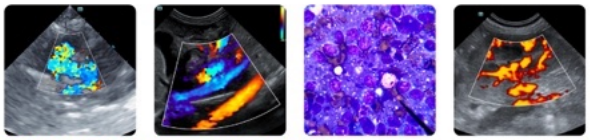


PATIENT

Jasmine Lantz

SPECIES

Canine

BREED

Dachshund

SEX

Spayed female

AGE

14 years

WEIGHT

6.5 kg

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Dr. Louise Corbeil

HOSPITAL NAME

Cochrane AC

REFERRING VET

Dr. Corbeil

INVOICE

72209

DATE

3/4/26

PRESENTING CLINICAL SIGNS

- Abd ultrasound for PU/PD for the past approx 2 months. Cushings vs psychogenic vs other.
- Medical hx: IVDD / Neck pain, Gall bladder sediment, UTI, Arthritis. Previous oral medications: Gabapentin (30mg caps) - 1-2 caps PO q8-12h, Metronidazole 100mg q12 hours for 7 days when diarrhea noted. Metacam PRN, Ursodiol (100mg/ml)- 25mg PO q12hr ongoing.
- Urinalysis - Specific Gravity 1.010. First morning USG 1.020. pH 5.0. Inactive sediment Urine Protein: Creatinine Ratio 0.2 Mild thrombocytosis Platelets 495 x10^9/L rr 148- 484 Normal creatinine 114 µmol/L rr 44- 159 Mild elevation Urea (BUN) 16.0 mmol/L rr 2.5- 9.6 Mild hypochloremia. Chloride 108 mmol/L rr 109- 122 Mild elevations ALT and ALP. ALT 146 U/L rr 10- 125. ALP 263 U/L rr 23- 212 Total T4 normal - 24 nmol/L rr 13- 51)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended, and the bladder wall appears thin and smooth. The urine is anechoic. The bladder neck and proximal urethra have a normal ultrasonographic appearance. No calculi are identified, and there is no evidence of inflammatory or neoplastic change.

The left kidney is normal in shape and size, measuring 4×2.10 cm, and the cortical thickness is 0.44 cm in the sagittal plane. The renal cortex is isoechoic compared with the hepatic parenchyma. A small cortical cyst measuring 2.30×2.55 mm is present. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler evaluation shows a normal vascular pattern.

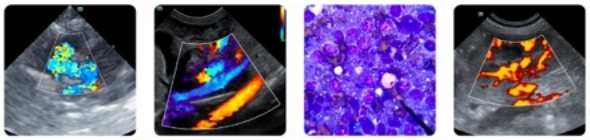
The right kidney is normal in shape and size, measuring 3.75×1.86 cm, and the cortical thickness is 0.39 cm in the sagittal plane. The cortex is isoechoic compared with the hepatic parenchyma. Two small cortical cysts are identified, measuring 1.33×1.34 mm and 2.35×2.21 mm. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler evaluation shows a normal vascular pattern.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane (maximum of three measurements obtained): The left adrenal gland measures 0.59 cm at the cranial pole and 0.71 cm at the caudal pole. The right adrenal gland measures 0.55 cm at the cranial pole and 0.68 cm at the caudal pole.

Spleen

Splenic thickness is 0.89 cm. The parenchyma demonstrates normal echogenicity and a fine homogeneous echotexture, with a small 0.36×0.53 mm hyperechoic focus. The splenic capsule is smooth and regular. Splenic vasculature appears normal.



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Liver

The liver is subjectively mildly increased in size, with rounded edges and a regular contour. The hepatic parenchyma appears uniform and isoechoic compared with the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The wall appears mildly irregular with suspected mild mucosal gland hyperplasia. The contents are predominantly anechoic with a moderate amount of biliary sludge. The sediment occupies approximately 50% of the gallbladder lumen and appears to shift toward the gallbladder neck and cystic duct.

The sediment has a mottled echogenic appearance, consistent with heterogeneous sludge containing mixed hyperechoic areas and small anechoic foci (a “speckled” or “salt-and-pepper” appearance). A very small mineralized concretion is also present. No hyperechoic striations are observed. No dilation of the cystic duct or common bile duct is identified.

Gastrointestinal

The stomach is empty and folded with gas within the lumen. Gastric mural thickness measures 2.31 mm, with preserved wall layering. The pylorus measures 4.13 mm.

The duodenum measures 3.20 mm. The jejunum measures 3.75 mm. The ileum measures 1.74 mm. The ileocecal junction measures 2.24 mm. Normal wall layering is preserved throughout. No evidence of intestinal inflammation, ileus, or intraluminal foreign material is identified.

The colon measures 2.3 mm, appearing empty and folded with minimal fecal material.

Pancreas

The right pancreatic lobe measures 0.76–0.80 cm in thickness. The pancreatic parenchyma is isoechoic relative to the adjacent omental fat. No ultrasonographic evidence of active pancreatic inflammation or focal pancreatic mass is identified.

Peritoneal Cavity

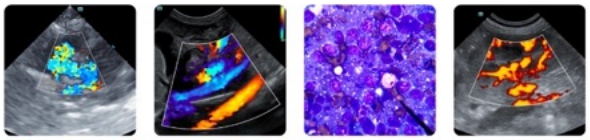
No sonographic evidence of abdominal effusion, peritonitis, or abdominal lymphadenomegaly is identified. The region of the iliac trifurcation appears normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Mild bilateral adrenal enlargement.
- Moderate heterogeneous biliary sludge with suspected mild mucosal hyperplasia.

SECONDARY FINDINGS



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- Small renal cortical cysts.
- Small splenic hyperechoic foci.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The adrenal glands are mildly enlarged bilaterally. The cranial poles measurements fall within the upper limit of the expected reference range for a dog of this size. However, the caudal pole measurements exceed commonly accepted reference limits (<0.55–0.60 cm). Symmetrical enlargement of both glands, while maintaining normal shape and echogenicity, is most consistent with adrenal hyperplasia. No signs of adrenal neoplasia are observed. In the context of the clinical history of polyuria and polydipsia, mild elevations in ALT and ALP and inadequate urine concentrating ability (USG 1.010–1.020) may be compatible with pituitary-dependent hyperadrenocorticism, although correlation with endocrine testing is recommended.

The presence of small cortical cysts in both kidneys are most consistent with age-related incidental renal changes. These findings are common in geriatric dogs and do not by themselves indicate clinically significant renal disease. However, chronic PU/PD may contribute to medullary washout, which can explain the reduced urine specific gravity observed in this patient.

The liver is subjectively mildly enlarged with mildly rounded margins. In the absence of focal lesions and with otherwise homogeneous parenchyma, these findings most likely reflect mild hepatocellular change, which may be seen with chronic hepatobiliary stasis or endocrine disease. The gallbladder contains a moderate amount of heterogeneous biliary sludge occupying approximately half of the lumen, with a mottled appearance. This pattern is typically associated with chronic biliary stasis. In such cases, increased secretion of mucin by the gallbladder epithelium leads to the formation of a glycoprotein matrix that promotes aggregation of bile pigments, cholesterol crystals, and cellular debris, resulting in heterogeneous echogenic sediment. These changes are frequently encountered in older dogs and may occur secondary to endocrine disorders such as hyperadrenocorticism. The sediment tends to accumulate toward the gallbladder neck and cystic duct. This distribution may reflect ongoing bile flow and possible mobilization of the sediment, which could be consistent with the reported use of ursodeoxycholic acid.

A small hyperechoic splenic focus is also identified, most consistent with a benign splenic myelolipoma. These lesions are common incidental findings in older dogs and are typically of no clinical significance.

Recommendations

- Endocrine testing for hyperadrenocorticism is recommended.
- Continued monitoring of hepatic enzymes.
- Periodic ultrasonographic monitoring of the gallbladder is advisable due to the presence of moderate heterogeneous biliary sludge and suspected mucosal hyperplasia, particularly in a breed predisposed to gallbladder disease.
- Routine monitoring of renal parameters and urine specific gravity.

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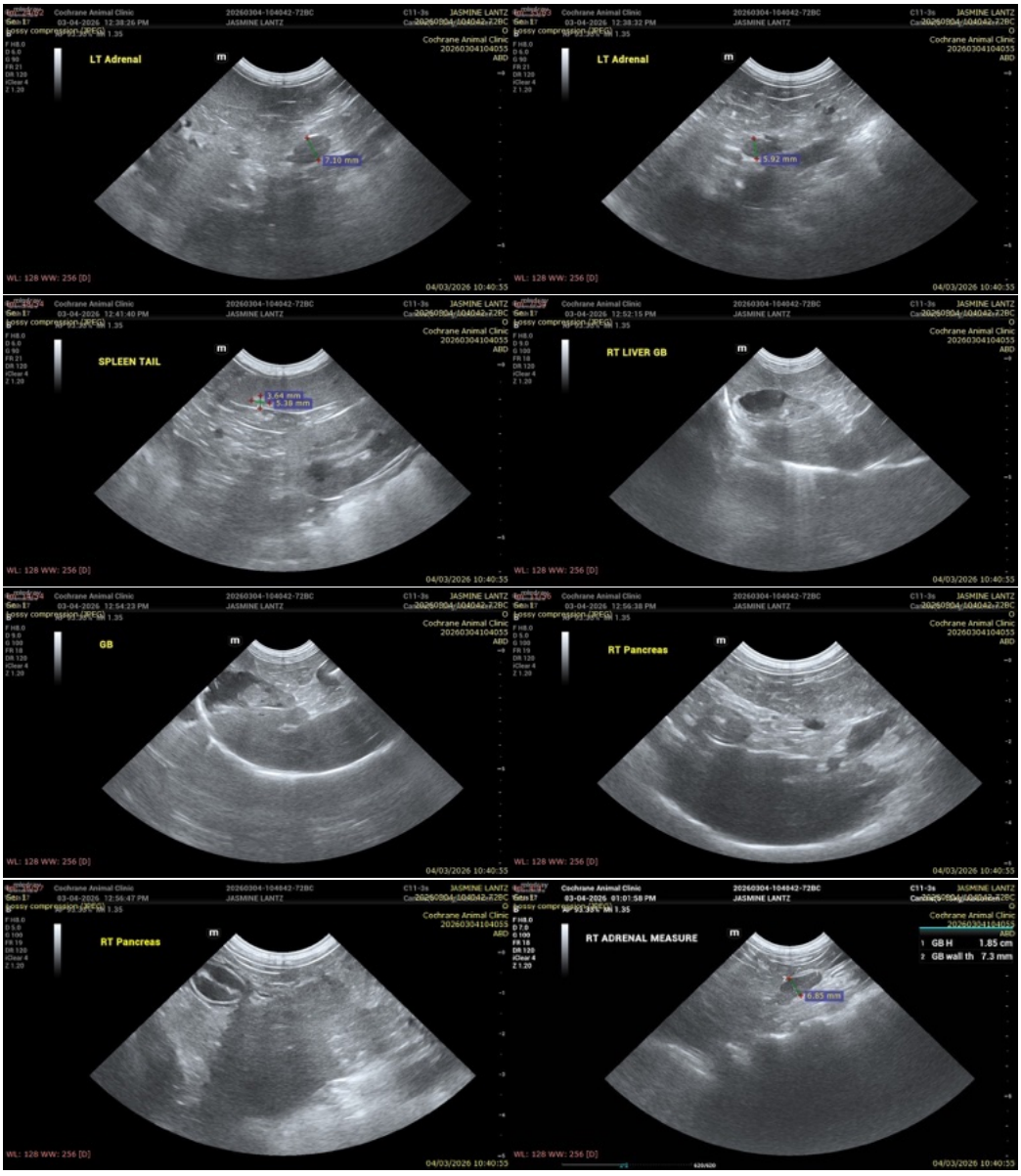

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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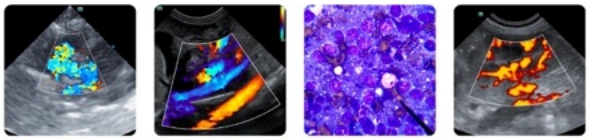

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