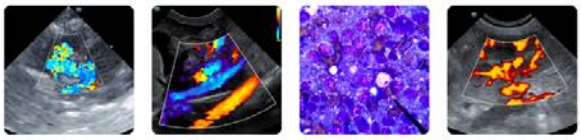


DATE

11/18/25

PATIENT

Oscar Hughes

SPECIES

Canine

BREED

Dachshund

SEX

Neutered Male

AGE

1/18/13

WEIGHT

22 lbs

INTERPRETED BY

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

HOSPITAL NAME

Jacksonville Veterinary Hospital

REFERRING VET

Dr. Burk

INVOICE

71917

PRESENTING CLINICAL SIGNS

Patient History: Increased alp, isosthenuria, proteinuria, hematuria, proteinuria. No urinary tract signs. Amylase and precision psl very high with no gi signs. Severe degenerative valve disease, stage C (cvca), Dental disease. Weight loss-overweight, owner has been very strict with eliminating treats. History of elevated ALP-previously discussed hyperadrenocorticism and doing lddst. Slides on hard floor djd, ivdd, other, Hearing loss, Cataracts.

Current Medications: Heartgard, Dasuquin advanced. Medications per cvca report: furosemide (Lasix) 20 mg tablets: Give 1.5 tablets by mouth in the morning and 1 tablet by mouth in the evening. pimobendan (Vetmedin) 2.5 mg tablets: Give 1.5 tablets by mouth twice daily. benazepril 5 mg tablets: Give 1 tablet by mouth twice daily. spironolactone 25 mg tabs: Give 1/2 tablet by mouth twice daily. amlodipine (Norvasc) 2.5 mg tablets: Give 1/2 tablet by mouth twice daily.
Labwork Results: Labwork not attached, reported as: cbc wnl. Chem- alt 140, alp 762, bun 44, creat 1, sdma 11.6, amylase 1487, precision psl 6292, t4 1.7. ua sg 1.013 prot 1+ blood 3+ rbc 11-20, casts, crystals, bacteria, epithelial cells none seen, glucose, ketone negative, bilirubin negative, accuplex hw no antigen detected lyme, ehrlichia, anaplasma negative
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed by: Rachel Brilhart, RDMS.

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 prostate is prominent and mottled, measuring 1.21 cm with occasional pinpoint mineralizations. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, or mass effect.

The left kidney has a normal shape and size (5.23 cm) with pyelectasia at 0.45 cm and numerous small cortical cysts. Overall echogenicity is slightly hyperechoic with poor 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.67 cm) with pyelectasia at 0.53 cm and numerous small cortical cysts. Overall echogenicity is slightly hyperechoic with poor 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is large and abnormal in appearance, measuring 0.82 cm at the cranial pole and 0.92 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is somewhat abnormal in appearance in that there is a poorly defined, subtle hyperechoic nodule in the caudal pole measuring 1.25 cm x 0.85 cm. No evidence of vascular invasion is visualized.

The right adrenal gland is large, measuring 0.83 cm at the cranial pole and 0.88 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 (1.51 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is 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. There is a moderate amount of non-organized echogenic debris. Some of the debris is hyperechoic and shadowing, most consistent with small choleliths. 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. Duodenum wall measures 0.45 cm. Jejunum wall measures 0.37 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 prominent and mottled compared to the surrounding isoechoic mesentery. In the right cranial abdomen adjacent to the duodenum, the pancreas appears prominent and hypoechoic, creating a “mass effect” in the region of the duodenal papilla, measuring 3.05 cm x 2.51 cm. There is no evidence of regional 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 mildly hyperechoic in the right cranial abdomen in the region of abnormal pancreas.

ULTRASONOGRAPHIC FINDINGS

- Prominent, mottled prostate with pinpoint mineralizations – Findings are most consistent with a pet neutered later in life with previous prostatic pathology. If the patient was neutered prior to puberty, this could be abnormal, and a fine needle aspirate should be considered.

- Bilateral adrenomegaly with a poorly defined hyperechoic nodule in the caudal pole of the left adrenal gland – Findings are most consistent with bilateral hyperplasia. The nodule in the left adrenal has the appearance most consistent with a benign lesion at this time (adenoma, focal hyperplasia, etc.). An early neoplastic lesion cannot be ruled out.

- Bilateral renal changes consistent with chronic renal disease and bilateral pyelectasia – Pyelectasia of the kidney(s)could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.

- Prominent, mottled pancreas with a "mass effect" visualized in the right limb – Possible differentials could include an inflammatory lesion, granuloma, adenoma, carcinoma, etc..

- Large, heterogeneous liver – The appearance is most consistent with a vacuolar hepatopathy. Other hepatopathies are possible.

- Moderate gallbladder debris with small choleliths – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

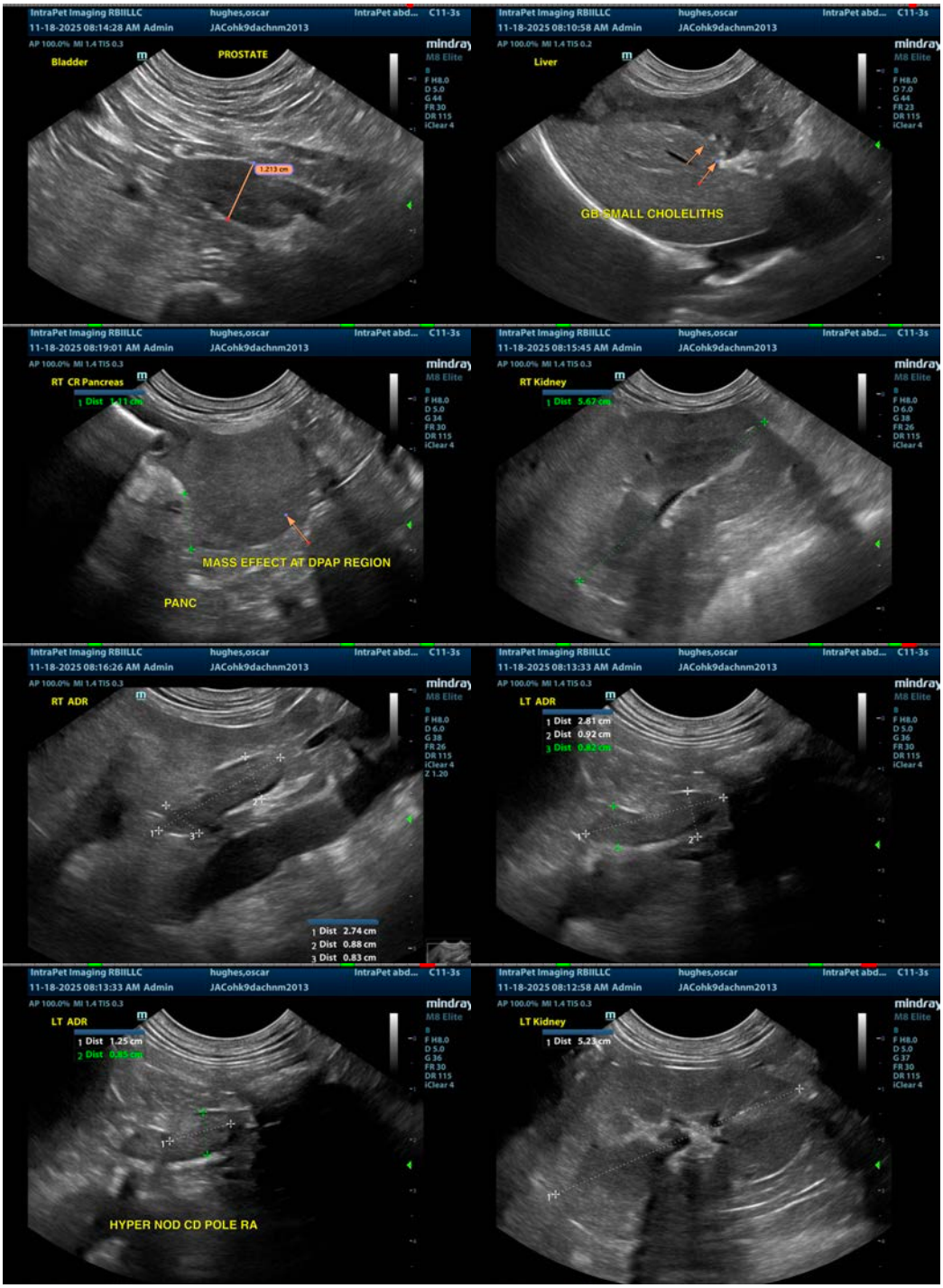
There are bilateral renal changes consistent with chronic renal disease and possible pyelonephritis. Consider a culture to further evaluate. Additionally, the prostate is prominent and mottled. If the patient was neutered prior to puberty, a fine needle aspirate of the prostate should be considered to look for possible prostatic carcinoma.

Both adrenals are large, and the liver is heterogeneous and large. Findings are most consistent with a vacuolar hepatopathy and possible pituitary dependent hyperadrenocorticism. There is a hyperechoic nodule at the caudal pole of the left adrenal, most consistent with a small adenoma, focal hyperplasia, etc. Recommend continued monitoring with ultrasound (recheck in 2-3 months).

The right limb of the pancreas is abnormal. There is an irregular "mass effect" visualized in the region of the duodenum/duodenal papilla. Recommend a fine needle aspirate of the pancreas in this region for cytologic evaluation.

Recommend initiating chronic Ursodiol therapy and continued monitoring of the gallbladder debris descried.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).


IntraPet Imaging RBIILLC
hughes,oscar
IntraPet abd... C11-3s
11-18-2025 08:14:28 AM Admin
JACohk9dachnm2013
Bladder
PROSTATE
1.213 cm
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Liver
GB SMALL CHOLELITHS
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RT CR Pancreas
MASS EFFECT AT DPAP REGION
PANC
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RT Kidney
1 Dist 5.67 cm
IntraPet Imaging RBIILLC
hughes,oscar
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11-18-2025 08:16:26 AM Admin
JACohk9dachnm2013
RT ADR
1 Dist 2.74 cm
2 Dist 0.88 cm
3 Dist 0.83 cm
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11-18-2025 08:13:33 AM Admin
JACohk9dachnm2013
LT ADR
1 Dist 2.81 cm
2 Dist 0.92 cm
3 Dist 0.82 cm
IntraPet Imaging RBIILLC
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11-18-2025 08:13:33 AM Admin
JACohk9dachnm2013
LT ADR
1 Dist 1.25 cm
2 Dist 0.85 cm
HYPER NOD CD POLE RA
IntraPet Imaging RBIILLC
hughes,oscar
IntraPet abd... C11-3s
11-18-2025 08:12:58 AM Admin
JACohk9dachnm2013
LT Kidney
1 Dist 5.23 cm

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.

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