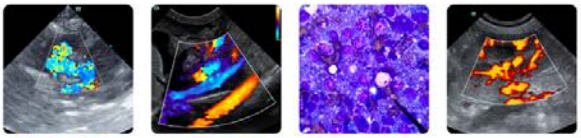

PATIENT

Stella Turner

SPECIES

Canine

BREED

Dachshund

SEX

Spayed Female

AGE

8 Years

WEIGHT

11 lbs

INTERPRETED BY

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS

IMAGING PERFORMED BY

Meghan Morse, LVT, CVT

HOSPITAL NAME

Kingston Animal Hospital

REFERRING VET

Dr. Turner

INVOICE

72698

DATE

12/18/25

PRESENTING CLINICAL SIGNS

Ductal plate malformation, IBD, ascites (low alb), lymphangiectasia Current meds: Lasix, Spironolactone, Dex SP inj, Ursodiol, Clopidogrel, baytril, Metronidazole

Abnormal PE/Chem/CBC/UA Results: TP, ALB, and Glob LOW BUN 36 Bun/Creat ratio 45 Calcium 8.2 U/A: trace protein, blood USG 1.047

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Similar to prior sonogram. Minor microcystic changes noted. Right kidney measured 4.2 cm. Left kidney measured 3.55 cm.

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. Left measured 0.37 cm. Right measured 0.44 cm.

Spleen

The **spleen** presented subtle heterogeneous parenchymal changes. No evidence of significant disease.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented persistent overdistention with striating bile and enhanced surrounding mesentery, consistent with mildly inflamed mucocele. The mucocele appears to have matured compared to the prior sonogram. Trace free fluid noted between liver and diaphragm.

Gastrointestinal

The **stomach** was unremarkable. Some spastic duodenum was noted. Mucosal fogging noted in the small intestine. Colon was empty.

Pancreas

The right **pancreatic** limb was heterogeneous, hypoechoic, and irregular.

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Free Abdomen

Trace amounts of free fluid noted in the abdomen.

Slight pleural effusion noted through the diaphragm.

ULTRASONOGRAPHIC FINDINGS

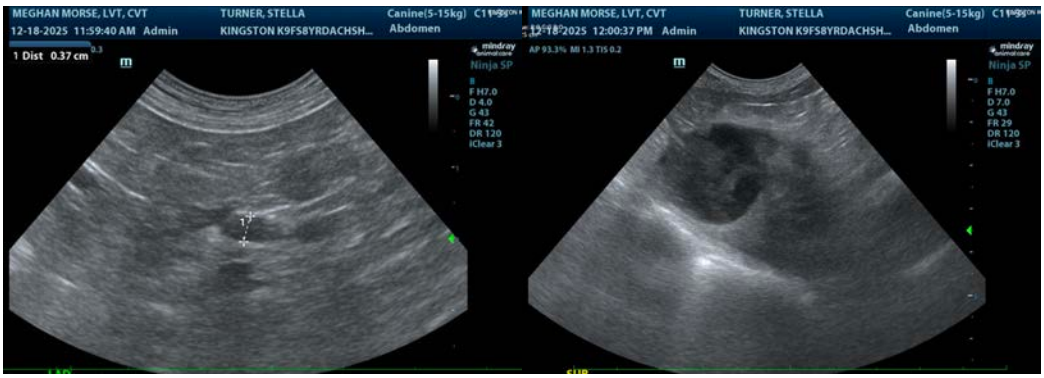
- Persistent lymphangiectasia pattern in the small intestine and some level of pancreatitis or at least pancreatic remodeling, primarily in the right limb.
- Subtle heterogeneous spleen.
- Age related renal and hepatic changes.
- Free abdominal fluid.
- Pleural effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are multiple issues in this patient. Assuming that the albumin level is <1.5, then the persistence of the free fluid is likely owing to poor oncotic pressure. The gallbladder has developed into full mucocele formation. Recommend targeting medical management to reach an albumin level of >2.0 followed by cholecystectomy and GI biopsies, which would be ideal for further management. I cannot rule out the potential of an occult lymphomatosis or similar. Ursodiol therapy should be continued until cholecystectomy can be performed. Gallbladder motility study may be ideal to assess gallbladder dysfunction to support the potential for cholecystectomy if dysfunction is evident.

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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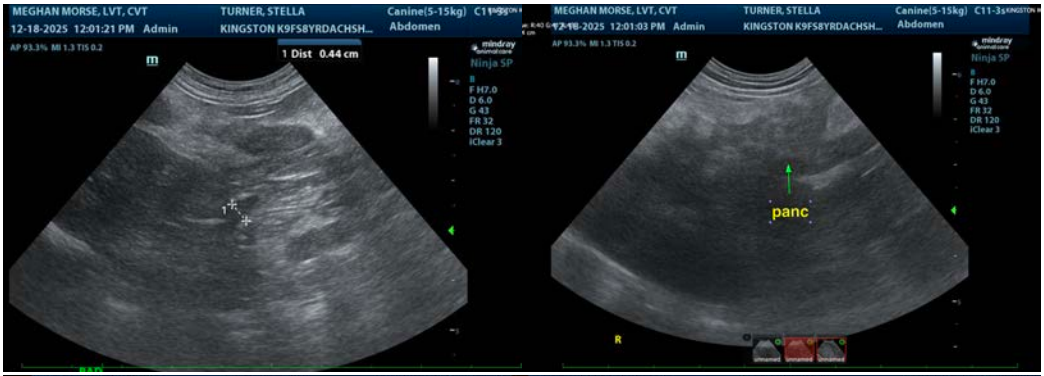
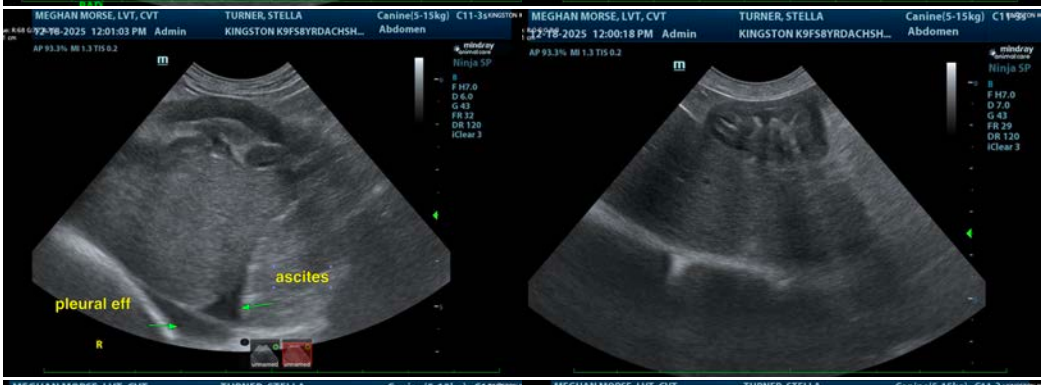
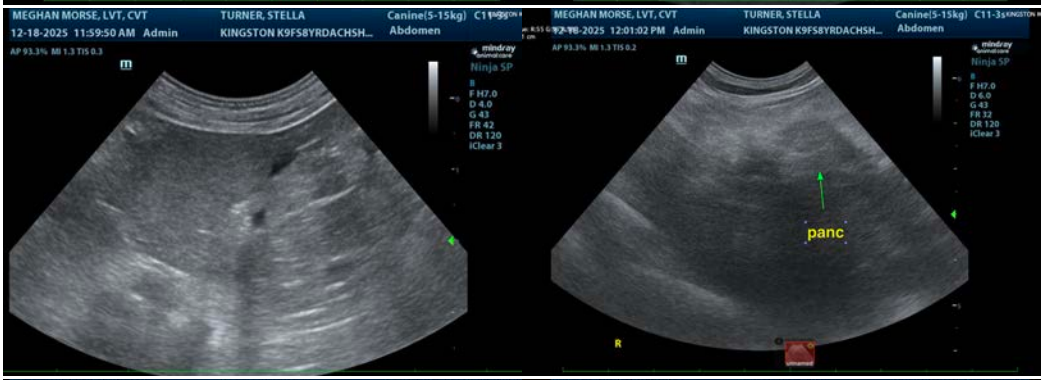
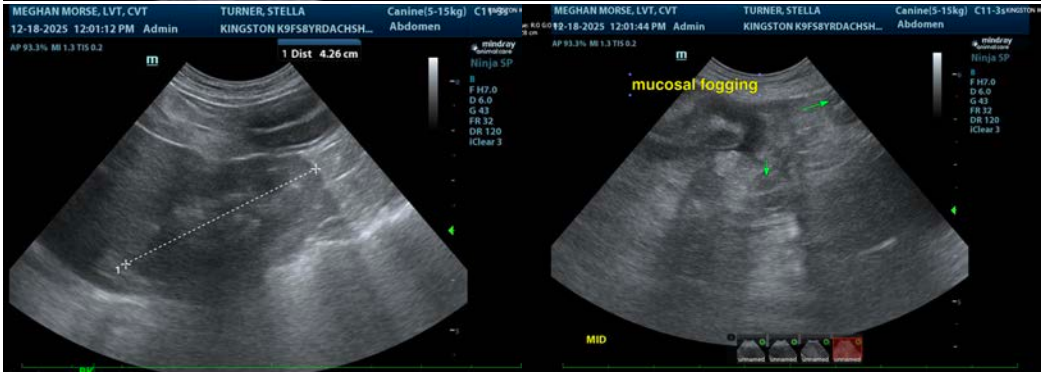
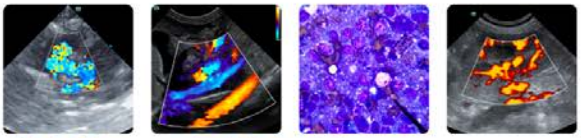








New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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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.

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS,
CEO, Owner, Founder -- SonoPath.com
info@SonoPath.com