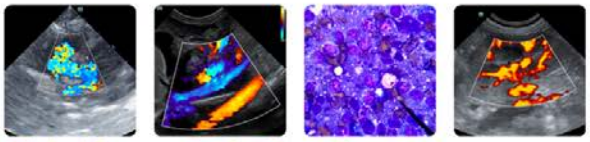


PATIENT

Charlie Bender

SPECIES

Canine

BREED

Dachshund

SEX

Neutered Male

AGE

13 Years 5 Months

WEIGHT

8.8 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Blue Pearl Wyomissing

REFERRING VET

Royersford Veterinary Hospital

INVOICE

75651

DATE

6/3/26

PRESENTING CLINICAL SIGNS

AUS to further evaluate possible pancreatitis (unresolved), constipation, acting uncomfortable, ADR. Has only had 3 bowel movements in 2 weeks (post discharge from hospitalization for pancreatitis) then had soft stool. Today had diarrhea. Vomiting again. O noting mulch in V/D. Pica is new for pt. Decreased appetite. Recently hospitalized on 5/18 for pancreatitis. PHMHx: GI disease- V/D that improved with diet. Discharge meds: Omeprazole, Gabapentin, Metronidazole Ultrasound sedation: Butorphanol 0.4 mg/kg IV + Alfaxalone 2 mg/kg IV. Tolerated well and with good effects.

Abnormal PE/Chem/CBC/UA Results: ER 5/18: qPL: 853 Chem: BUN 38.6 H, Cr 0.7, Phos 5.5 H, normal LES

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is only mildly distended/empty, making assessment of the wall for pathology difficult without further distention. No definitive masses or pathology are noted, but there is a moderate to large amount of echogenic urinary bladder mineral/sand debris and small cystoliths suspected within the pile of mineral settled along the inner wall. No visible evidence of obstruction.

Prostate is normal in size, echotexture and echogenicity for a neutered male, except for an approximately 0.60 cm x 0.70 cm discrete, mildly heterogeneous, largely hyperechoic density/nodule.

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 or infarcts observed. Left kidney measured 5.2 cm. Right kidney measured 5.1 cm. Bilateral pinpoint non-obstructive mineral densities are noted, as are bilateral cortical cysts, the largest of which measures 1.7 cm x 1.4 cm in size in the cranial pole of the right kidney.

Adrenal Glands

The right adrenal gland is normal in size (0.85 cm at cranial pole and 0.43 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

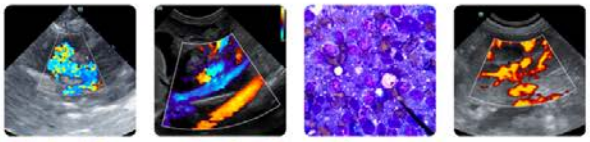
The left adrenal gland is normal in size (0.43 cm at cranial pole and 0.62 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

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 diffusely mildly heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Additionally, in the mid to left caudal liver is an approximately 5.7 cm x 2.9 cm mildly heterogeneous, largely hyperechoic mass. 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. Some mineral/sand debris is suspected without visible evidence of obstruction. 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.

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

Pancreas is prominent (enlarged) in size and mildly irregular in shape with a slightly undulating contour. The left limb is coarse in echotexture and heterogenous to hypoechoic in echogenicity. The right limb has a coarse, more hyperechoic appearance.

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 liver changes, including the focal liver mass could represent a benign process such as nodular hyperplasia, extramedullary hematopoiesis, chronic inflammatory disease, hepatoma/adenoma, other, or infiltrative neoplasia such as a primary hepatocellular carcinoma, round cell neoplasia, even sarcoma or metastatic lesion cannot be ruled out without tissue sampling.

- 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. Some non-visibly obstructive mineral/sand debris is suspected.

- Chronic low-grade smoldering pancreatitis is suspected with possible emerging fibrosis noted primarily in a coarse hyperechoic right limb.

SECONDARY FINDINGS

- The prostatic nodule likely represents a benign chance such as fibrosis, incidental mineral, other, although an emerging neoplastic nodule or mass cannot be ruled out.

- Urinary bladder mineral/sand debris and small cystoliths suspected.

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- Moderate age related kidney changes with bilateral cortical cysts and pinpoint non-obstructive mineral densities.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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. Additionally, submission of urine to look for BRAF gene mutation could be considered, given the prostate changes described above.

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 mass are recommended if patient's coagulation status is appropriate.

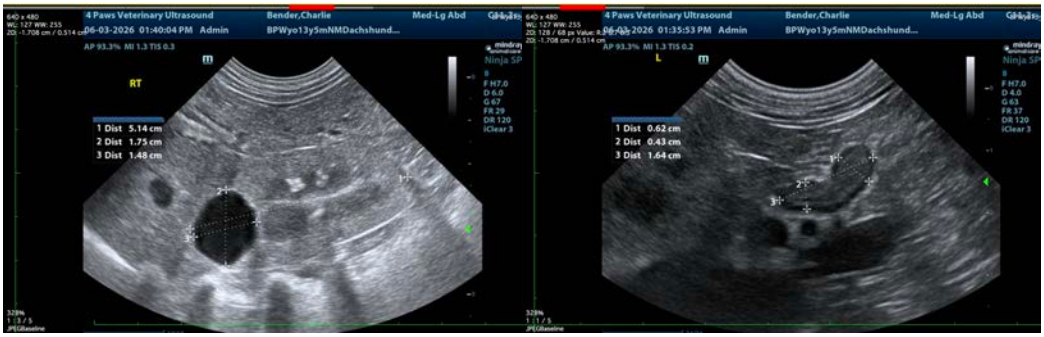
A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

Additionally, given patient's history, a routine fecal/giardia exam is recommended if not recently evaluated.

A fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease. Contact lab for recommendations on how long to discontinue antibiotics (if indicated) prior to obtaining a stool sample for submission.

In the meantime:

- Supportive/symptomatic medical management of clinical signs is recommended, including anti-emetics, gastroprotectants (+/- sucralfate, especially with any history of hematemesis), an appetite stimulant and fluid therapy if indicated, etc.
- Additionally, empirical deworming with a 5-day course of Panacur is recommended.
- A full course of empirical Helicobacter triple therapy could be considerd.
- A probiotic, such a visbiome or proviable, may be helpful.
- Finally, if tolerated, a transition in diet could be considered, based on trial-and-error response with some options to consider including a gastrointestinal biome diet vs a hydrolyzed protein diet (sometimes several trials with different brands are necessary) vs an easy to digest, bland or low-fat diet vs other.



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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