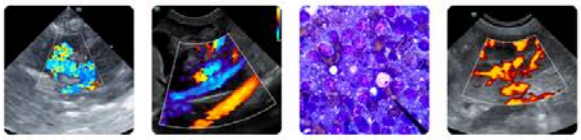


DATE

5/5/26

PATIENT

BJ Zviman

SPECIES

Canine

BREED

Dachshund

SEX

Neutered Male

AGE

4/14/19

WEIGHT

26 lbs

INTERPRETED BY

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

HOSPITAL NAME

Fallston Veterinary Clinic

REFERRING VET

Dr. Harvey

INVOICE

74948

PRESENTING CLINICAL SIGNS

Patient History: Elevation of ALP noted on exam, no PU/PD. Recommend LDDST and AUS

Current Medications: Galliprant 20mg SID and Robaxin 175mg-250mg BID-SID as needed
Labwork Results: Labwork attached, reported as: elevation of ALT, no PU/PD
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 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 has a normal shape and size (5.06 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 (5.24 cm) with a small hypoechoic cystic structure in the cortex measuring 0.33 cm, most consistent with a benign cortical cyst. 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 0.59 cm at the cranial pole and 0.58 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 0.56 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.

Spleen

The spleen is subjectively normal in size (1.19 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 homogenous echotexture. 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 mild ingesta. It measures at a normal thickness of 0.23 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. Duodenum wall measures 0.46 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 visible/slightly mottled and hypoechoic in the right limb. 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

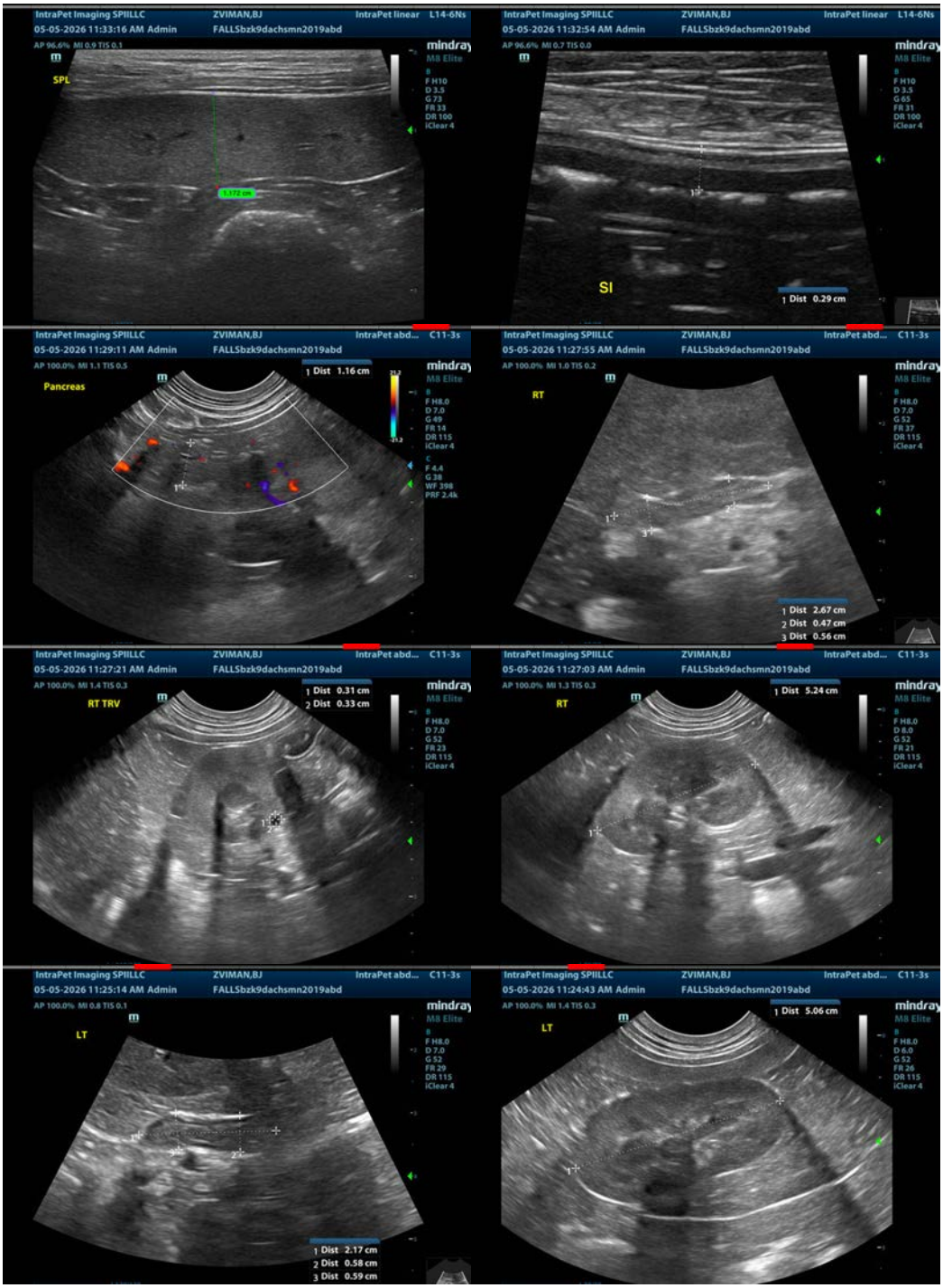
- Pancreatic changes most consistent with chronic pancreatic remodeling in the right limb.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions were visualized associated with the liver to explain the elevation in ALP reported. Similarly, the gallbladder appears within normal limits with some mild debris. Given the elevation in ALP, a mild vacuolar hepatopathy would be most likely, but other hepatopathies are possible. Further evaluation could involve pre- and post-prandial bile acids to assess liver function +/- a fine needle aspirate of the liver (provided coagulation parameters are normal).

The adrenal glands are normal in size. In the absence of symptoms consistent with Cushing's, the utility of adrenal function testing is questionable but could be considered.

The right limb of the pancreas is visible/mildly prominent with no evidence of surrounding inflammation. Findings are suggestive of mild pancreatic remodeling.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SPL
IntraPet Imaging SPIILLC ZVIMAN,BJ IntraPet linear L14-6Ns
05-05-2026 11:32:54 AM Admin FALLSbzk9dachsmn2019abd
SI
1 Dist 0.29 cm
IntraPet Imaging SPIILLC ZVIMAN,BJ IntraPet abd... C11-3s
05-05-2026 11:29:11 AM Admin FALLSbzk9dachsmn2019abd
Pancreas
1 Dist 1.16 cm
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05-05-2026 11:27:55 AM Admin FALLSbzk9dachsmn2019abd
RT
1 Dist 2.67 cm
2 Dist 0.47 cm
3 Dist 0.56 cm
IntraPet Imaging SPIILLC ZVIMAN,BJ IntraPet abd... C11-3s
05-05-2026 11:27:21 AM Admin FALLSbzk9dachsmn2019abd
RT TRV
1 Dist 0.31 cm
2 Dist 0.33 cm
IntraPet Imaging SPIILLC ZVIMAN,BJ IntraPet abd... C11-3s
05-05-2026 11:27:03 AM Admin FALLSbzk9dachsmn2019abd
RT
1 Dist 5.24 cm
IntraPet Imaging SPIILLC ZVIMAN,BJ IntraPet abd... C11-3s
05-05-2026 11:25:14 AM Admin FALLSbzk9dachsmn2019abd
LT
1 Dist 2.17 cm
2 Dist 0.58 cm
3 Dist 0.59 cm
IntraPet Imaging SPIILLC ZVIMAN,BJ IntraPet abd... C11-3s
05-05-2026 11:24:43 AM Admin FALLSbzk9dachsmn2019abd
LT
1 Dist 5.06 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.

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