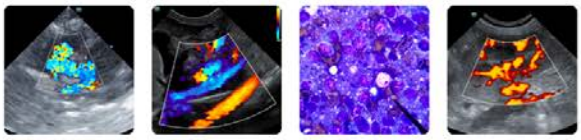


DATE

1/29/26

PATIENT

Betsy Ross Appleman

SPECIES

Canine

BREED

Mini Dachshund x

SEX

Spayed Female

AGE

9/23/15

WEIGHT

20.8 lbs

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

HOSPITAL NAME

Dockside Veterinary Imaging

REFERRING VET

Dr. Tierney

INVOICE

72587

PRESENTING CLINICAL SIGNS

Patient History: Came in for BiAnnual in Early December, labs have been showing increasing trends in ALT urine not concentrating, persistent proteinuria Also having gradual weight loss

Current Medications: Gabapentin and Trazodone for vet visits
Labwork Results: Labwork attached, reported as: 12/16/25- CBC shows persistent mild leukopenia (3.6), otherwise NSF. CHM- ALT 222 incr (was 139 incr), GGTP 27 incr (was 2 WNL), All else WNL. 12-05-25 at 3:49p: *CBC* NSF *Chemistry* ALT: 139 (was 93), CPK: 1043 (elevated, was 159). Likely secondary to stress and traumatic venipuncture. Dog is very nervous at the vet's. All else WNL.. T4: 1.3 WNL *Urinalysis (UA)* USG: 1.016 (not concentrated), pH: 6.5, Protein: Trace. May or may not be significant with a USG of 1.016. Sediment: 2-3 RBC/hpf. Otherwise benign. Urine is not concentrated (USG 1.016) and has trace protein.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed by: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (5.05 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.69 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.57 cm at the cranial pole and 0.47 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.53 cm at the cranial pole and 0.51 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (1.93 cm in width at the level of the hilus). The spleen echotexture is mildly mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a subtle, poorly defined, hypoechoic nodule visualized in the parenchyma measuring 0.99 cm x 0.66 cm.

Liver
The liver is normal to borderline small in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is mildly heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal
The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measures 0.33 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas
The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen
Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

Other
The right auricle and pericardium were visualized and were unremarkable. No obvious pathology is visualized. If cardiac function evaluation is desired a full echocardiogram is warranted.

ULTRASONOGRAPHIC FINDINGS

- Mildly mottled spleen with a poorly defined hypoechoic nodule – There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

- Normal/borderline small, mildly heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

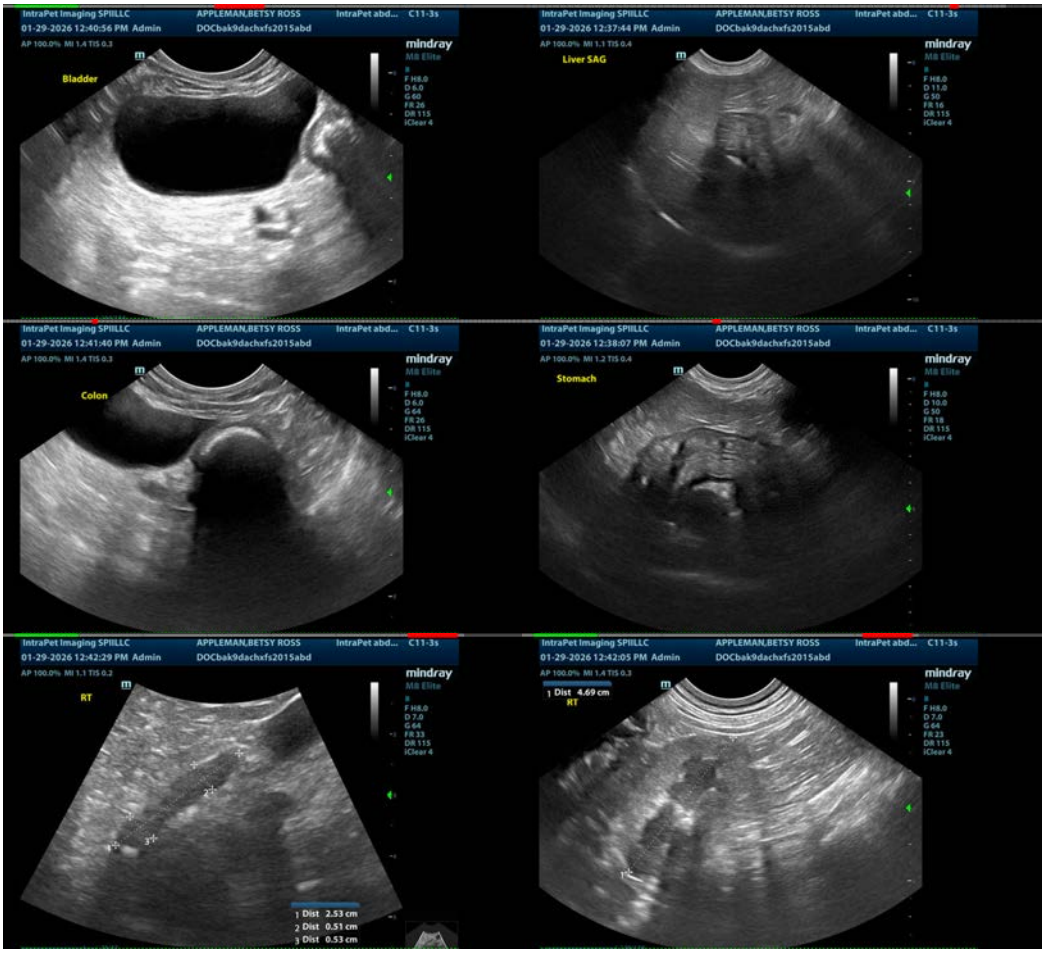
The changes observed on today's scan are relatively mild. No focal lesions are visualized associated with the liver to explain the elevation in ALT reported. Consider the following for further evaluation:

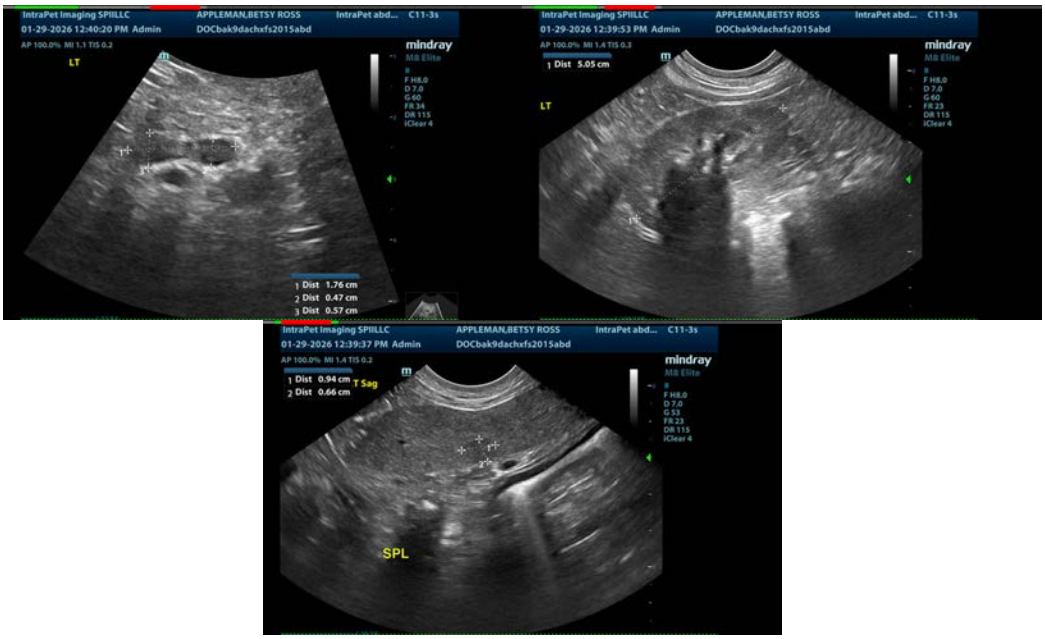
- Recommend pre- and post-prandial bile acids to assess liver function.
- If there is any clinical concern for Leptospirosis, consider testing.
- If bile acids are severely elevated (>80), contrast CT scan could be considered to definitively ruled out a portosystemic shunt (seems unlikely).

If liver function testing is abnormal, then biopsies of the liver may be warranted to histopathology, culture and copper levels.

There is a small, poorly defined hypoechoic nodule in the spleen. Options moving forward would include a fine needle aspirate or continued monitoring with ultrasound.

Recommend a urine protein to creatinine ratio to further assess the significance of the proteinuria reported.





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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
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