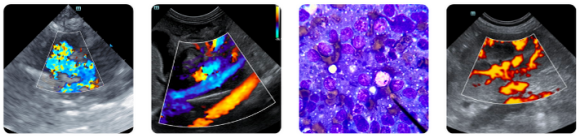

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PATIENT

Hamish Miller

SPECIES

Canine

BREED

Basset Hound

SEX

Male Neutered

AGE

10y

WEIGHT

58.8 lbs

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Eugene AH

REFERRING VET

Dr. Powerrs

INVOICE

13082

DATE

1/14/26

PRESENTING CLINICAL SIGNS

History: PU/PD for the past 7 months. Appetite and energy level normal. No vomiting or diarrhea. Inflamed keratin-containing mass on left hind paw, intermittently infected and pending mass removal. ABNORMAL Lab work Values AST 13, ALT 152, ALP 371, CRE 0.4, Magnesium 1.4, Cholesterol 469, Triglyceride 756, PSL 622 Urine 3+ protein, USG 1.023

Current Medications: Trazodone

Radiographic Findings: N/A

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, non-dependent, echogenic to particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The residual prostate was sonographically normal.

The area of the aortic trifurcation was free of pathology.

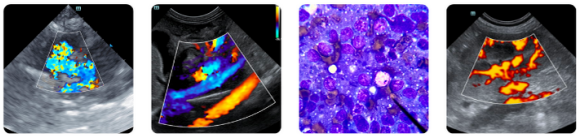
Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 8.2 cm in length. The right kidney measured 7.7 cm in length.

Adrenal Glands

Left adrenal gland exhibited generalized enlargement with uniformly hypoechoic parenchyma and primarily swollen caudal pole. The left adrenal gland measured 3.1 cm x 1.28 cm width at the caudal pole. A well-defined, hyperechoic nodule was present in the adrenal gland with mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The right adrenal gland was mildly enlarged in size measuring 0.78 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent, non-capsule deforming, well-defined, symmetrical, hyperechoic nodules were present throughout primarily medial parenchyma to perihilar. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory or neoplastic changes were not noted. The hyperechoic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas. The spleen also exhibited caudal medial folding.



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Liver

The liver exhibited generalized hepatomegaly with symmetrical rounded contour with homogeneous mild increased hepatic parenchyma echogenicity comparable to the spleen. Mild coarse echotexture and normal vascular volume present. No mass or nodules visualized. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with gravity dependent, non-organized, echogenic, nonmineralized biliary sludge present in the peripheral lumen. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

the right pancreas was normal in size with symmetrical contour and variable heterogeneous to regional hyperechoic parenchyma. Intermittent, subtle, hypoechoic noduled were present with an example measuring 1.0 cm in diameter.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild urine sediment
- Mild age-related kidneys
- Bilateral adrenomegaly – more prominent in the left adrenal gland, subjective benign
- Hyperechoic splenic nodules with mild splenic folding – noduled consistent with benign criteria, i.e. myelolipomas, hyperplasia or emerging mineralization, splenic folding considered incidental
- Benign hepatopathy – vacuolar or non-obstructive cholestatic hepatopathy, inflammation, lipidosis, hyperplasia, all potentials, hepatic neoplasia considered unlikely
- Non-organized gallbladder debris (non-mucocele)
- Mildly non-homogeneous nodular right pancreas – parenchymal remodeling, nodular hyperplasia, fibrosis, chronic pancreatitis possible

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Adrenal workup with LDDST warranted. Given clinical signs and sonographic findings, a spec cPL can be considered to assess for chronic pancreatitis if clinically indicated. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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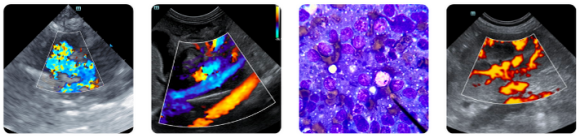

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Educational Teleconsultation Services™

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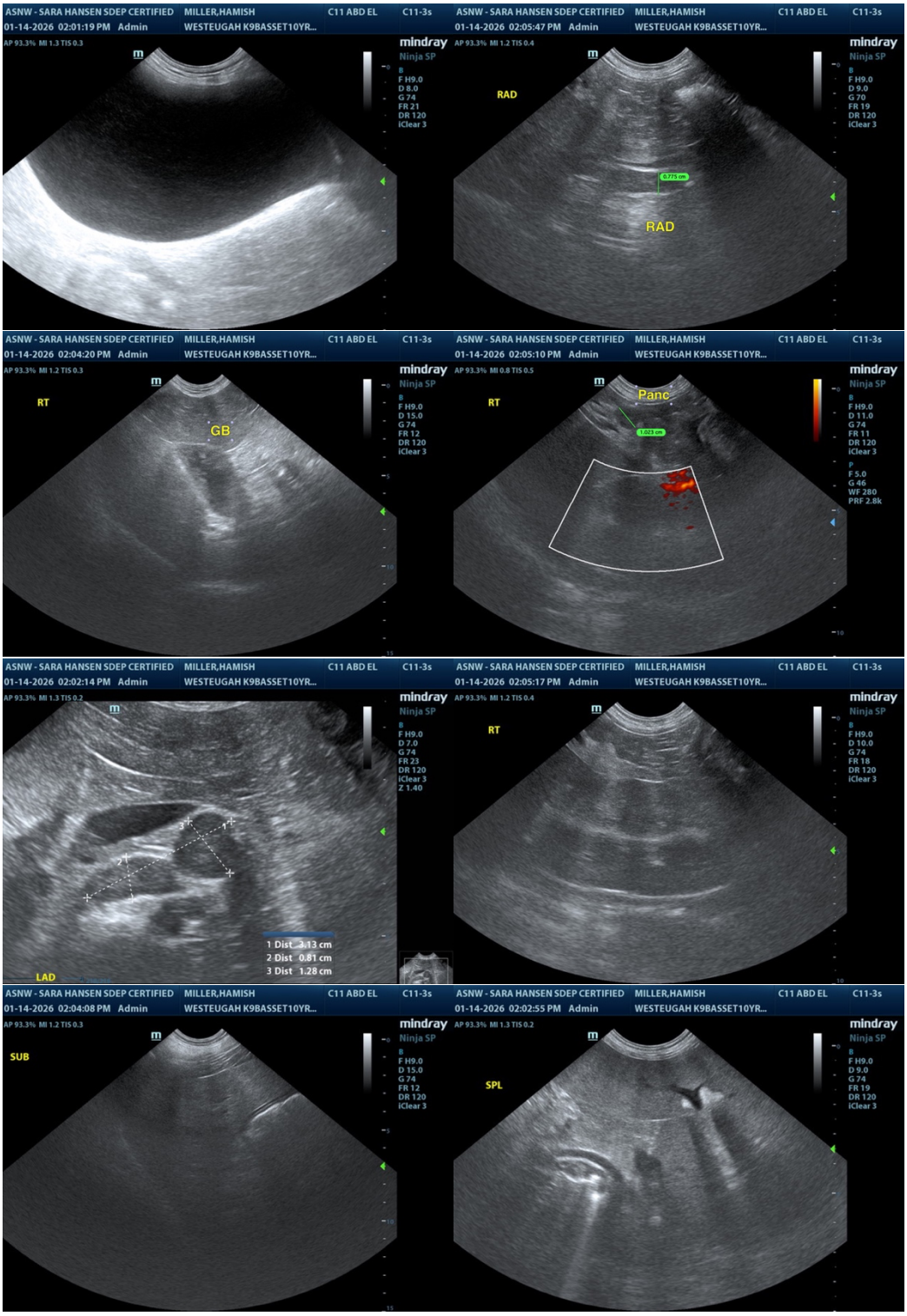

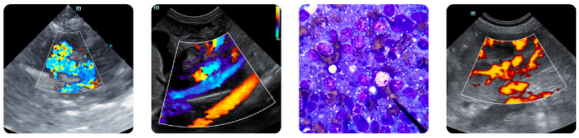

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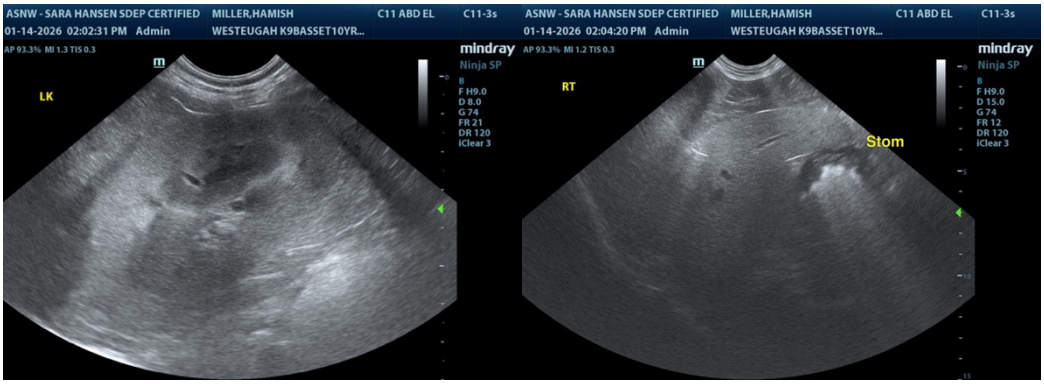

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com