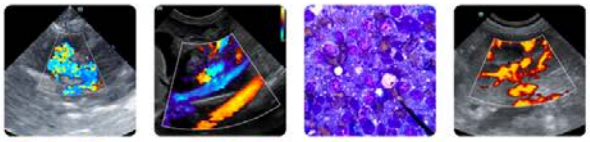


PATIENT

Dudley Burnett

SPECIES

Canine

BREED

Dachshund

SEX

Neutered Male

AGE

14 Years

WEIGHT

22 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom Veterinary Imaging

REFERRING VET

Melisa Cardenas, DVM

INVOICE

75260

DATE

5/19/26

PRESENTING CLINICAL SIGNS

Patient was v/d and anorexia for a few days. BW showed marked increase ALP and ALT. AFAST showed marked amount of debris in GB and possible mass. O would like a full abdominal ultrasound with report.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is diffusely thickened with slightly irregular wall, measuring at 0.65 cm in the apical region. In the dependent portion of the urinary bladder there is focal mineralized debris most consistent with sandy debris/small stones. The region of the trigone, ureteral papillae and proximal urethra appear free of any mass lesions or calculi.

The prostate is normal in size (0.98 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 has a normal shape and size (5.49 cm) with small non-obstructive nephroliths, occasional cortical cysts, and a subtle hypoechoic nodule in the cortex of the caudal pole measuring 0.92 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, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.9 cm) with occasional small cortical cysts, small cortical mineralizations, and two poorly defined hypoechoic nodules towards the mid caudal pole region measuring 1.03 cm in diameter, the other measures 1.11 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, infarcts or hydroureter. Renal vasculature is normal.

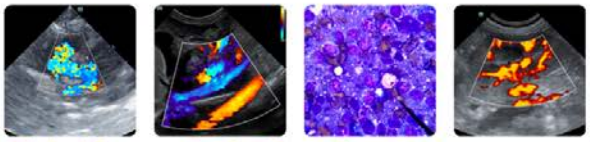
Adrenal Glands

The left adrenal gland is large, measuring 0.76 cm at the cranial pole and 0.78 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 0.91 cm at the cranial pole and 0.62 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 (1.49 cm) and shape. The blood flow through the hilus and splenic parenchyma appears normal. There are two bright hyperechoic nodules visualized in the parenchyma, one measures 0.82 cm x 0.74 cm, the other measures 0.82 cm x 0.70 cm, most consistent with benign myelolipomas.



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Liver

The liver is large and irregular. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. Occasional ill-defined hypoechoic nodules noted. A nodule on the left side of the liver measures 1.38 cm. A nodular in the mid liver measures 1.24 cm. There are occasional pinpoint parenchymal mineralizations most consistent with intrahepatic biliary mineralizations. The visible portions of the vasculature and biliary tract appear normal.

The gall bladder lumen is moderately distended. The gallbladder wall is of normal thickness with occasional mild polypoid like projections. 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 <0.7cm 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 0.41 cm. Jejunum wall measures 0.29 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. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

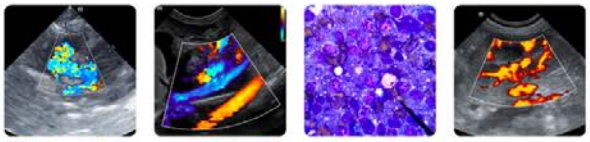
Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

Other

There is ring down artifact visualized at the level of the diaphragm.

ULTRASONOGRAPHIC FINDINGS

- Thickened/irregular urinary bladder wall with dependent mineralized debris/small calculi – Correlate with urinalysis, culture and radiographs.
- Large left adrenal and normal right adrenal – Findings could be consistent with anatomic variation, early hyperplasia, etc. Recommend continued monitoring.
- Decreased corticomedullary distinction in both kidneys with cortical mineralizations, non-obstructive nephroliths, and poorly defined, non-expansile hypoechoic nodules visualized in both kidneys – Findings are most consistent with chronic age related renal disease. The



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hypoechoic nodules could be consistent with benign or neoplastic lesion (adenoma, carcinoma, metastatic lesion, granuloma, etc.).

- Hyperechoic nodules in the spleen – Findings are most consistent with benign myelolipomas. Recommend continued monitoring.
- Pancreatic changes most consistent with chronic pancreatic remodeling.
- Large, irregular, heterogeneous liver with intrahepatic biliary mineralizations and hypoechoic nodules – 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. The biliary mineralizations could be consistent with chronic inflammation. The hypoechoic nodules could represent benign or neoplastic lesions.
- Mild/moderate gallbladder debris with mild polypoid wall changes – Findings could be consistent with mild cholecystitis.
- Ringdown artifact visualized at the level of the diaphragm – This can be observed with pulmonary parenchymal disease. Recommend 3-view thoracic radiographs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is large, irregular and heterogeneous with ill-defined hypoechoic nodules and some intrahepatic biliary mineralizations. Findings are suggestive of a primary hepatopathy, although a neoplastic process could also be a concern. Recommend pre- and post-prandial bile acids to assess liver function and a fine needle aspirate of the liver (hypoechoic nodule and “normal” liver) if possible.

There are mild biliary changes. Consider Ursodiol therapy and continued monitoring.

Both kidneys have subtle hypoechoic nodules. These do not significantly deform the renal capsule but there is still concern for possible metastatic disease or similar. Options would include continued monitoring with ultrasound (recheck in 3-4 weeks), or a fine needle aspirate (provided coagulation parameters and blood pressures are normal).

There are changes visualized associated with the urinary bladder consistent with chronic cystitis. Recommend a urinalysis, culture and radiographs to assess the mineralized debris.

Recommend 3-view thoracic radiographs to assess the pulmonary parenchyma for any metastatic lesions or similar.

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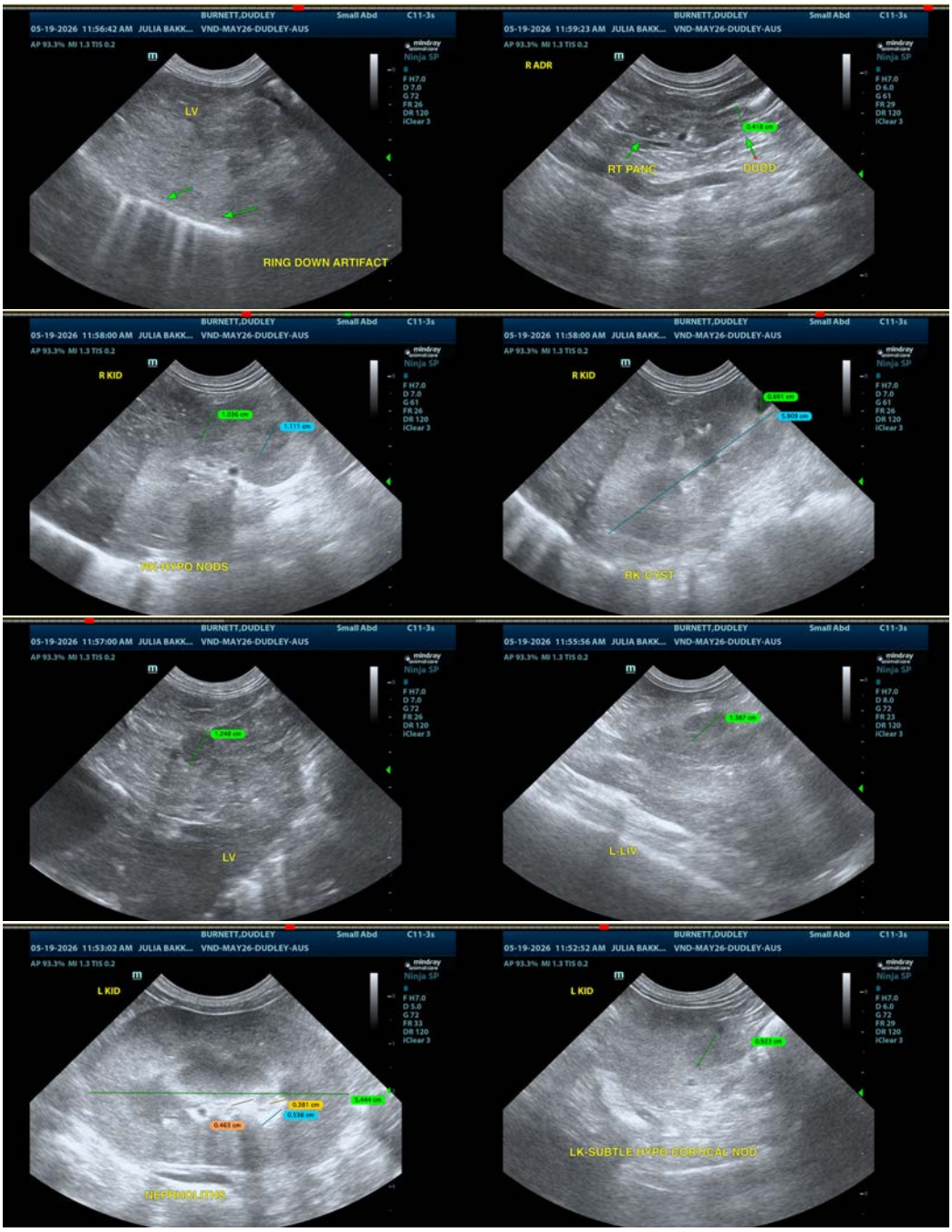

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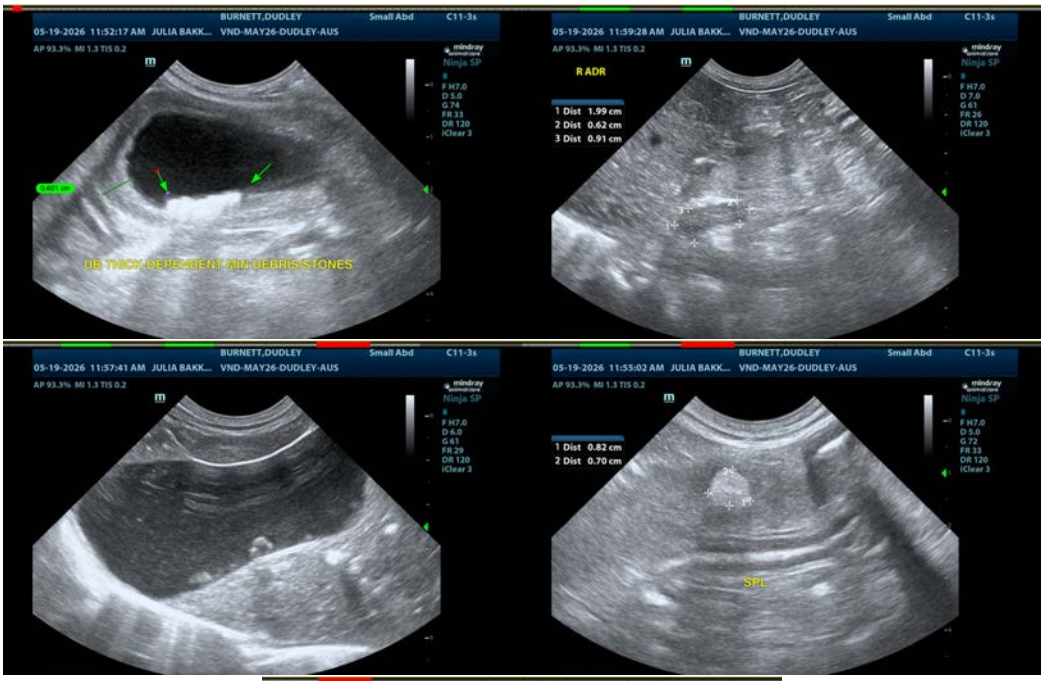

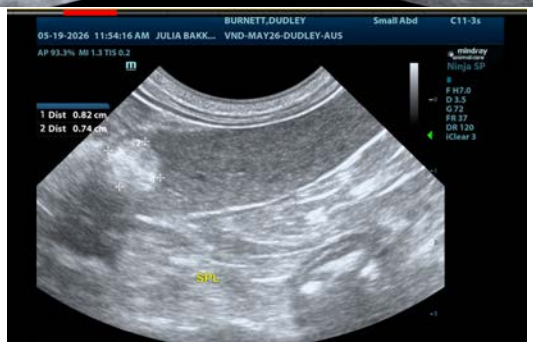

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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