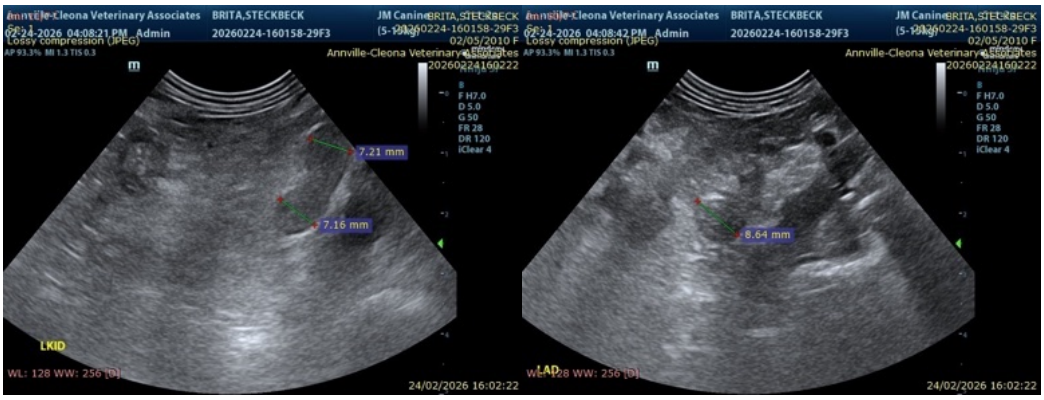
The left adrenal gland is enlarged relative to commonly accepted reference values for dogs of this size. The right adrenal gland was not visualized. Unilateral adrenal enlargement may be seen with adrenal hyperplasia or functional adrenal disease, including hyperadrenocorticism, and should be interpreted in light of clinical and laboratory findings.

In the context of markedly elevated ALP, the hepatic findings are most compatible with vacuolar hepatopathy, particularly steroid-induced hepatopathy, although other chronic hepatocellular processes cannot be excluded. There is no sonographic evidence of biliary obstruction.

No ultrasonographic evidence of gastrointestinal obstruction, severe gastritis or enteritis, or abdominal effusion is identified.

Recommendations

- Given the combination of marked ALP elevation, mild hepatomegaly, left adrenal enlargement, and diffuse pancreatic hyperechogenicity, screening for hyperadrenocorticism should be considered if clinically compatible.
- Correlation with SNAP or Spec cPL is recommended to assess active pancreatitis.
- A complete renal evaluation, including chemistry profile with SDMA, urinalysis (with sediment), urine culture given prior history of pyelonephritis, and blood pressure measurement, is advised to stage and monitor suspected chronic kidney disease.
- Supportive therapy for gastrointestinal signs (antiemetics, gastroprotectants, dietary modification, and fluid support as indicated) is reasonable while awaiting additional diagnostic results and monitoring clinical response.



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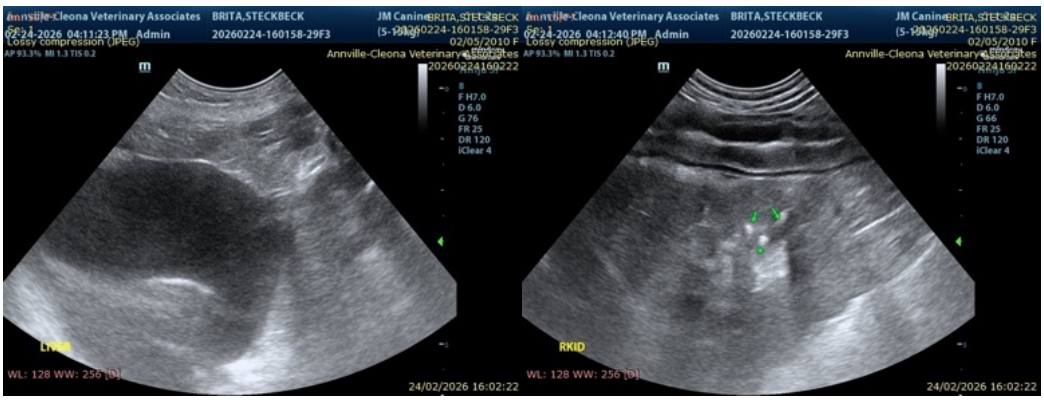

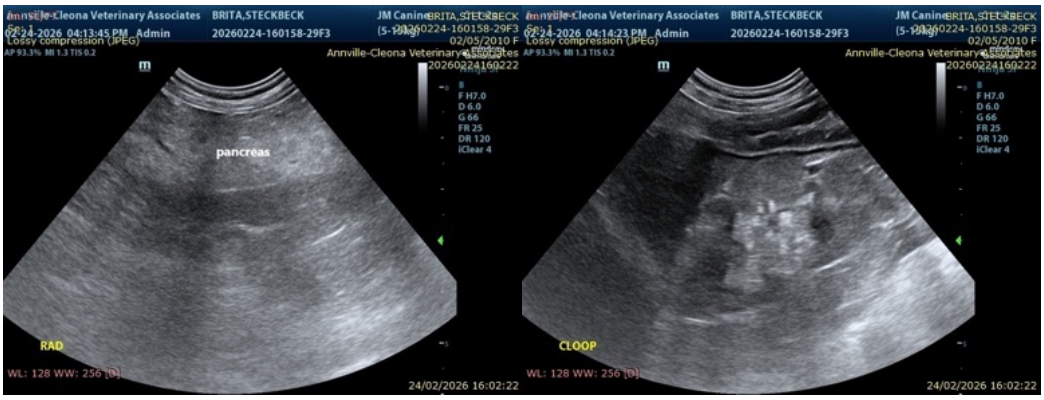

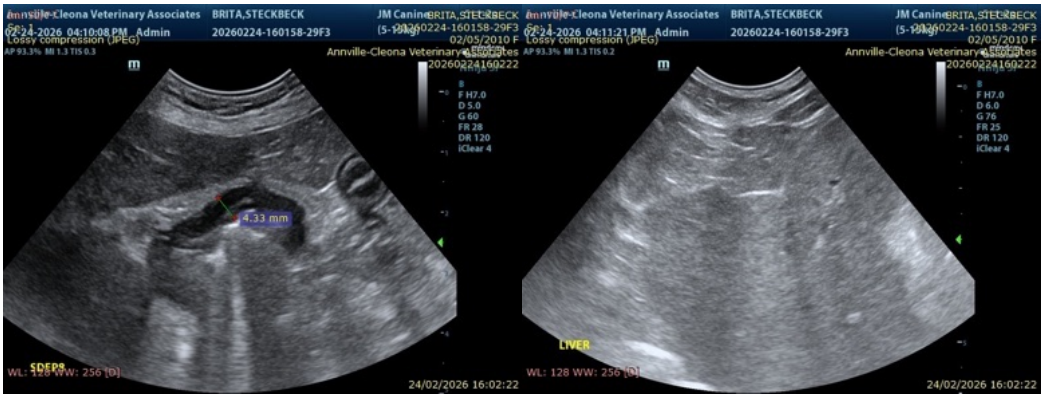

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

MV Esp Ultrasound in Domestic and Wild Animals

info@SonoPath.com