



DATE PRESENTING CLINICAL SIGNS

12/12/25 Patient History: Monitoring blood work for chronic medication (trazodone) revealed a persistence in liver enzyme elevation. Patient has been seen over the years for episodes of vomiting, diarrhea inappetence which respond well to symptomatic treatment. Most recent physical exam is unremarkable.

PATIENT

Whisky Heiler Current Medications: Trazodone twice a week as needed
Labwork Results: Labwork submitted and reported as increased ALT (chronic), ALP (new).

SPECIES

Canine Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Dachshund

Urinary System

SEX

The urinary bladder is moderately distended with anechoic urine. The bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2.0 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

Neutered Male

AGE

The prostate is normal in size (0.61 cm) and shape for this neutered male dog. The parenchyma is homogenous, and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

7/5/20

WEIGHT

The left kidney has a normal shape and size (4.3 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

18.2 Pounds

INTERPRETED BY

The right kidney has a normal shape and size (4.58 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

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

HOSPITAL NAME

Adrenal Glands

Fullerton AH

The left adrenal gland is normal in size measuring 0.55 cm at the cranial pole and 0.58 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.

REFERRING VET

The right adrenal gland is normal in size measuring 0.48 cm at the cranial pole and 0.47 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.

Dr. Greenfield

INVOICE

Spleen

35872

The spleen is subjectively normal in size (1.16 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 was normal in size and shape. Subjectively, the parenchyma is mildly hypoechoic. Portal vasculature is slightly prominent.

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. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7 cm 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. The duodenum measured as normal (0.39 in wall thickness) and the jejunum measured as normal (0.23 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.

ULTRASONOGRAPHIC FINDINGS

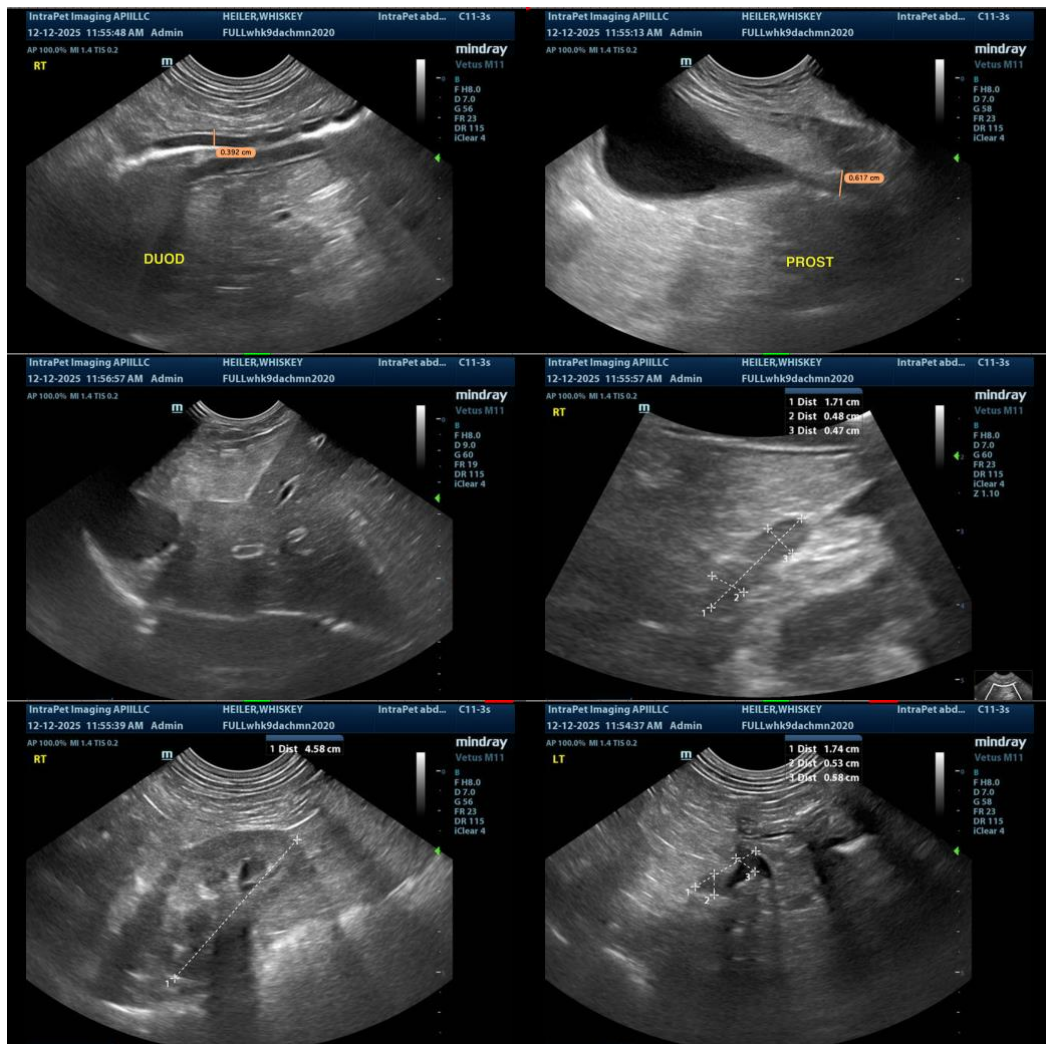
- Mildly hypoechoic liver with prominent portal vasculature- Findings could include anatomic variation, inflammation, infiltrative disease, congestion, other.
- Moderate gallbladder debris- The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.

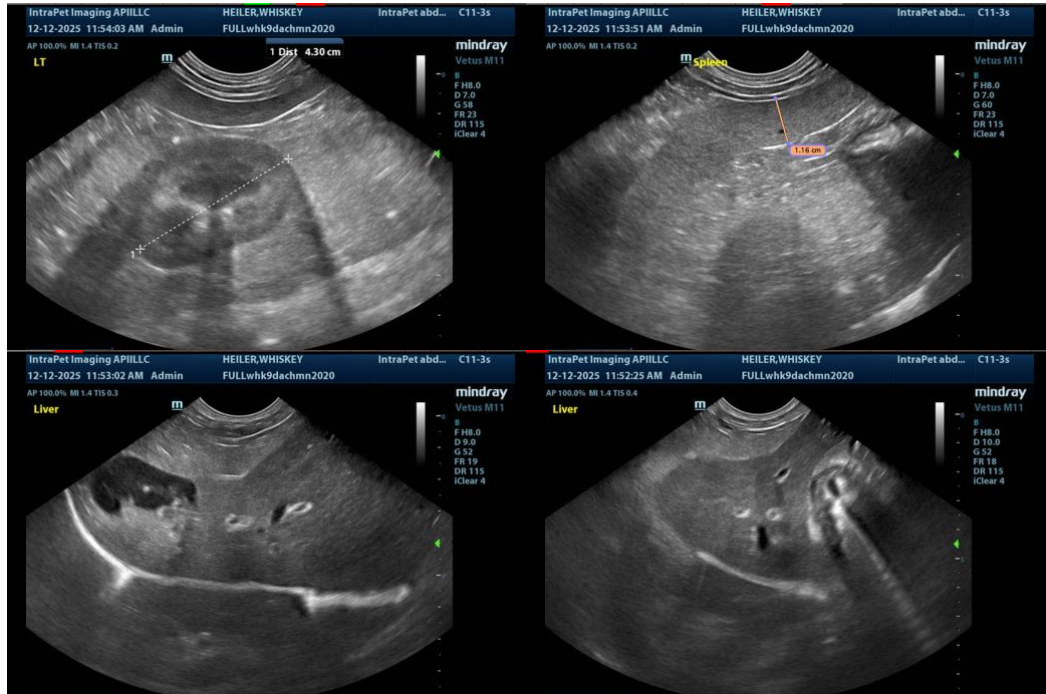
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed in the liver are subjective and mild. Findings are nonspecific at this time. Additional evaluation could include pre- and postprandial bile acids to assess liver function, screening for leptospirosis (if clinically appropriate), and/or a fine needle aspirate of the liver (provided coagulation parameters are

appropriate). Fine needle aspiration would primarily be done to look for evidence of hepatic neoplasia, and this seems unlikely at this time.

Consider repeat evaluation of the ALT on a fasted sample with no homolysis. If values are persistently elevated or progressively elevated, particularly if the bile acids are elevated, then biopsies of the liver with samples for histopathology, culture and copper levels would likely be necessary to further evaluate. With such as mild elevation at this time, continued monitoring with denamarin could be considered.





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)

info@sonopath.com