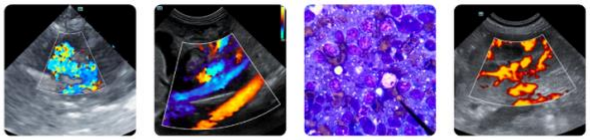

PATIENT

Pimienta Lopez

SPECIES

Canine

BREED

Dachshund

SEX

Spayed Female

AGE

6 Years

WEIGHT

21.7 pounds

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Dr. Gabriel Ferrer DVM

HOSPITAL NAME

Pulse Pet Ultrasound Services

REFERRING VET

Dr. Jose Ramirez

INVOICE

13249

DATE

01/19/26

PRESENTING CLINICAL SIGNS

- Presented as a referral for an abdominal ultrasound to evaluate for possible cranial abdominal mass. Pt presented to rDVM for a Dental cleaning and SQ mass removal. Radiographs were taken and showed a possible mass in the cranial abdomen. Recommended abdominal ultrasound for confirmation and location to explore surgical options. Pt is not clinical and doing well at home and eating well. No vomiting or diarrhea. Pt was fasted for over 20 hrs prior to the u/s study.

BCS: 9/9 Radiographs and Bloodwork attached as supporting documents.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys have a smooth capsule and with mild hazing of corticomedullary definition. No evidence of pelvic dilation was present. The right kidney measured 5.25 cm in length. The left kidney measured 4.84 cm in length.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 1.81 cm in length and 0.36 cm at the cranial pole and 0.41 cm at the caudal pole. The right adrenal gland measured 1.98 cm in length and 0.40 cm at the cranial pole and 0.42 cm at the caudal pole.

Spleen

The spleen was normal with a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma and smooth capsule, with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

Gall bladder is moderately distended with normal wall thickness and partially organized nonshadowing debris. Common bile duct is slightly tortuous and mildly distended along its length with no masses or luminal choleoliths visualized.

Gastrointestinal

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The stomach contains ingesta. It measures at a normal thickness with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis: mucosa layer ratio. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour and parenchyma were normal. No overt evidence of active inflammatory or neoplastic disease was noted.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

ULTRASONOGRAPHIC FINDINGS

- Distended and tortuous cystic and common bile duct with no surrounding inflammation.
- Mild aging renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tortuous common bile duct in the absence of current inflammation is likely an incidental chronic change, likely caused by previous episodes of cholangitis.

There is no mass visualized within the abdomen. Mass effect on abdominal radiographs was likely fluid within the pylorus, creating a mass effect.

Ingesta in the stomach, despite reported 20-hour fast, is unusual. Further GI workup may include GI panel and GI biopsy in the absence of clinical signs. Continue monitoring is not unreasonable.

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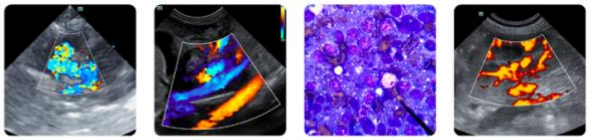

Clinical Sonography & Telecytology
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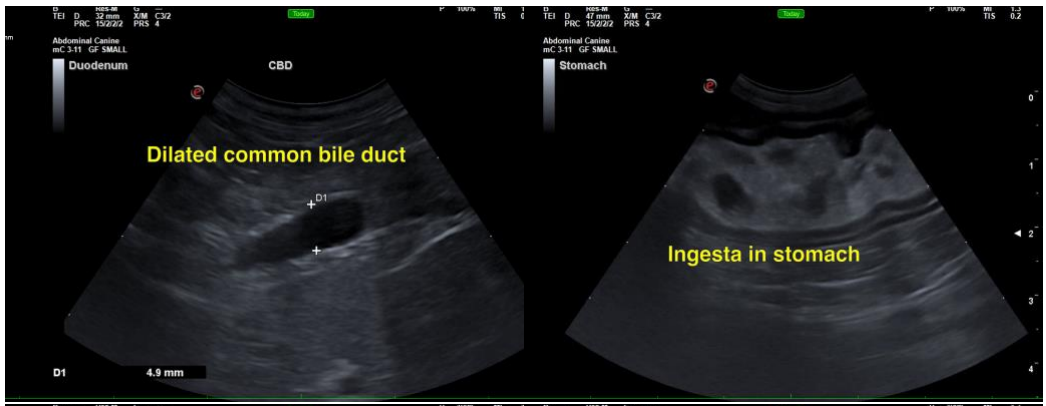

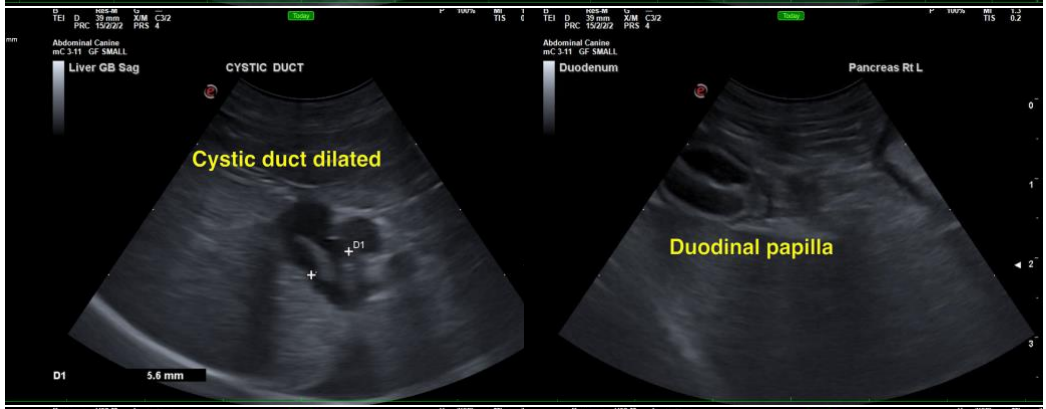

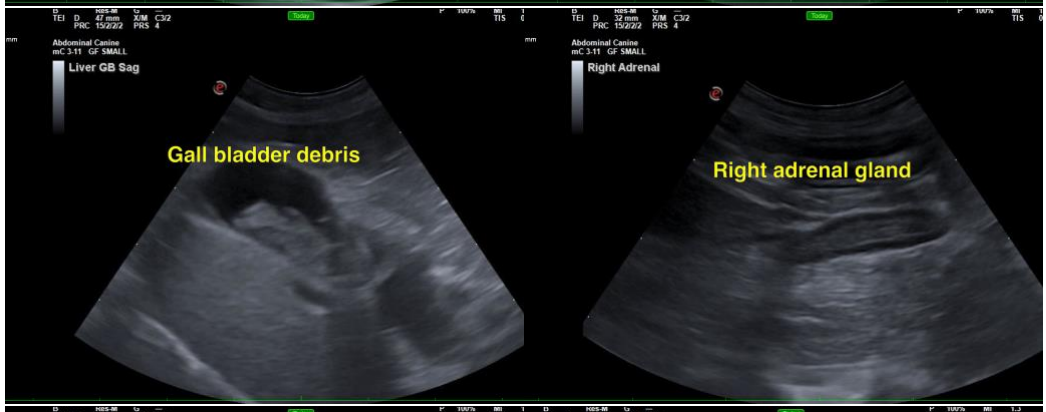

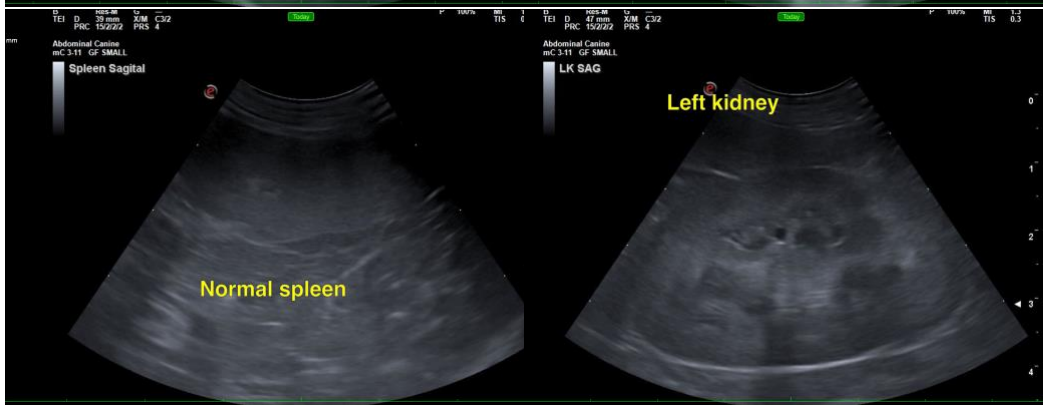

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

info@SonoPath.com