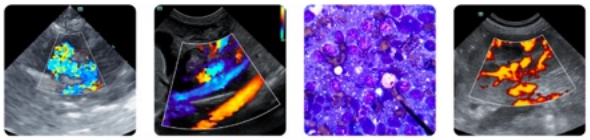

PATIENT

Bella Devil Mantzouratos

SPECIES

Canine

BREED

Dachshund

SEX

Spayed female

AGE

16 years

WEIGHT

15.5 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kathleen Laux

HOSPITAL NAME

Rondout Valley Veterinary Associates

REFERRING VET

Dr. Laux

INVOICE

74653

DATE

4/20/26

PRESENTING CLINICAL SIGNS

History: patient has only been eating well if her owner holds up her food dish
patient ate 5 hours before this US
history of pancreatitis
Abnormal PE/Chem/CBC/UA Results: cPL abnormal

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 was noted. Ureteral papillae were normal.

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.5 cm. The right kidney measured 5.5 cm.

Adrenal Glands

The right **adrenal gland** was uniform and measured 2.13 x 0.92 cm at the cranial pole and 0.95 cm at the caudal pole. The left adrenal gland revealed mild uniform enlargement and measured 1.0 cm at the caudal pole and 0.8 cm at the cranial pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** revealed multi-focal, non-disruptive nodular changes and mild generalized enlargement. This is consistent with vacuolar hepatopathy and nodular hyperplasia. A minor amount of debris was noted without over distension. The gallbladder and common bile duct were unremarkable.

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Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

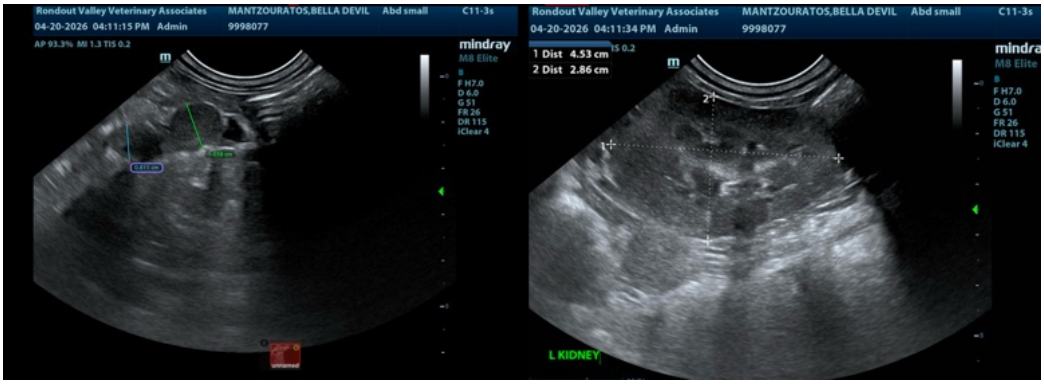
ULTRASONOGRAPHIC FINDINGS

Bilateral adrenal hypertrophy.

Multi-focal nodular hepatic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bile acid profile could be justified. FNA of the liver could be justified. However, subjectively appears benign. The cause of anorexia is unclear in this patient. CNS or pain related disease should be considered. Some level of low grade pancreatitis is possible; however, the changes were minor. If the patient is PU/PD and appears Cushingoid, then work-up for PDH would be appropriate.



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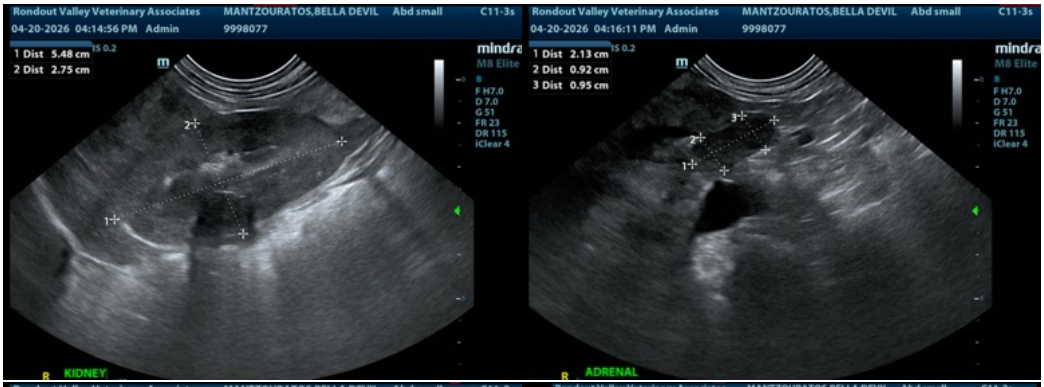
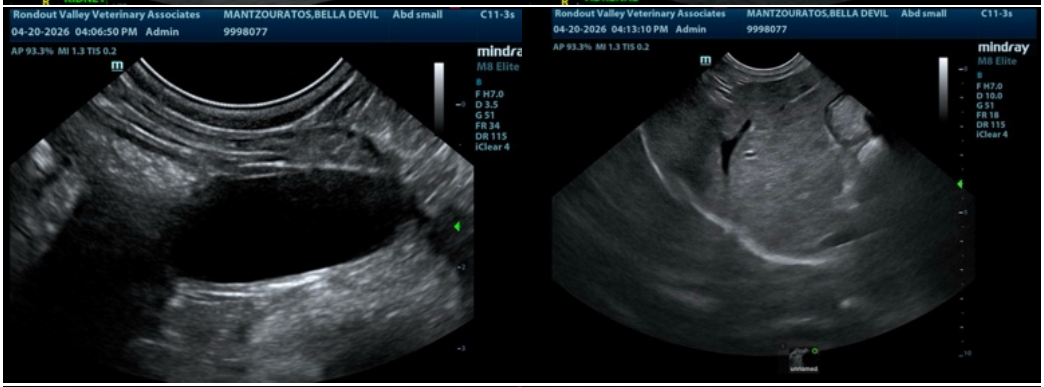
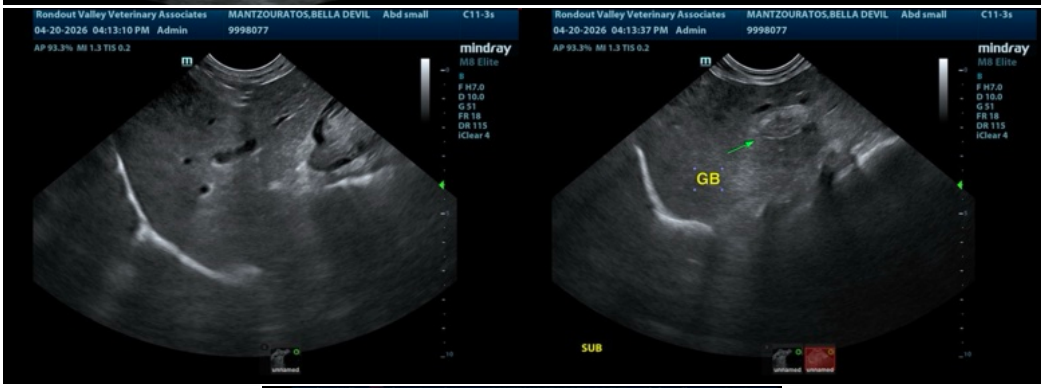
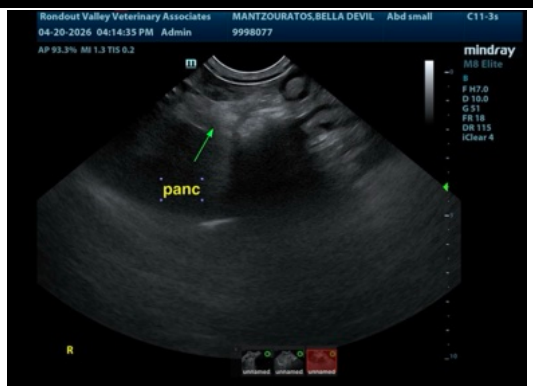
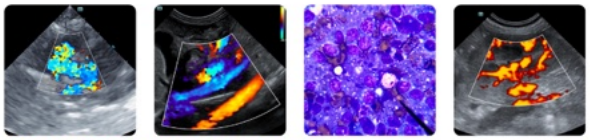








The information and recommendations provided are based on the images presented by the



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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 of SonoPath.com

info@SonoPath.com