



PATIENT

Buster Dowdall

SPECIES

Canine

BREED

Chihuahua x

SEX

Neutered Male

AGE

12 Years 5 Months

WEIGHT

6.4 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Tenee Trionfetti, VMD

HOSPITAL NAME

Cypress Veterinary
Clinic

REFERRING VET

Laura Johnson, VMD

INVOICE

74744

DATE

4/23/26

PRESENTING CLINICAL SIGNS

AUS to further evaluate elevated liver enzymes, anemia, PU/PD and leaking urine. Pt will also stretch and remain postured after having bowel movements and urinating. Initially presented in March for decreased appetite after the formulation of his urinary dry food changed. Owner has been unsuccessful in getting him to eat the dry RC SO but reports he will still eat his wet SO. Patient has a history of Mast Cell Tumors that had been removed with clean margins at that time. Owner reports he is leaking urine and will then lick his prepuce after leaking urine. BW shows mild non-regen anemia, elevated ALP w/ normal ALT, hyperglycemia, hyperglobulinemia, hyposthenuria. Diet: RC SO

Abnormal PE/Chem/CBC/UA Results: CBC: RBC 4.59 L, Hct 31.4%, Hgb 12.6 L, normocytic, hyperchromic (r/o artifact), non-regenerative, RDW 12 L, Plts 726 H, MPV 14.2 H, plt crit 1.03% H, remainder NSF - Chem: Gluc 198 H, SDMA 10-n, Cr 1.7-n, BUN 32 H, TP 8.3 H, Alb 3.3-n, Glob 5.0 H, ALT 107-n, ALP 1,105 H, remainder NSF - U/A: Sp. Gr. = 1.009, pH = 5.0, + blood, significant non-squamous epithelial cells. - TT4: 1.6-n

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with a mild amount of echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Prostate is normal in size, echotexture and echogenicity for a neutered male.

Kidneys are bilaterally irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. No mineral is observed. Left kidney is normal in size at 4.22 cm with mild pyelectasia measuring 0.36 cm in the transverse view. Right kidney is small-normal measuring 3.91 cm with trace pyelectasia.

Adrenal Glands

The right adrenal gland is normal in size (0.90 cm at cranial pole and 0.63 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.49 cm at cranial pole and 0.55 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

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). Multifocal well-demarcated hyperechoic homogenous nodules are noted. 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



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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.

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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 empty with no evidence of obstruction, foreign material or infiltrative disease.

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

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Pancreas

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

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Free Abdomen

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

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There is no apparent pathologic lymphadenopathy noted in these images.

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ULTRASONOGRAPHIC FINDINGS

- 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 to moderate bilateral chronic kidney disease changes with bilateral mild pyelectasia.
- Mild amount of echogenic urinary bladder debris.
- Hyperechoic splenic nodules – most consistent with benign myelolipomas. Other differentials such as fibrosis or calcification caused by old hematomas or infarcts, chronic inflammation, granulomatous disease or metastatic disease cannot be ruled out, but are considered less likely.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes described above are non-specific and largely subtle and could be in part normal age related variants. Therefore, there is not a definitive ultrasonographically visible intraabdominal explanation for patient's reported urinary signs and/or laboratory abnormalities.

Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

A fine needle aspirate of the liver could be considered if patient's coagulation status is appropriate.

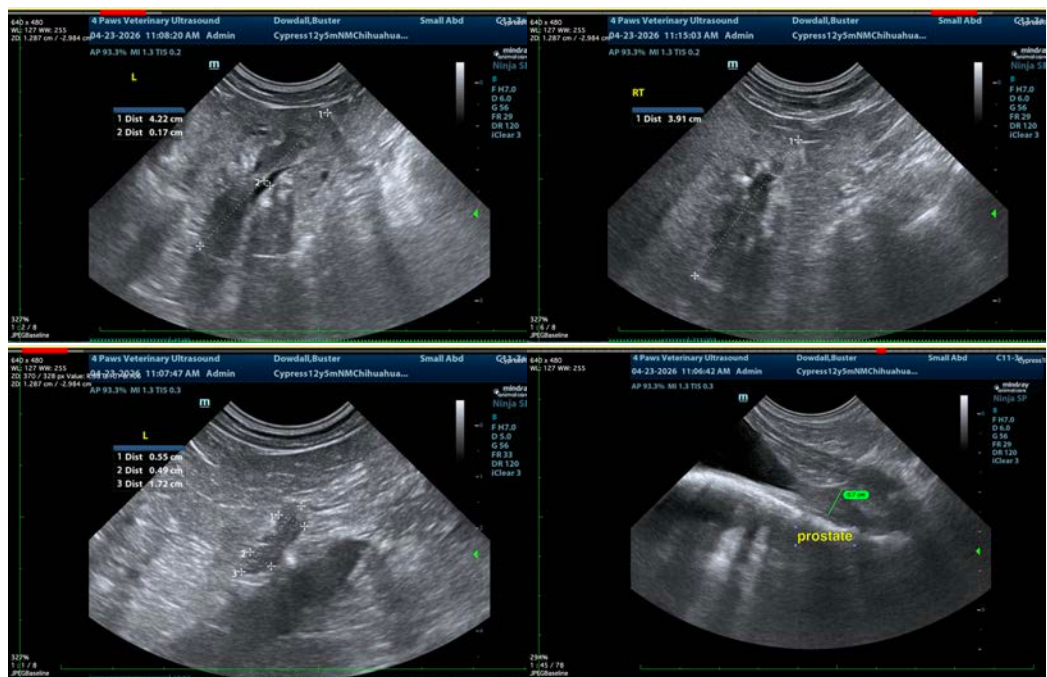
Given the urinary and bowel movement changes, if not recently evaluated, a thorough rectal and perianal exam is recommended.

Further evaluation for possible orthopedic and/or neurologic/spinal pain causes could also be considered.

Ultimately, however, there may be multiple coinciding problems relating to each other or with separate underlying etiologies, and full internal medicine consultation and/or referral may be helpful.

For an additional charge an internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>





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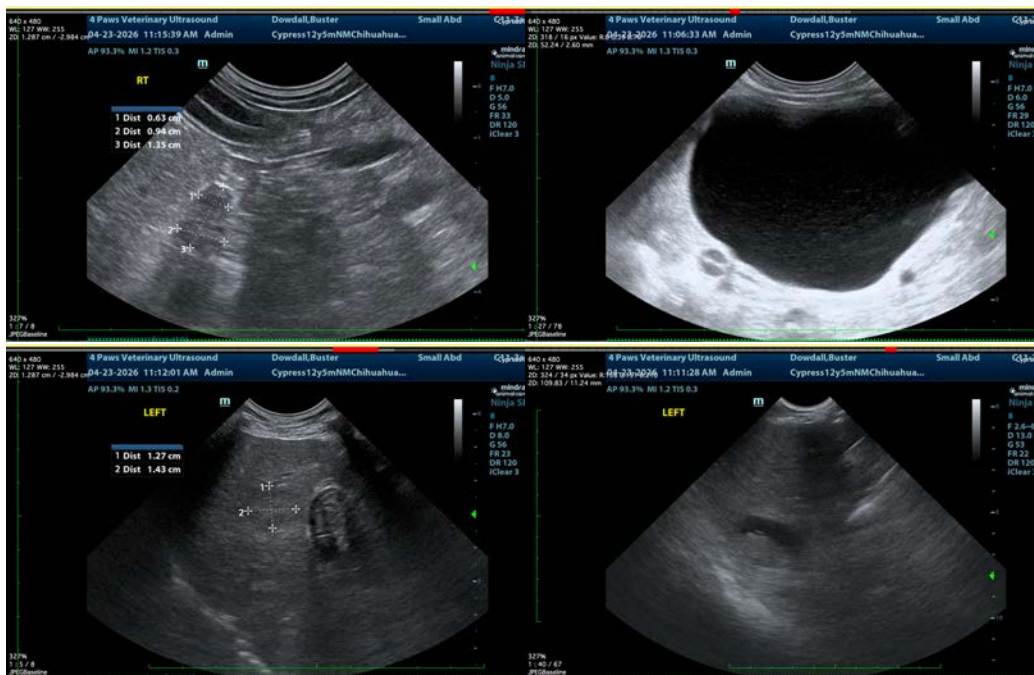
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
info@sonopath.com