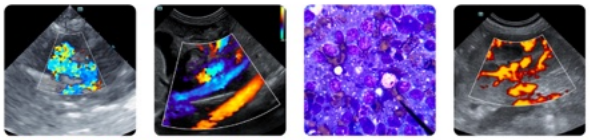


PATIENT

Gemma Kiraly

SPECIES

Canine

BREED

Dachshund

SEX

Spayed female

AGE

12 years

WEIGHT

16.2 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Kellie Pesola

HOSPITAL NAME

Stuga North VC

REFERRING VET

Dr. Pesola

INVOICE

78353

DATE

6/3/26

PRESENTING CLINICAL SIGNS

History: Started Denamarin in May.
Overall looks good - may be small hyperechoic nodule in liver (single small) but no other abnormalities noted - recommend submitting
Abnormal PE/Chem/CBC/UA Results: Primary concern- Hypercalcemia See attached labs

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended, and the wall of the urinary bladder appears thin and smooth. The urine is anechoic. Normal appearance of the bladder neck and proximal urethra. There are no calculi, and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size. Measurements were not obtained.

The right kidney is normal in shape and size, measuring 4.47×2.76 cm, and the cortical thickness is 0.51 cm in the sagittal plane.

Both kidneys demonstrate cortical echogenicity that is isoechoic relative to the hepatic parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. Mild mineral sediment is present within the renal calyceal recesses bilaterally. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler evaluation demonstrates a normal vascular pattern.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.45 cm at the cranial pole and 0.53 cm at the caudal pole. The right adrenal gland measures 0.59 cm at the cranial pole and 0.48 cm at the caudal pole.

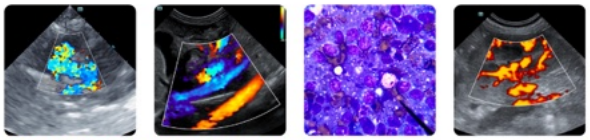
Spleen

Splenic thickness is 1.61 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

The liver is subjectively mildly enlarged, with rounded margins and a regular contour. The hepatic parenchyma is homogeneous and isoechoic relative to the falciform fat, with a normal echotexture. No focal hepatic lesions or hepatic lymphadenopathy are identified.

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



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Gastrointestinal tract

The stomach is empty and folded, with a mural thickness of 2.08 mm and preserved wall layering.

The pylorus measures 6.34 mm. The duodenal wall measures 4.07 mm. The jejunal wall measures 3.21–3.39 mm. Intestinal wall layering is preserved throughout.

No sonographic evidence of gastrointestinal inflammation, ileus, obstruction, or foreign material is identified.

The colonic wall measures 1.12 mm and contains formed fecal material.

Pancreas

The pancreatic parenchyma is mildly hyperechoic relative to the adjacent mesenteric fat. No peripancreatic hyperechoic fat, peripancreatic fluid accumulation, or other evidence of active pancreatitis is identified.

Free Abdomen

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

PRIMARY FINDINGS

- Mild hepatomegaly.

SECONDARY FINDINGS

- Subtle diffuse pancreatic hyperechogenicity.
- Small bilateral mineral sediment/mineralization within the renal calyceal recesses.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mild hepatomegaly is present without evidence of clinically significant focal hepatic disease. In older dogs, this appearance is commonly associated with diffuse hepatocellular change, including vacuolar hepatopathy, nodular hyperplasia, regenerative remodeling, and other chronic metabolic or endocrine hepatopathies. Given the concurrent elevations in ALT and ALP activities, a diffuse hepatocellular disorder is considered more likely than a focal hepatic process. While a discrete hepatic nodule is not confidently identified on the submitted examination, mild hepatic remodeling associated with nodular hyperplasia cannot be entirely excluded.

Mild bilateral mineral sediment is present within the renal calyceal recesses without nephrolithiasis, hydronephrosis, or evidence of obstructive uropathy. In the context of confirmed ionized hypercalcemia, this finding may represent early mineral deposition associated with chronic calcium dysregulation.

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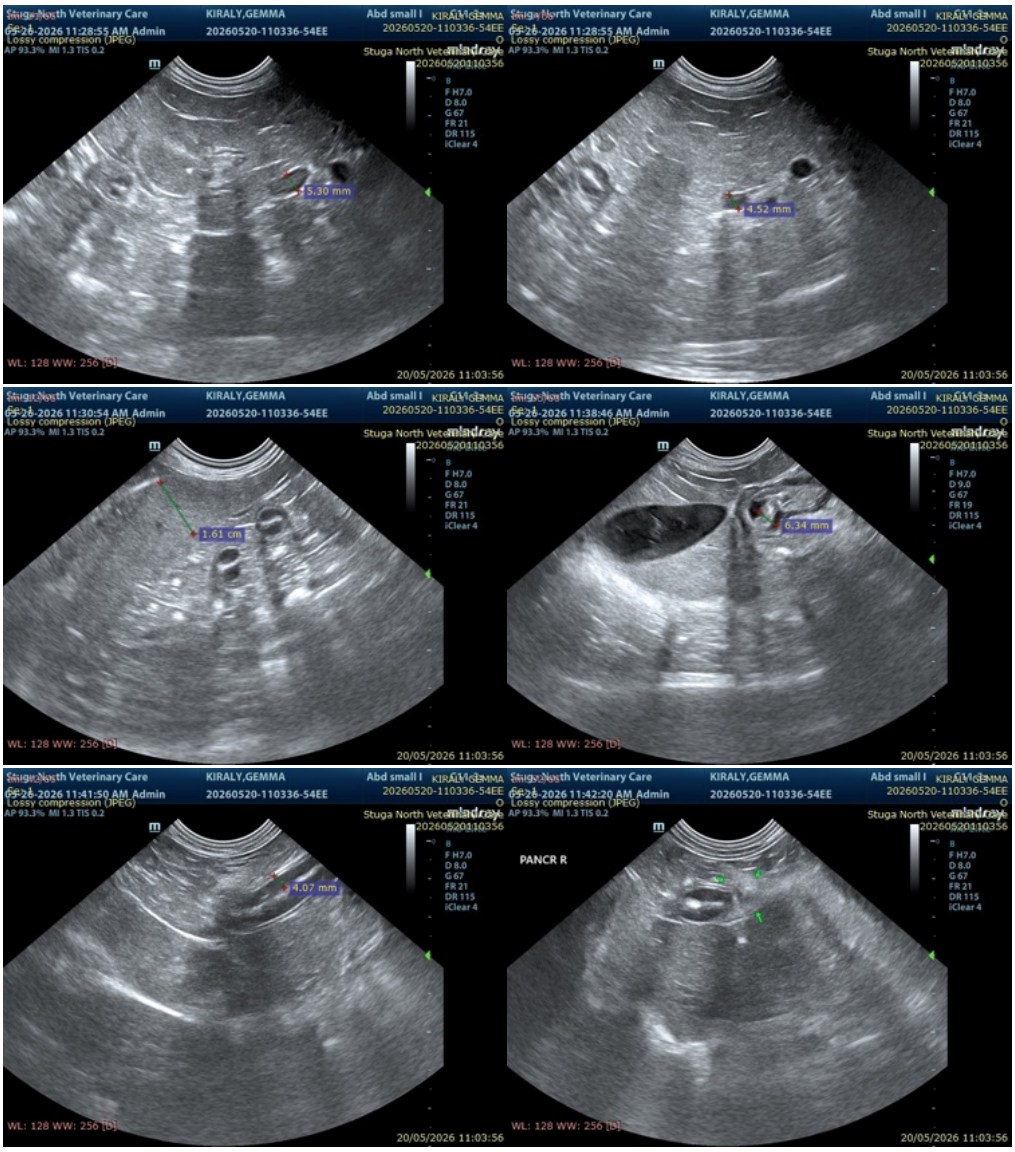
Mild diffuse pancreatic hyperechogenicity is present without evidence of active pancreatitis and may represent age-related fibrotic or fatty change.

Recommendations

- Careful cervical ultrasonographic evaluation of the parathyroid glands may be considered if not already performed, as primary hyperparathyroidism remains a differential diagnosis.
- Periodic monitoring of renal function and urinary tract imaging may be considered given the early renal mineral deposition.
- Continuation of hepatoprotective therapy may be considered at the discretion of the attending veterinarian while monitoring serial liver enzyme activities.
- Serial monitoring of serum calcium concentrations is recommended.



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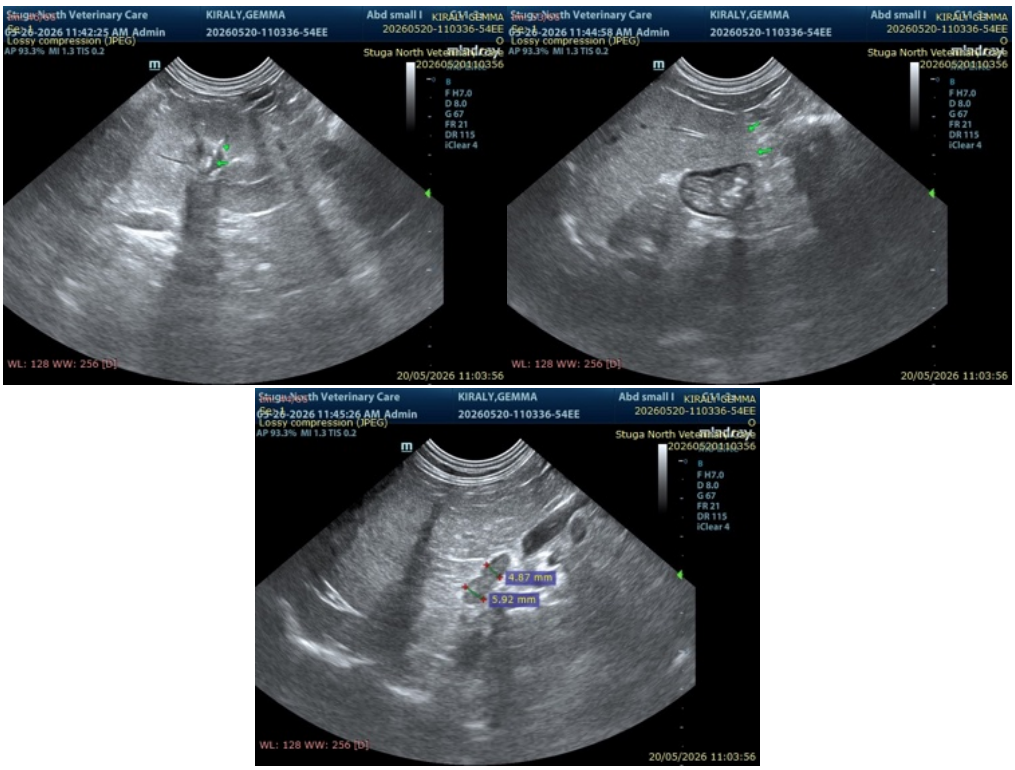

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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