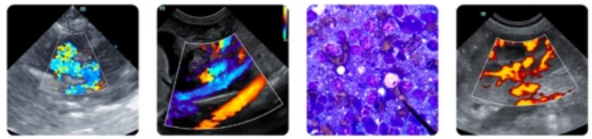


PATIENT

Ellie Mullins

SPECIES

Canine

BREED

Dachshund

SEX

Spayed female

AGE

15 years

WEIGHT

14.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Chelsea Pastor

HOSPITAL NAME

Fredon AH

REFERRING VET

Dr. Grau

INVOICE

78415

DATE

6/8/26

PRESENTING CLINICAL SIGNS

History: Recheck ultrasound, had pancreatitis back in January, pancreatic cyst then. Some vomiting, in appetence
Is on cerenia, omeprazole, mirtazapine, prednisone, metronidazole
CBC: WBC 33.69 plt 778 pct 0.82% CHEM: alp 1853 pancreatic lipase 158

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. Slight cortical infarct was noted at the caudal pole of the left kidney. Pinpoint mineralization was noted and measured 0.2 cm. The left kidney measured 3.8 cm. The right kidney measured 4.5 cm.

Adrenal Glands

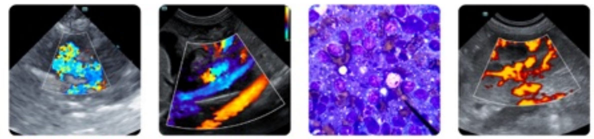
The **left adrenal gland** was heterogenous and enlarged measuring 0.9 cm at the cranial pole and 0.9 cm at the caudal pole. The right adrenal gland was visualized obliquely and measured 1.1 cm.

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** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. Minor gallbladder calculi were noted. Grouping of which measured 1.2 cm. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. Non-disruptive nodular changes were noted in the liver as well. This is consistent with vacuolar



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hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

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. 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

Diffuse hepatic remodeling and moderate generalized hepatomegaly. Nodular hyperplasia, vacuolar hepatopathy liver pattern with excessive gallbladder sand.

Bilateral adrenal hypertrophy.

Chronic pancreatic remodeling, yet no evidence significant disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt pancreatic cysts were noted. Therefore, the prior cysts have likely resolved. If the urine specific gravity is less than 1.020, then underlying PDH is a potential.

Ursodiol therapy and bile acid profile is indicated.

Medical management for dietary indiscretion, dietary intolerance and occult parasitism should all be considered.

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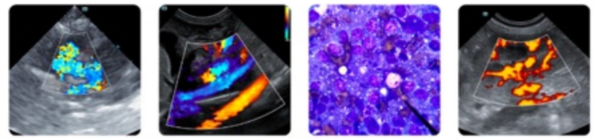

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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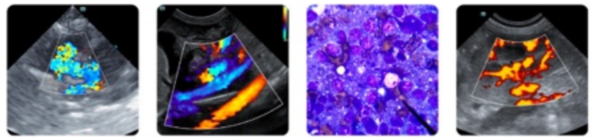

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 of SonoPath.com

info@SonoPath.com