



PATIENT

Buffy Olson

SPECIES

Canine

BREED

Dachshund

SEX

FS

AGE

12 years

WEIGHT

9.45 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

**IMAGING
PERFORMED BY**

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Peavine Animal
Hospital

REFERRING VET

Dr. Adrian Gammon

INVOICE

11522

DATE

3/18/2026

PRESENTING CLINICAL SIGNS

- Had some early IVDD a few years ago (dx at UC Davis). Last year ago had an abdominal US 6.3.25 due to elevated liver enzymes (splenic nodule, mottled pancreas, liver nodules). Lately has been having recurrent bladder infections - Klebsiella spp - cleared with neg culture but returning. Last labs show worsening hepatopathy and want to confirm how things are looking, any abnormalities with bladder.
- MEDS- Food: Hill's i/d, Douxo chlorhex wipes for vulva, Carprofen 75mg 1/2 tab daily, trialed Gabapentin but Os didn't note much improvement

Abnormal PE/Chem/CBC/UA Results: vALT 315 (18-121), ALKP 1,023, GGT 97 (0-13) --> in November GGT 39, ALKP 509, ALT 197. LABS attached.

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 4.6 cm, and the right kidney measures 5.79 cm.

Adrenal Glands

Adrenal glands are bilaterally mildly plump in size for a small dog. Normal shape and contour are maintained without evidence of capsular invasion. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. The left adrenal measures 0.89 cm at the cranial pole and 0.62 cm at the caudal pole. The right adrenal measures 0.82 cm at the cranial pole and 0.65 cm at the caudal pole.

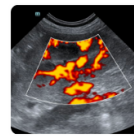
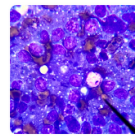
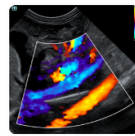
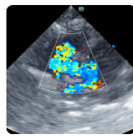
Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). A discrete 0.48 cm in diameter hypo- to anechoic density is noted near the cranial aspect of the spleen. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is moderately 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 distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.



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Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction or foreign material noted.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and irregular in shape with a swollen undulating contour. Enhanced hyperechoic ill-defined surrounding fat is noted. The focal area of enhanced hyperechoic fat is small, and primarily centered around the body of the pancreas just caudal to the stomach.

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

PRIMARY FINDINGS

- Mildly 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.
- Moderately 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.
- Moderate gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.
- Mild acute pancreatitis is suspected. This change however is mild/subtle and should be interpreted in combination with patient's clinical history.

SECONDARY FINDING



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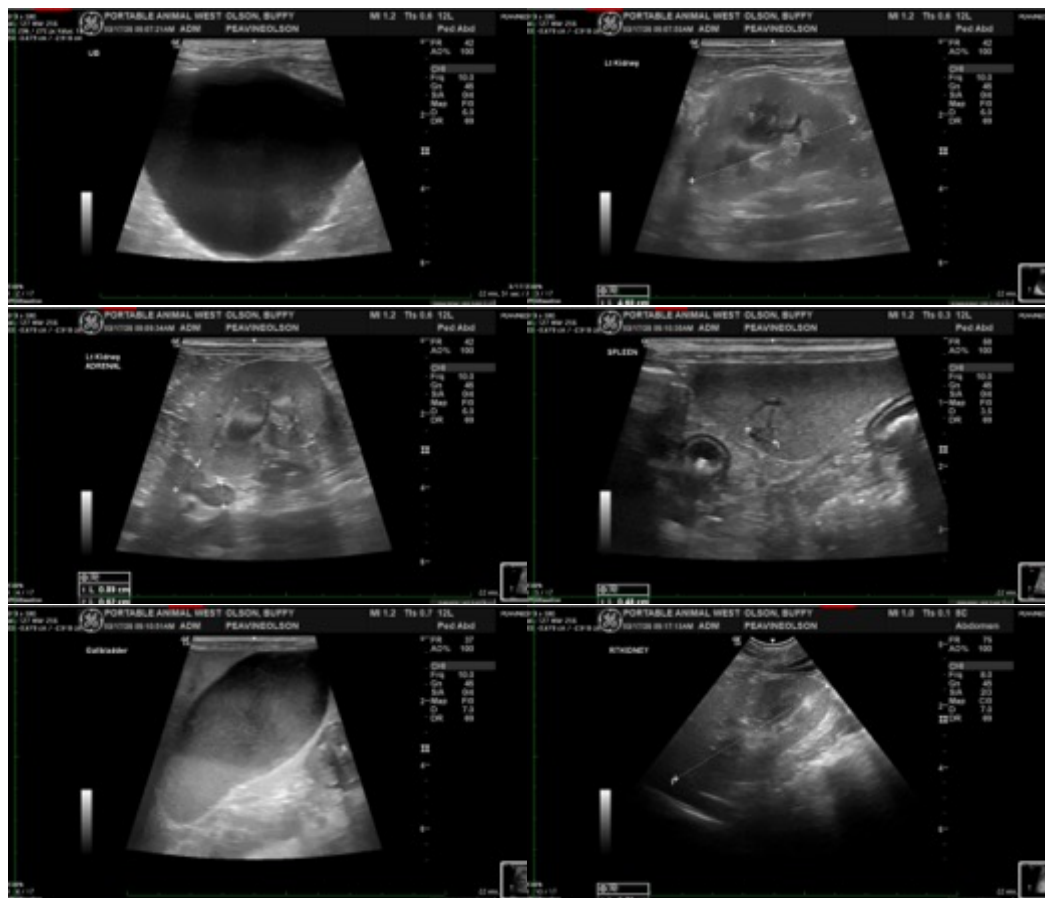
- Hypo to anechoic splenic nodule – likely represents a benign lesion such as a cyst, hematoma, nodular hyperplasia, extramedullary hematopoiesis, etc., however while considered less likely, infiltrative neoplasia can mimic benign lesions, and cannot be ruled out.
- Moderate age related kidney changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given patients reported liver enzyme history and recurrent urinary tract infections, combined with the mild adrenomegaly, if clinical signs are consistent with or suggestive for hyperadrenocorticism, pursuing hormone testing may be indicated in the form of a low dose dexamethasone suppression test. Additionally, if not recently evaluated, a blood pressure is recommended.

In the meantime, given the pancreatic changes, a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

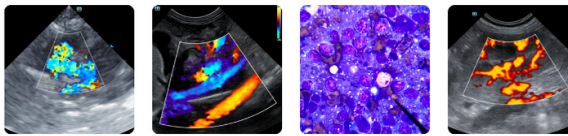
Finally, while the appearance of the liver trends largely toward benign, and is static/unchanged from previous exams, if not recently evaluated, pending results of above workup, sampling via fine needle aspirates could be considered if patient's coagulation status is appropriate.



Imaging performed by



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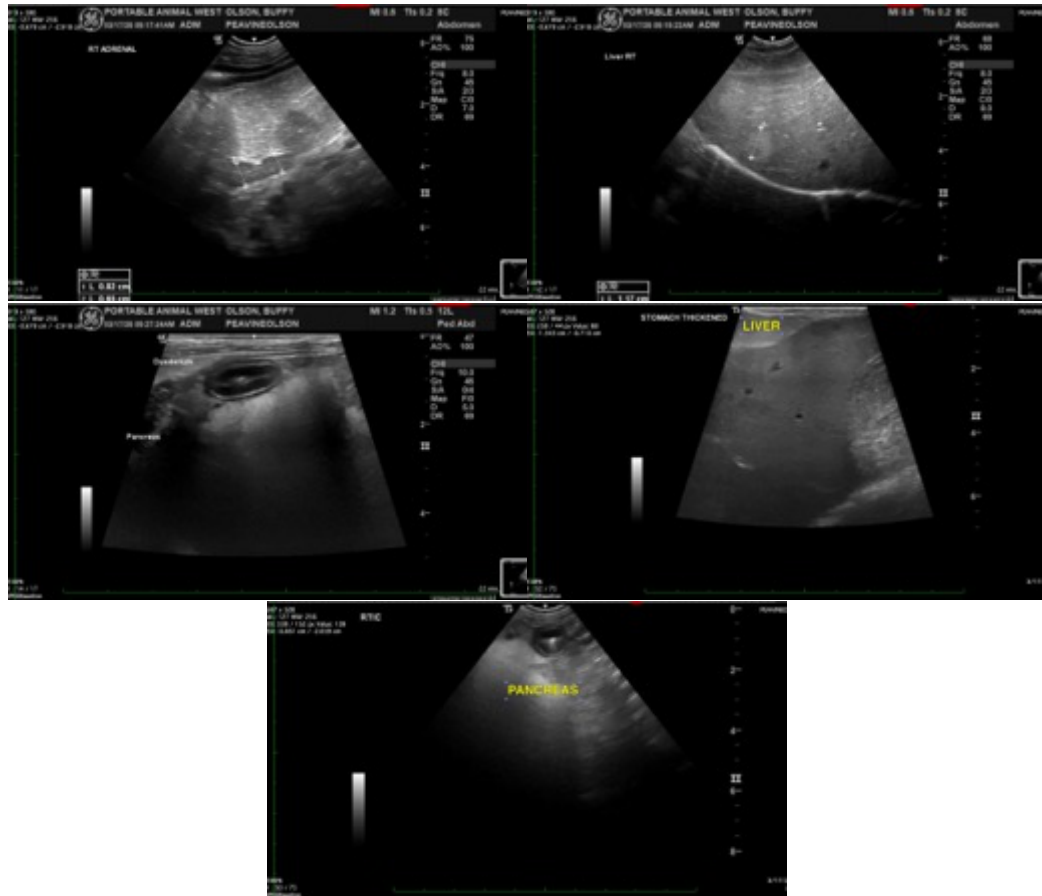
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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