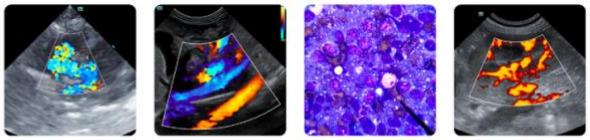

PATIENT

Marley Raley

SPECIES

Canine

BREED

Dachshund

SEX

Spayed Female

AGE

11 Years

WEIGHT

30 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Lauren Hardy

HOSPITAL NAME

Panhandle VS

REFERRING VET

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PRESENTING CLINICAL SIGNS

History: Patient has been treated twice (in 2023 and 2025) for a presumed UTI after being PU/PD. O says P has resolved on antibiotics. CBC in 2025 showed stress leukogram. Chem in 2025 showed hyperglycemia at 166, mild ALT elevation at 203, and mild hypernatremia. P presented on 4/10/26 for extreme PU/PD (no pollakiuria) and polyphagia.

Abnormal PE/Chem/CBC/UA Results: PE showed extreme obesity with BCS 9/9. No other abnormalities noted. UA showed 3+ glucosuria. No WBCs or bacteria. Spot BG was 186. Fructosamine was 150. T4 was 2.3. Did not repeat CBC/chem due to finances. Moved forward with low dose dex suppression test which was not indicative of Cushings (resting cortisol 12.0, post 4hr 0.9, post 8hr 0.6). Since coming on 4/10, O reports P is eating very little and vomiting daily.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Anechoic urine was present. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal. This is a minor change. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction. The iliac trifurcation was unremarkable.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex. The capsules were acceptably uniform without significant irregularities. Slight pyelectasia was noted in the left kidney. The left kidney measured 5.0 cm. The right kidney measured 5.6 cm.

Adrenal Glands

The **left adrenal gland** was slightly swollen at the caudal pole, measuring 0.94 cm at the caudal pole and 0.52 cm at the cranial pole. The left adrenal gland was imaged from both left and right approaches.

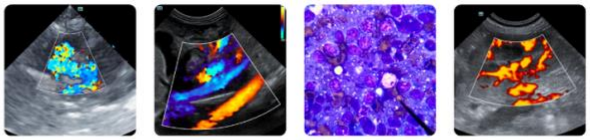
The **right adrenal gland** was visualized obliquely, measuring approximately 6.0 mm.

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 were noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No



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pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident. Portal vein to vena cava ratio was 1:1, no evidence of pathology.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. 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. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Minor renal pyelectasia
- Minor bladder wall thickening
- Slightly swollen left adrenal gland
- Structurally unremarkable abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine culture sensitivity is indicated. FNA of the liver is indicated for further definition, yet given that it's normal in structure, reactive hepatopathy is likely. No evidence of gross disease.

The hepatic clinical sonographic presentation is most consistent with Reactive Hepatopathy which is the most common cause of liver enzyme elevation in dogs and cats. The presumption is that gut and other organ antigen stimuli may be causing a low-grade immune response through portal system with which the liver is reacting to causing low-grade enzyme elevations. US-guided FNA could be performed to assess if low grade lymphoplasmacytic inflammation is present that would support this theory. If FNA is performed, please ask the cytologist to emphasize the primary inflammatory cell type. Empirical treatment measures to address this issue can include diet change to hydrolyzed diet, probiotics, deworming, neutraceuticals (SAM-e, ACTigall…), dental exam and cleaning, and potentially antibiotics such as Clavamox. Metronidazole and Tylosin have traditionally been utilized for this purpose, but new studies show that both these antibiotics can disrupt the normal intestinal bacterial flora (intestinal dysbiosis) for weeks and up to 4-6 months. Therefore, Metronidazole and Tylosin should be utilized as a last resort if other efforts have not been effective and sonographic organ appearance remains benign.

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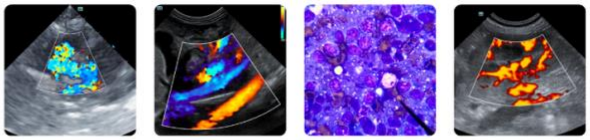

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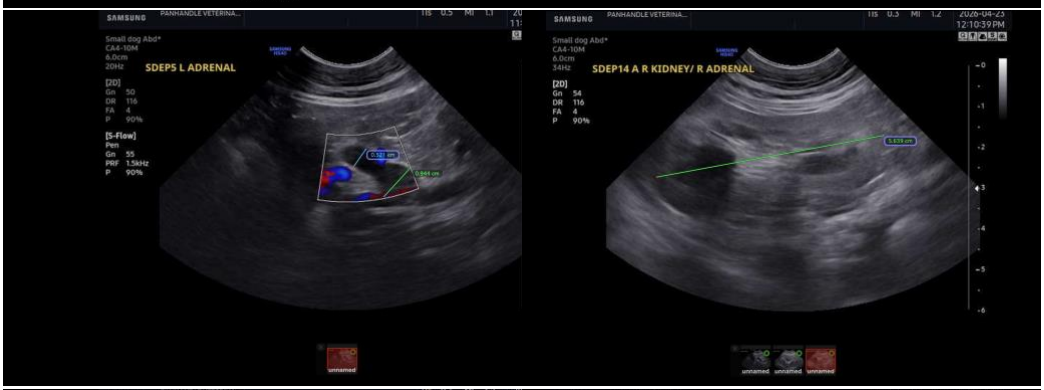

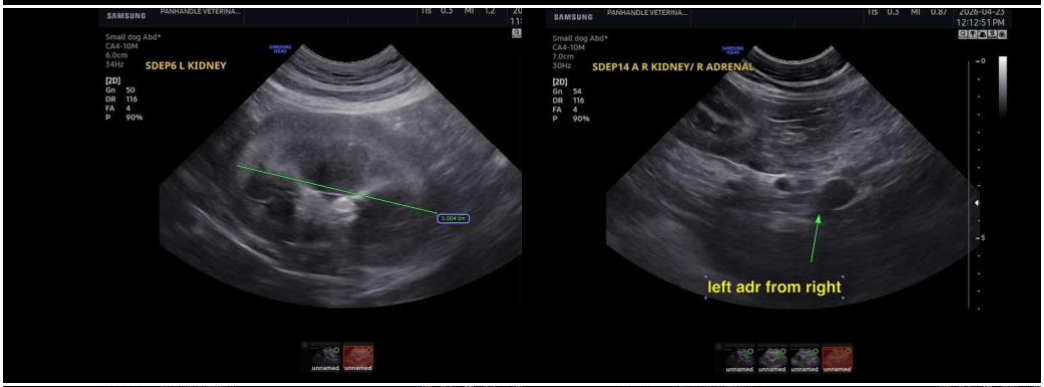

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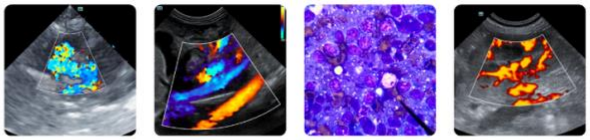

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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