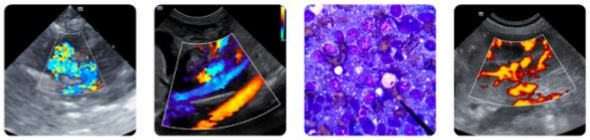

PATIENT

Judge Tucker Lavigne

SPECIES

Canine

BREED

Dachshund

SEX

Neutered Male

AGE

8 Years

WEIGHT

23.4 pounds

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Grace Jayne CVT

HOSPITAL NAME

Ark Animal Homecare

REFERRING VET

Dr. Claire Timbas

INVOICE

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DATE

04/23/26

PRESENTING CLINICAL SIGNS

No clinical concerns. Ultrasound performed due to abnormal labs.

Abnormal PE/Chem/CBC/UA Results: Total Protein 8.4 Globulin 4.3 Alk Phosphatase 1460 SDMA 8.0 Calcium 11.5

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended. The wall is thin and smooth. The urine is anechoic. The bladder neck and proximal urethra appear normal. No uroliths are identified, and there is no ultrasonographic evidence of inflammatory or neoplastic disease.

The left kidney is normal in shape and size, measuring 4.73×2.70 cm, with a cortical thickness of 0.38 cm in the sagittal plane.
The right kidney is normal in shape and size, measuring 4.87×2.55 cm, with a cortical thickness of 0.40 cm in the sagittal plane.

Both kidneys: The cortex is isoechoic relative to the hepatic parenchyma. The corticomedullary ratio is normal and corticomedullary distinction is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

Adrenal Glands

Dorsoventral measurements in the sagittal plane: The left adrenal gland measures 0.55 cm at the caudal pole; the cranial pole is not clearly visualized. The right adrenal gland measures 0.55 cm at the cranial pole and 0.57 cm at the caudal pole. These measurements are within normal limits for a dog of this size (typically ≤0.6–0.7 cm in dorsoventral thickness depending on body weight), with no evidence of asymmetry or focal enlargement.

Spleen

Splenic thickness is 1.87 cm, within normal limits for a dog of this size. The parenchyma is homogeneous with normal echogenicity and fine echotexture. The splenic capsule is smooth and regular. Splenic vasculature appears normal.

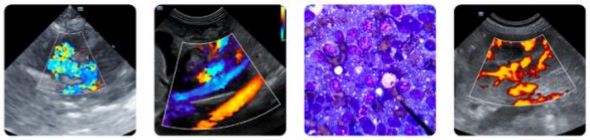
Liver

The liver is subjectively normal in size, with sharp margins and regular contour. The parenchyma is homogeneous and isoechoic relative to surrounding fat.

Multiple small hypoechoic foci are identified within the hepatic parenchyma, measuring approximately 0.66–0.94 cm. These lesions are well-defined and do not appear to cause architectural distortion. No hepatic lymphadenopathy is observed.

The gallbladder is adequately distended. The wall is thin and regular. The contents are predominantly anechoic with a small amount of biliary sludge. No dilation of the cystic duct or common bile duct is identified.

Gastrointestinal



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The stomach is empty and folded; mural thickness was not measured, though wall layering appears preserved.

Small intestines:
The pylorus measures 4.84 mm. The duodenum measures 4.79 mm. The jejunum measures 2.90 mm. Wall layering is preserved throughout.

No ultrasonographic evidence of ileus, obstruction, or intraluminal foreign material is identified.

Colon: wall thickness measures 1.01–1.44 mm, within normal limits, with formed fecal material present.

Pancreas

The evaluated pancreatic areas do not show evidence of overt inflammation or neoplastic disease.

Free Abdomen

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

PRIMARY FINDINGS

- Single small hepatic hypoechoic lesion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is normal in size and overall echotexture; however, a single, well-defined hypoechoic hepatic focus measuring approximately 0.66–0.94 cm is identified, without mass effect or disruption of normal architecture. In an older dog, this finding most commonly represents a benign process such as nodular hyperplasia, focal vacuolar change, or fibrosis.
The gallbladder and biliary system appear unremarkable aside from mild sludge, with no ultrasonographic evidence of biliary obstruction or mucocele formation, making a primary obstructive cholestatic process unlikely.
The adrenal glands are within normal limits in size and morphology for a dog of this size, and there is no ultrasonographic evidence of adrenal enlargement; however, functional endocrine disease cannot be excluded based on imaging alone.

Recommendations

- Further evaluation of the hyperglobulinemia and hypercalcemia is advised (serum protein electrophoresis and confirmation of ionized calcium), given their potential clinical significance
- Consider endocrine testing (evaluation for hyperadrenocorticism) based on clinical context, recognizing that imaging findings do not support adrenal enlargement
- Initiation of hepatoprotective therapy and serial monitoring of liver enzymes and ultrasonographic appearance is recommended to assess progression or response to therapy.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status.

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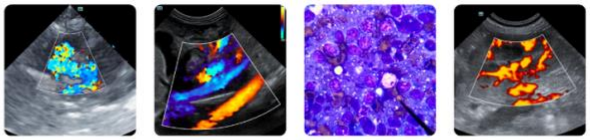

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Educational Teleconsultation Services™

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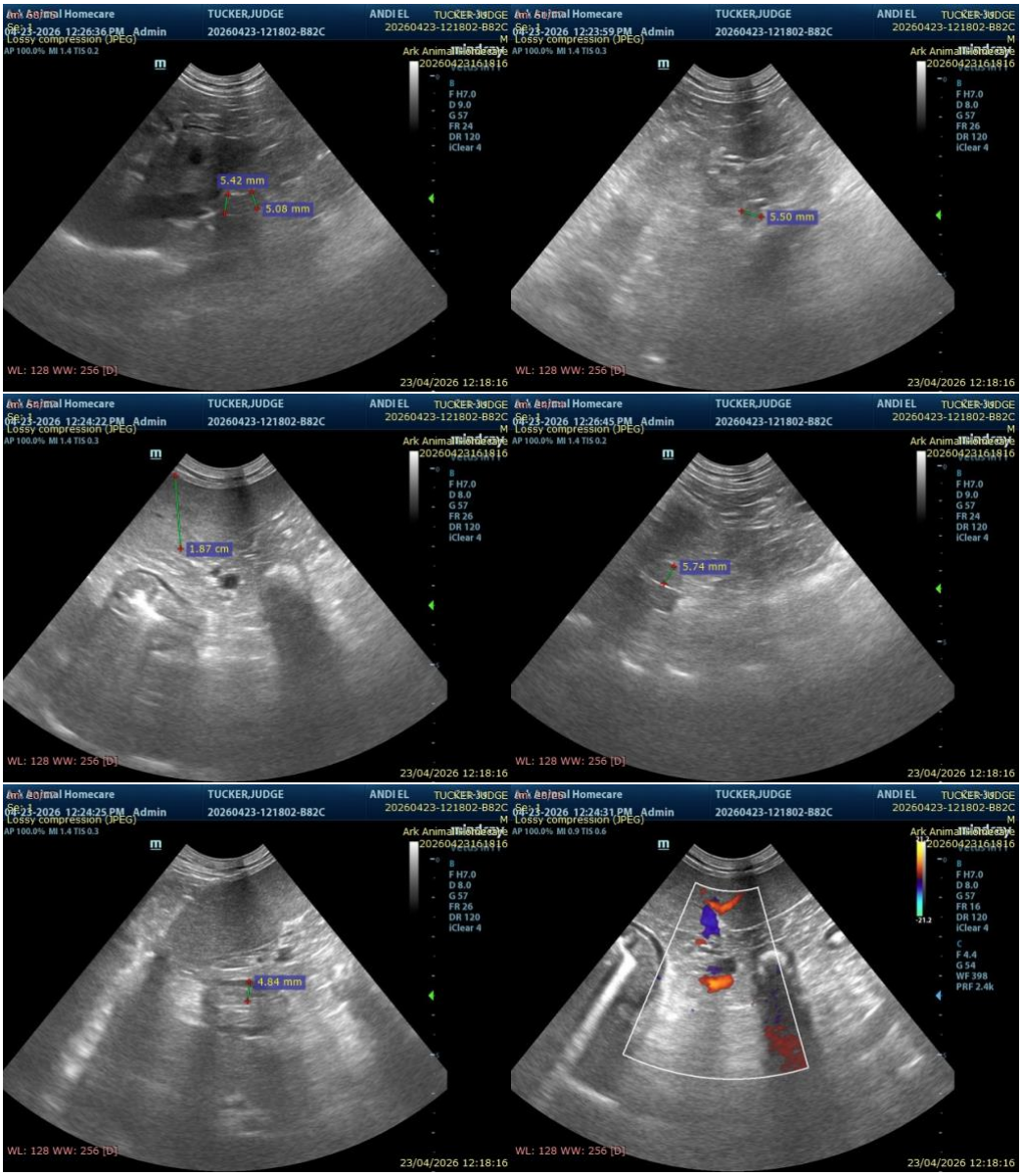

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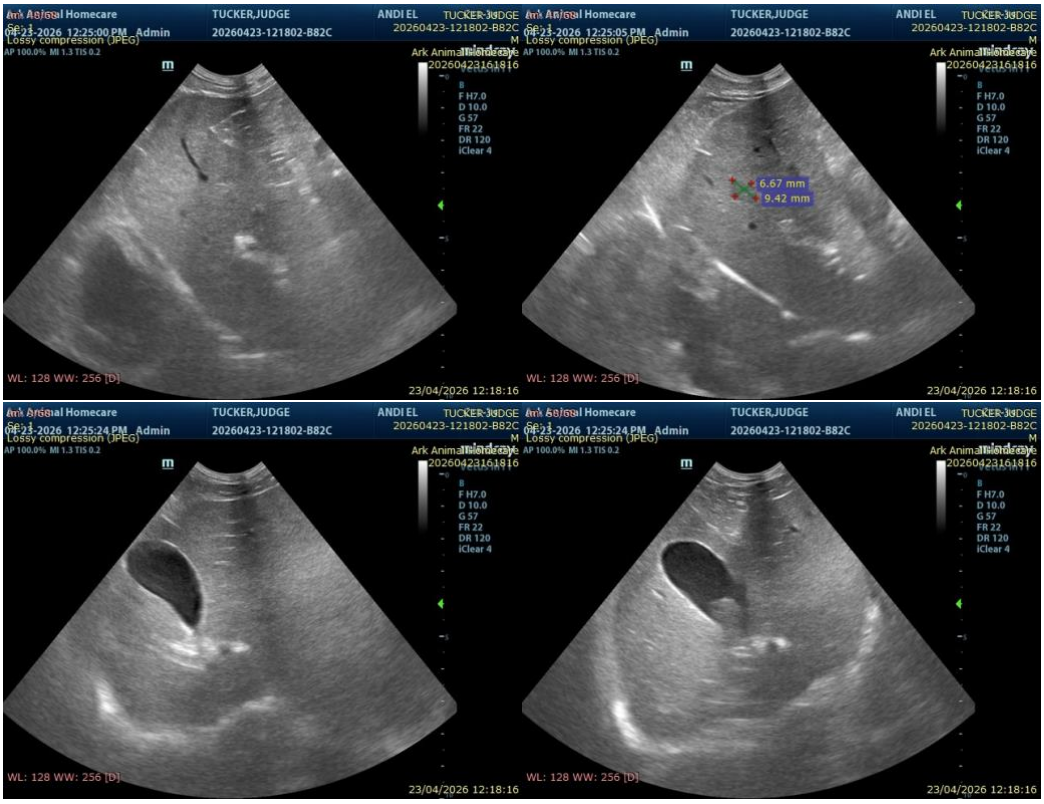

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

info@SonoPath.com