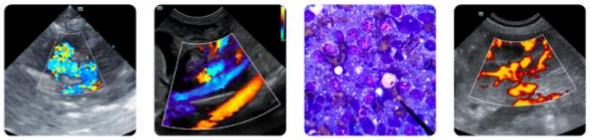


PATIENT

Dillon Lovekin

SPECIES

Canine

BREED

Dachshund

SEX

Neutered Male

AGE

14 Years 3 Months

WEIGHT

11.1 kg

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Renee Trionfetti VMD

HOSPITAL NAME

Brandywine Valley Veterinary Hospital

REFERRING VET

Dr. Courtney Mooney VMD

INVOICE

14745

DATE

03/30/26

PRESENTING CLINICAL SIGNS

- AUS to further evaluate possible cranial organomegaly vs overweight BCS, progressively elevated ALP, potbellied appearance, nRBC on CBC (not anemic), proteinuria, 1+ fine granular casts on UA. O reports occasional diarrhea at home that is self resolving (eats rabit feces). PMH: Stage B1 chronic degen valva dz (grade 2/6 HM), IVDD. (Ddx: nRBC- r/o breed related (Dachshund) vs begin, EMH, vs Cushing's vs neoplasia, vs other)
- Meds: Pregabalin 25mg: 1 cap PO BID, Galliprant 20mg: 1 tab PO SID, Denamarin Advanced sm/md: 1/2 tab PO SID
- Diet: Royal Canin S/O Dry

CBC: Hct 51.9 %, normocytic, normochromic, nRBC 18/ 100 wbc H (0-2), Retic-Hgb 23.7- mild L (23.8-28.3), plts 463 H. - Blood smear review: Mild plt clumping, No parasites seen, No WBC morphology abnormalities seen - Chem: Alb 3.4-n, ALP 1827 H (prev 1300), ALT 96-n, BUN 11, Cr 0.7-n, SDMA 10-n, Chol 391 H - T4: 1.6-n - UPC 1.6 - proteinuric - UA: USG 1.030, 1+ fine granular casts (1-2/hpf), Pro 3+, pH 5.0, remainder NSF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with anechoic urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 5.0 cm in length.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 5.1 cm in length.

Adrenal Glands

The left adrenal gland was slightly enlarged for a patient of this body weight. The cranial pole measures 6.4 mm and the caudal pole measures 7.6 mm.

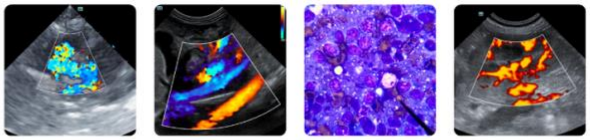
The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 6.5 and the caudal pole measures 4.8 mm. The right adrenal gland was at the upper limits of normal for the size at the cranial pole.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen. Normal blood flow was evident.

Liver

Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. No focal



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lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion. In the left caudal liver, there is a 3 cm x 2.1 cm hyperechoic, ill-defined, mildly capsule-displacing mass present.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

The stomach and intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Enlarged left adrenal gland.
- Hepatomegaly with ill-defined hepatic mass.
- Mild gallbladder debris.
- Pancreatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given that the patient has either mildly enlarged left adrenal gland and a right adrenal gland that has a cranial pole that is at the upper end of normal for size, it is recommended to screen the patient for possible hyperadrenocorticism. Recommend urine cortisol to creatinine ratio. If ratio is normal, then hyperadrenocorticism is ruled out. If UCCR is elevated, then recommend low dose dexamethasone suppression test. Patient's elevated alkaline phosphatase may be due to endocrine disease such as hyperadrenocorticism.

Recommend fine needle aspirate of the hepatic mass to determine etiology. Differentials include primary hepatobiliary neoplasia, such as hepatocellular carcinoma versus cholangiocystadenoma. Less likely infiltrative round cell neoplasia, lymphoma versus mast cell, and less likely metastatic neoplasia. If fine needle aspirate is inconclusive as to the etiology of the mass lesion, consider CT scan of abdomen as presurgical planning for liver mass resection. Submit liver mass for histopathology. The enlarged hyperechoic liver is most likely due to benign vacuolar hepatopathy, possibly due to endocrine disease such as hyperadrenocorticism or other endocrine diseases such as hypertriglyceridemia or possible hypothyroidism. Other differentials for cause of benign vacuolar hepatopathy would potentially be occult pancreatic or occult gastrointestinal disease. If hyperadrenocorticism is rulled out, recommend testing for other metabolic, pancreatic, and GI diseases. If liver mass is surgically resected and submitted for histopathology, recommend obtaining liver biopsy at same procedure.

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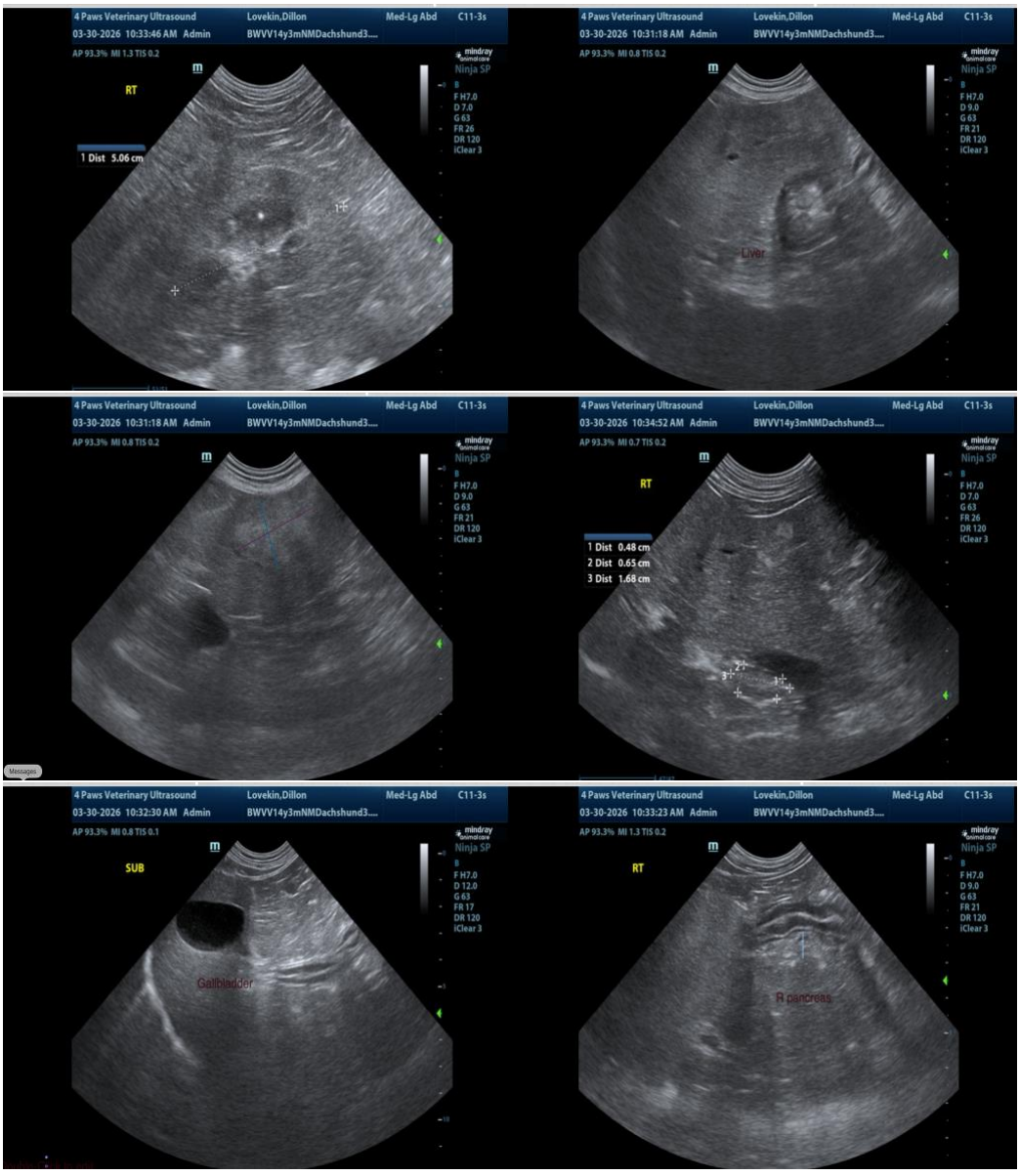
Most likely pancreatic change is not significant. Consider submitting cPLI to rule out clinically significant pancreatic disease.

Reviewing lab work, the patient's hematocrit rate is 51.9%, which is most likely a normal breed variation for a Dachshund. No cause for the elevated nucleated red blood cell count is seen.

Prognosis is open, pending further diagnostics.



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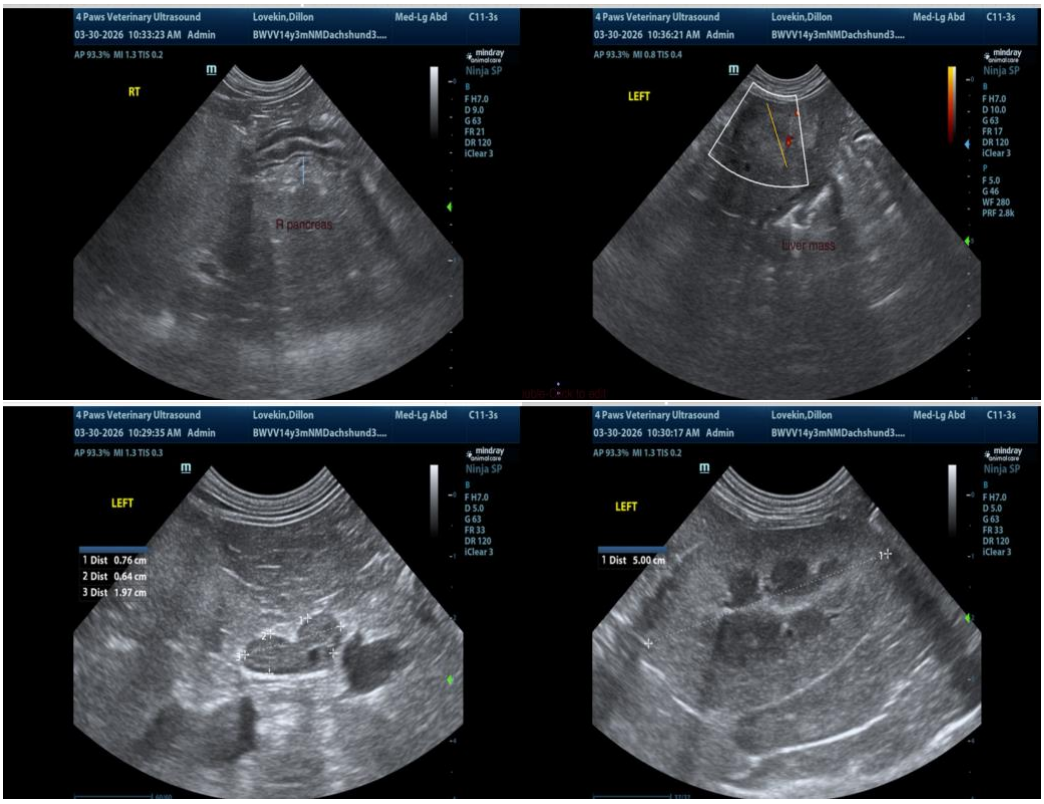

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Greg Kuhlman, DVM, DACVIM (SAIM)
Veterinary Internal Medicine Specialist
info@SonoPath.com