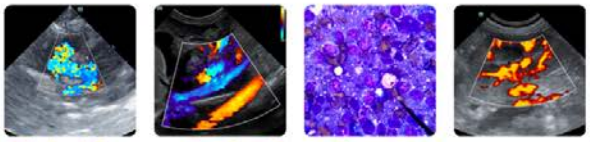


PATIENT

Alice O'Neill

SPECIES

Canine

BREED

Dachshund

SEX

Spayed Female

AGE

8 Years 5 Months

WEIGHT

21.8 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Haley Harasimowicz

HOSPITAL NAME

Waterbury Veterinary Hospital

REFERRING VET

Dr. Becci Farrell

INVOICE

75258

DATE

5/19/26

PRESENTING CLINICAL SIGNS

Progressively increasing ALKP since May 2024, more dramatic in last 6 months (8/25 512, 1/26 991, 4/26 1484). During this time ravenous appetite, continued weight gain, and in the last 4 months, decreased energy, as well as increased thirst and urination, and bouts of excessive panting. The rest of her bloodwork has been mostly unremarkable, but her urine has been dilute with increasing proteinuria (1/26 USG 1.013, UPC 0.4, 4/26 USG 1.011, UPC 0.6). Thyroid WNL 1/26. Hypercalcemia noted 1/26 (Ca 12.6), survey rads noted hepatomegaly and MSU panel WNL. LDDS 2/26 WNL, repeated LDDS 4/26 WNL after a definite increase in panting, PU/PD, and ALKP. Abdominal US recommended.

Abnormal PE/Chem/CBC/UA Results: 5/2024- ALKP 235 1/2025- ALKP 372 8/2025- ALKP 512 1/2026- ALKP 991, Ca 12.6, T4 1.5, FT4 0.9 & 11.6, USG 1.013, UPC 0.4. Survey th and abd rads hepatomegaly, WNL otherwise. MSU hypercalcemia panel WNL, iCa 1.45 2/2026- LDDS cortisol 2.6, 4hr 0.3, 8hr 0.2 4/2026- ALKP 1484, Ca 11.8 high norm, USG 1.011, UPC 0.6 4/2026- LDDS cortisol 1.3, 4hr 0.4, 8hr 0.3

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 infarcts observed. Left kidney measures 4.81 cm. Right kidney measures 5.07 cm. Trace pyelectasia and pinpoint non-obstructive nephroliths are noted bilaterally.

Adrenal Glands

The right adrenal gland is normal in size (0.48 cm at cranial pole and 0.60 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.55 cm at cranial pole and 0.64 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

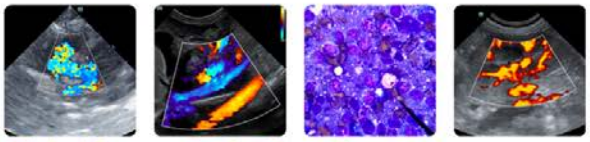
Spleen

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). 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 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 mildly distended with a small to moderate amount of echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The small bowel is largely normal in thickness and layering except for some mildly thick proximal duodenum, measuring (depending on view) between 0.5-0.67 cm thick. 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 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.

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 thick proximal or cranial duodenum – Likely represents a benign process and/or even normal patient variant, although infiltrative disease including infiltrative neoplastic disease, while considered less likely can't be definitively ruled out.
- 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.
- 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.

SECONDARY FINDINGS

- Moderate age related kidney changes with trace bilateral pyelectasia and concurrent non-obstructive mineral densities bilaterally.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations regarding the hypercalcemia are dependent on what a "normal" MSU hypercalcemia panel means, as a normal PTH level in the face of hypercalcemia is actually abnormal. Therefore, further interpretation depends on the exact values combined with the overall picture.

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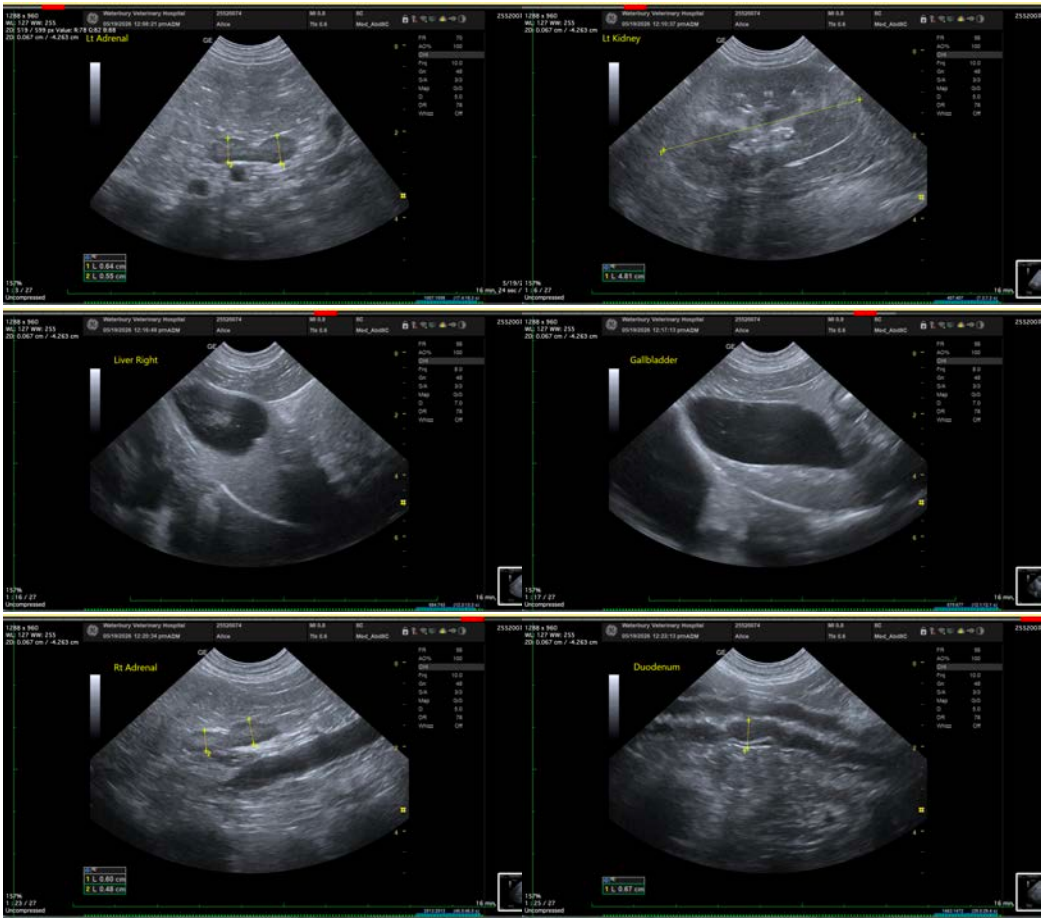
Given patient's reported ravenous appetite, further evaluation of digestion and absorption is recommended in the form of a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory for further evaluation of GI and pancreatic function.

Additionally, a routine fecal/giardia exam is recommended.

Hyperadrenocorticism, given patient's history, laboratory changes, etc. can't be ruled out based on a normal ultrasound but is a challenge in this patient given the reportedly normal hormone testing combined with the potential other problems.

Therefore, full consultation with a veterinary internist and/or referral to one may be helpful and could be considered.



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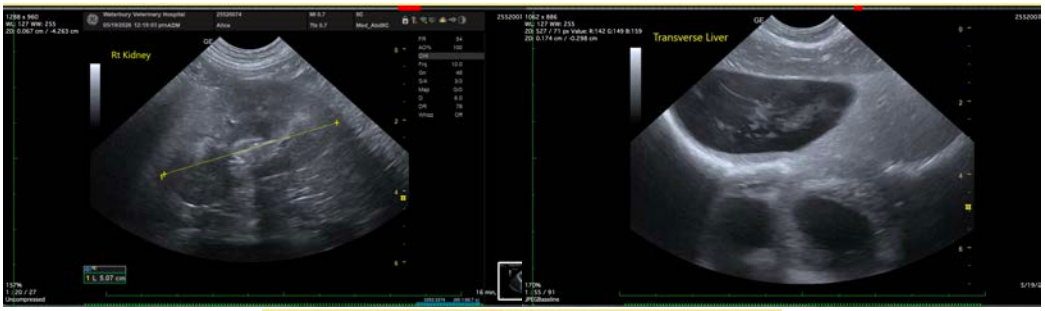

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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