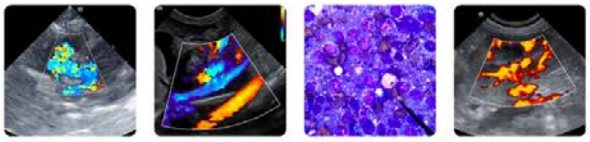


PATIENT

Duchess Francis

SPECIES

Canine

BREED

Dachshund

SEX

Spayed Female

AGE

14 Years

WEIGHT

12 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Jessica Milligan, DVM

HOSPITAL NAME

Dockside Veterinary Imaging

REFERRING VET

Dawn Morgan-Winter, DVM

INVOICE

74783

DATE

4/28/26

PRESENTING CLINICAL SIGNS

Liver and renal enzyme elevation.
Abnormal PE/Chem/CBC/UA Results: No records submitted.

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. No mineral or infarcts observed. Left kidney measured 5.26 cm with trace pyelectasia present. Right kidney measured 4.74 cm. Multiple small cortical cysts are present bilaterally.

Adrenal Glands

Adrenal glands are plump/swollen in size. Normal shape and contour are maintained without evidence of capsular invasion. Some likely age related parenchymal heterogenicity is present. Visible surrounding vasculature appears normal. Left measures 0.83 cm at the cranial pole and 0.72 cm at the caudal pole. The right cranial pole is unable to be well visualized. The caudal pole measures 0.98 cm and contains at least one small anechoic cystic density.

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 mineral foci are noted. Additionally, there are multifocal discrete homogeneous non-capsule disrupting hyperechoic nodules throughout the spleen, consistent with possible myelolipomas. Splenic vasculature appears normal.

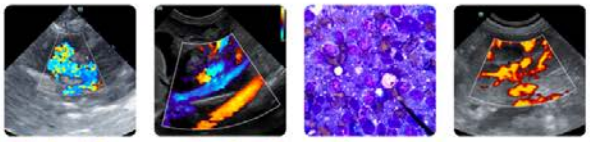
Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is markedly heterogenous characterized by multiple poorly defined hypoechoic nodules and hyperechoic densities/nodules within otherwise hyperechoic liver parenchyma. Additionally in the left liver is an approximately 0.50 cm x 1.0 cm anechoic density/suspect cyst. 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.

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.



PATIENT

Duchess Francis

SPECIES

Canine

BREED

Dachshund

SEX

Spayed Female

AGE

14 Years

WEIGHT

12 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Jessica Milligan, DVM

HOSPITAL NAME

Dockside Veterinary Imaging

REFERRING VET

Dawn Morgan-Winter, DVM

INVOICE

74783

DATE

4/28/26

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.

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 appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

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

- The markedly heterogeneous liver could represent a benign process such as nodular hyperplasia, steroid or vacuolar hepatopathy, extramedullary hematopoiesis, chronic inflammatory disease, etc., although infiltrative neoplasia such as round cell neoplasia, even metastatic neoplasia, other can't be ruled out without tissue sampling.

- 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.

- Spleen mineralization – This is a benign change but can be associated with endocrinopathies, especially hyperadrenocorticism.

- 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.

- Pancreatic age-related remodeling/Chronic pancreatitis – Mild irregularities are consistent with benign age-related change. Low-grade smoldering chronic pancreatitis cannot be ruled out and should be suspected in the face of appropriate clinical signs.

SECONDARY FINDINGS

- Moderate age related kidney changes with trace pyelectasia in the left kidney and multiple bilateral cortical cysts.

PATIENT

Duchess Francis

SPECIES

Canine

BREED

Dachshund

SEX

Spayed Female

AGE

14 Years

WEIGHT

12 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Jessica Milligan, DVM

HOSPITAL NAME

Dockside Veterinary Imaging

REFERRING VET

Dawn Morgan-Winter, DVM

INVOICE

74783

DATE

4/28/26

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

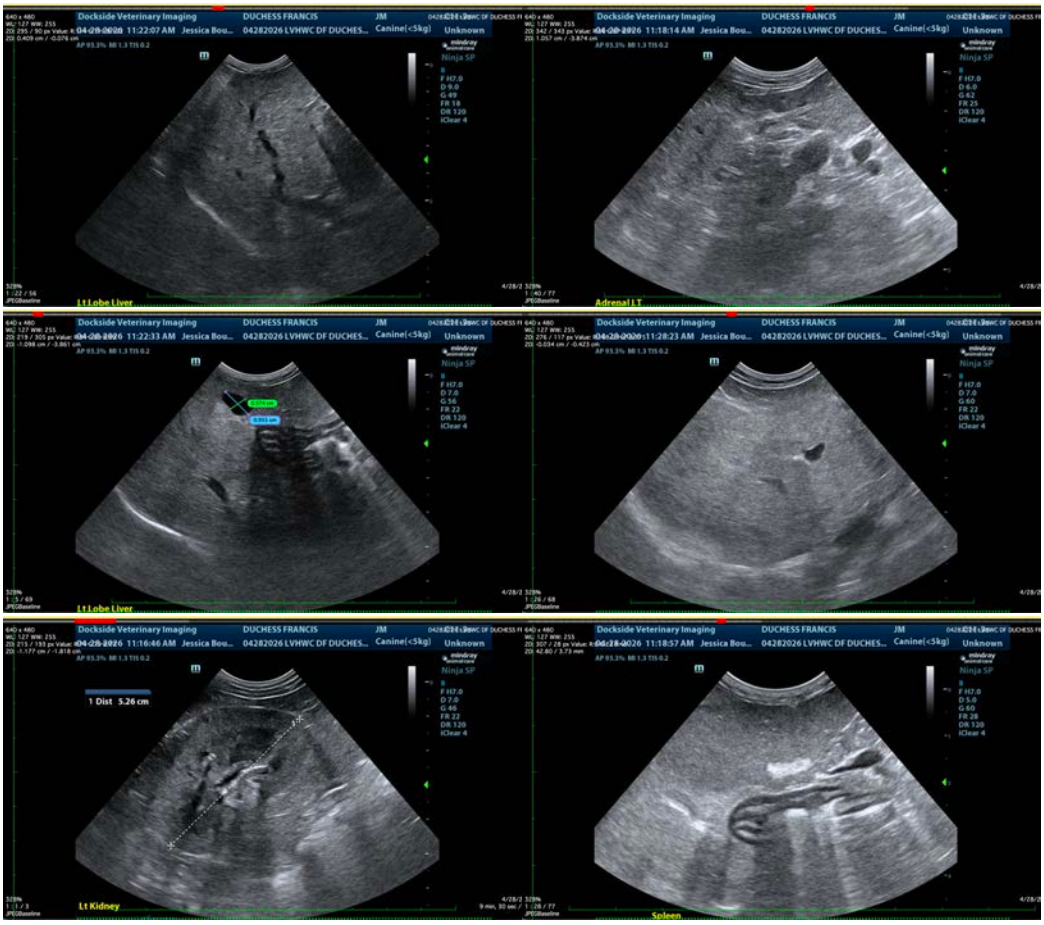
Specific further recommendations depend in large part on the degree of liver enzyme increase as well as the degree of azotemia, as well as the specific pattern of liver enzyme increase such as primarily hepatocellular injury versus cholestatic, etc. Regardless, based on that information combined with the images described above, if not recently evaluated a urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ratio is recommended.

A blood pressure is also recommended.

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.

Fine needle aspirates of the liver are recommended if patient's coagulation status is appropriate.

Ultimately, further adrenal gland evaluation/workup for possible emerging hyperadrenocorticism is largely dependent on whether patient is demonstrating clinical signs.



PATIENT

Duchess Francis

SPECIES

Canine

BREED

Dachshund

SEX

Spayed Female

AGE

14 Years

WEIGHT

12 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Jessica Milligan, DVM

HOSPITAL NAME

Dockside Veterinary Imaging

REFERRING VET

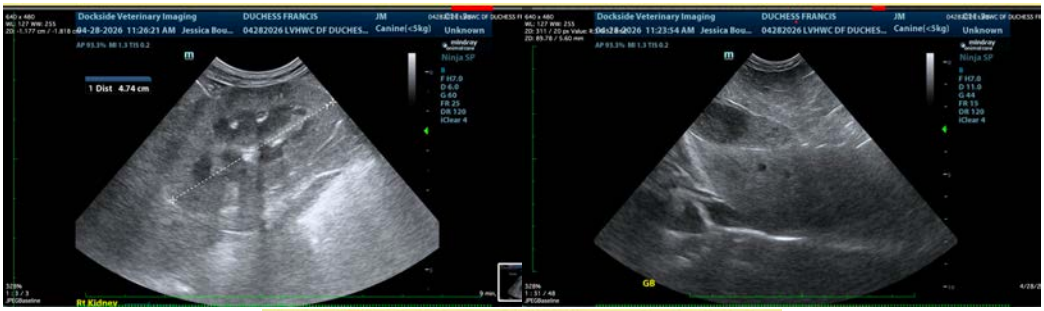
Dawn Morgan-Winter, DVM

INVOICE

74783

DATE

4/28/26



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