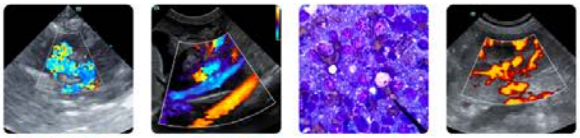


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Oskar Rose

SPECIES

Canine

BREED

Dachshund

SEX

Neutered Male

AGE

14 Years

WEIGHT

5.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Southside Animal Clinic (London)

REFERRING VET

Dr. Reed

INVOICE

75113

DATE

5/13/26

PRESENTING CLINICAL SIGNS

New onset left sided systolic mid-heart murmur with strong sinus arrhythmia - was heard at grade 4/6 May 2nd at urgent care, but was only a 2-3/6 today in clinic (less stressed and not ill). Has had previous significant bouts of pancreatitis/gastroenteritis, is on low fat diet long term. Previous history of IVDD, L2-L3 hemilaminectomy Apr 24/2021. History of chronically elevated ALKP, and for a bit, also elevated ALT, though now resolved for ALT, ALKP remains elevated. Pre-anesthetic ECG 3/4/2020 showed tall R waves - consistent with but not diagnostic for left ventricular enlargement. Patient has prior history of aggression, but recently has been much better, and owner will be present to help hold (will have pregabalin/gabapentin on board) and is excellent to do this. Current Medications :Previously on ProLiv daily but stopped temporarily after last bout of pancreatitis/gastroenteritis March 2026, has not yet restarted. Gives gabapentin occasionally if needed for IVDD. Otherwise no regularly used medications.

Abnormal PE/Chem/CBC/UA Results: Historically has had Lipase significantly elevated various times, ALKP up to 1600s, ALT got up to 600s but recently ALKP in the 1300s and ALT back within normal range when last checked this spring. Radiographic Findings VHS was estimated at 9.4 October 2025 when last taken Primary Question to Be Answered in This Exam Cardiac evaluation of new murmur to guide medical management and get diagnosis, abdominal ultrasound (particularly liver and pancreas, adrenals, kidneys) to hopefully elucidate chronically elevated liver values and lipase.

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.

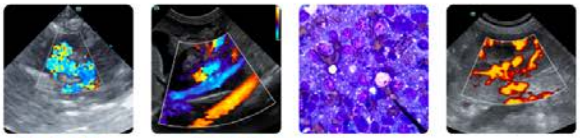
The prostate is normal in size (0.69 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney is normal in size (4.0 cm) but irregular in shape due to a previous infarct in the mid region of the kidney. Overall echogenicity is slightly hyperechoic with mildly reduced 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, or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.19 cm). 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 pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal/borderline plump, measuring 0.52 cm at the cranial pole and 0.51 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.



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The right adrenal gland is plump, measuring 0.92 cm at the cranial pole and 0.68 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 (1.23 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 subjectively normal in size, and 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. 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. Duodenum wall measures 0.51 cm. Jejunum wall measures 0.25 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 mildly mottled. 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

- Borderline plump adrenal glands – Findings could be consistent with anatomic variation or early hyperplasia.
- Age related changes visualized associated with both kidneys (previous infarct in the left kidney).

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- Moderately 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.

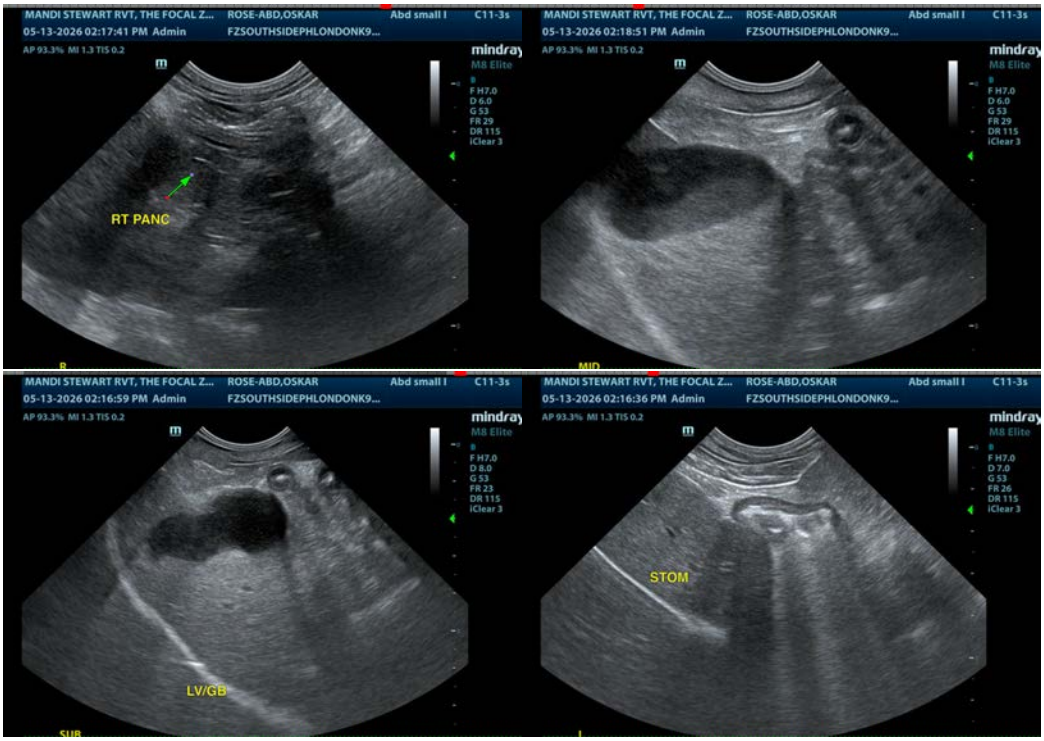
- Pancreatic changes most consistent with chronic pancreatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions were visualized associated with the liver, and the biliary tract appears normal. The parenchyma generally appears mildly heterogeneous. This is a non-specific finding, most supportive of a primary hepatopathy. Given the significant elevation in ALP, a vacuolar hepatopathy would be most likely. Options for further evaluation could include a liver function test (pre- and post-prandial bile acids) and a fine needle aspirate of the liver (provided coagulation parameters are normal).

The adrenals are borderline plump for such a small dog. If symptoms consistent with Cushing's are present, you could consider adrenal function testing to further evaluate.

The pancreas appears somewhat mottled in some regions (no significant inflammation noted). Pancreatic remodeling is most likely.



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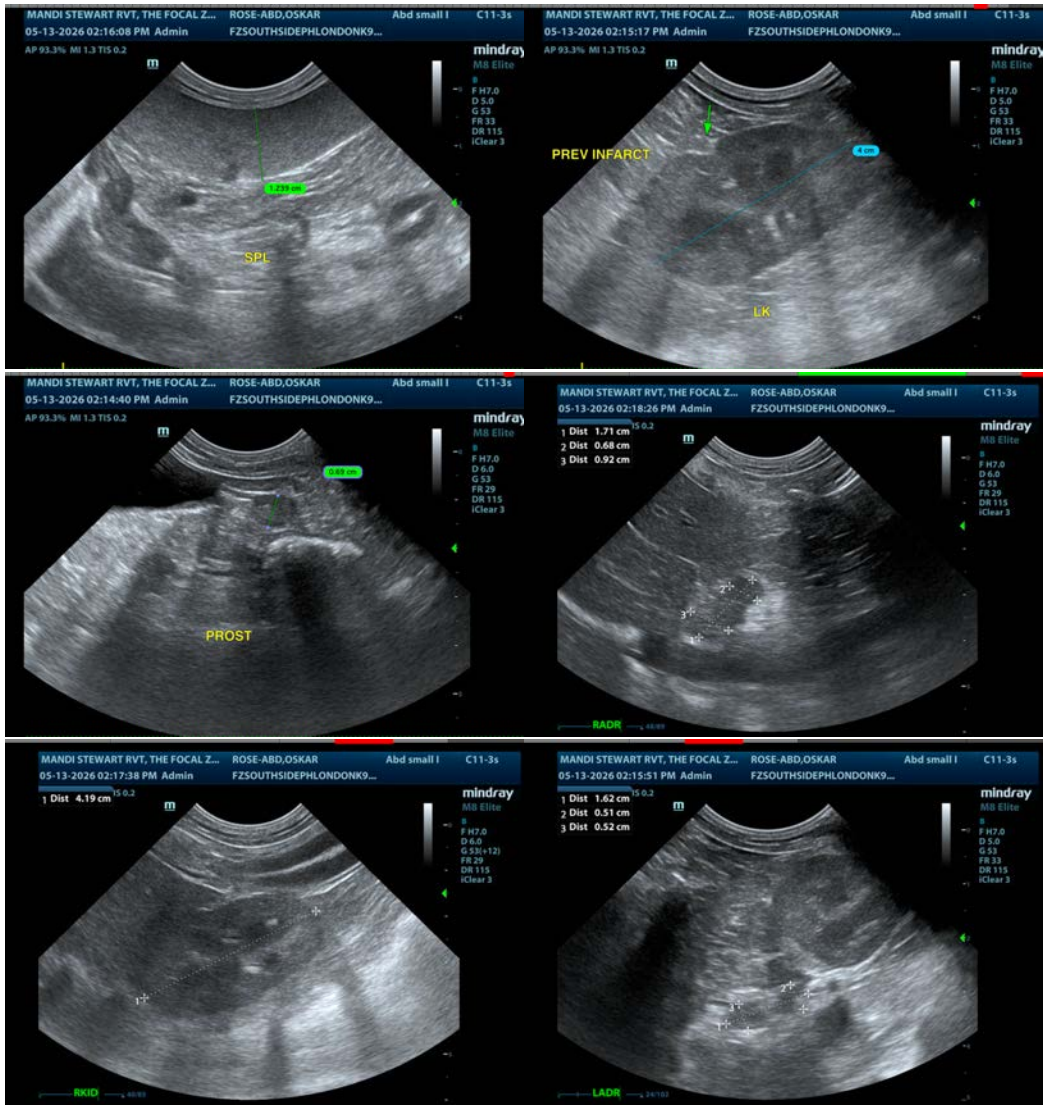

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@sonopath.com