

PATIENT

Daisy Halpin

SPECIES

Canine

BREED

Miniature Dachshund

SEX

Spayed Female

AGE

13 Years

WEIGHT

10.6 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Alpine Animal Hospital

REFERRING VET

Dr. Wolf

INVOICE

72173

DATE

1/13/26

PRESENTING CLINICAL SIGNS

PU/PD (r/o renal disease, metabolic/endocrine (Diabetes Mellitus, hypo/hyperadrenocorticism, hyperthyroidism), UTI/pyelonephritis, hypercalcemia, Diabetes Insipidus, primary polydipsia, other) Fair to guarded prognosis P: Physical exam Recommendations: Discussed the patient's persistent PU/PD - discussed differentials. Recommend BG via glucometer and send out full CBC/Chem - owner approved. Declined by owner: none Vaccines administered: none RX: none Next appointment: pending BW results Dr. Wolf Tech: CEF ABNORMAL Labwork Values Will email. Current Medications None as of this moment, but may be starting Desmopressin Liver Support.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. Left kidney measures 4.83 cm. Right kidney measures 5.45 cm.

Adrenal Glands

Adrenal glands are plump/swollen in size. Normal shape and contour are maintained without evidence of capsular invasion. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. Left measures 0.85 cm at the cranial pole and 0.79 cm at the caudal pole. Right measures 0.92 cm at the cranial pole and 0.67 cm.

Spleen

The spleen is subjectively normal in size (0.79 cm thick at the hilus) with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is mildly heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion

Gallbladder is moderately overdistended with organized, aggregated and centralized non-gravity dependent sludge. Striations of sludge separated by anechoic areas are noted extending from the lumen to the luminal wall. The wall is mildly thick, irregular and hyperechoic. There is no evidence of CBD dilation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no



PATIENT	evidence of obstruction, foreign material or infiltrative disease. If patient was appropriately fasted, delayed gastric emptying could be considered. Non-shadowing foreign material is considered less likely but cannot be definitively ruled out.
Daisy Halpin	
SPECIES	If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.
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BREED	The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta/chyme. There is no evidence of obstruction, foreign material or infiltrative disease.
Miniature Dachshund	
SEX	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
Spayed Female	
AGE	Pancreas The area of the pancreas contains irregular hyperechoic pancreatic remodeling.
13 Years	
WEIGHT	Free Abdomen There is no visible free peritoneal effusion noted in these images.
10.6 lbs	
INTERPRETED BY	PRIMARY FINDINGS
Beth Johnson, DVM DACVIM	<ul style="list-style-type: none"> Bilateral adrenomegaly – In a patient diagnosed with hyperadrenocorticism, this finding is most consistent with adrenal hyperplasia secondary to pituitary dependent hyperadrenocorticism. This finding can also be seen with stress and/or normal patient variant. Interpret in combination with clinical signs of hyperadrenocorticism and/or other adrenal disease. Mildly Heterogenous Liver – These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia. Gallbladder mucocele.
IMAGING PERFORMED BY	SECONDARY FINDINGS
Sara Hansen	<ul style="list-style-type: none"> Age related kidney changes. Hyperechoic pancreas – This finding is suggestive of pancreatic fibrosis, possibly secondary to chronic pancreatitis. A TLI is recommended to rule out exocrine pancreatic insufficiency (EPI), especially if clinical signs (weight loss, diarrhea, etc.) are present.
HOSPITAL NAME	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Alpine Animal Hospital	If not recently evaluated, a general metabolic health screen (CBC, chemistry panel with electrolytes and urinalysis) is recommended.
REFERRING VET	Pending results of above, further workup for hyperadrenocorticism may be indicated, beginning with a low-dose Dexamethasone suppression test.
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A blood pressure is also recommended if not recently evaluated.

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Further recommendations regarding the gallbladder mucocele are dependent on patient's clinical signs, lab work changes, adrenal workup, etc., as in an asymptomatic patient if a diagnosis of hyperadrenocorticism is made and treatment is initiated, some of the gallbladder debris could improve. Empirical hepatic nutraceuticals including Ursodiol, however, are recommended during continued workup and treatment. Improvement does not always occur, however, and progression could develop. Therefore, if patient is clinical i.e., cranial abdominal pain, nausea, decreased appetite, and/or liver enzymes continued to increase, etc., more aggressive intervention of the gallbladder mucocele may be indicated up to and including a cholecystectomy.

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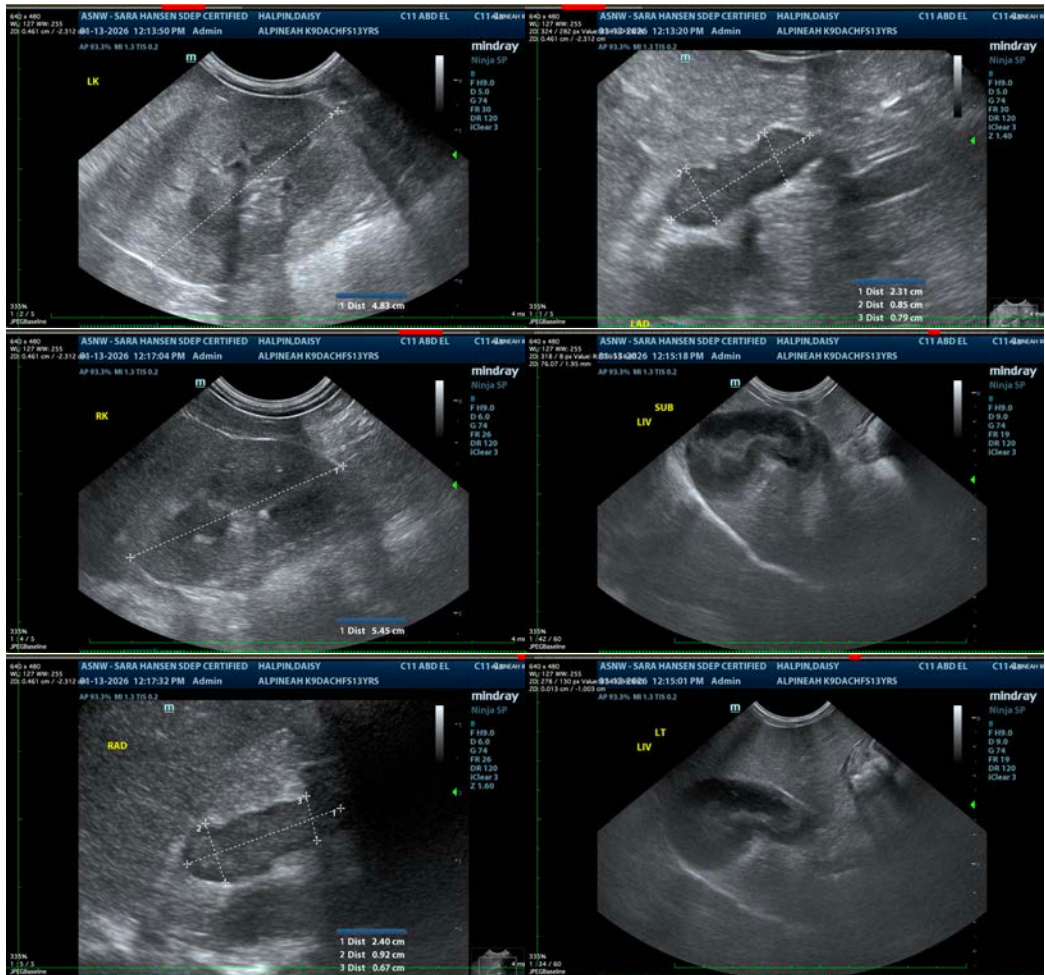
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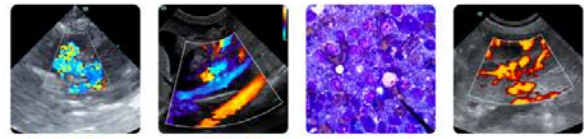
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
info@sonopath.com