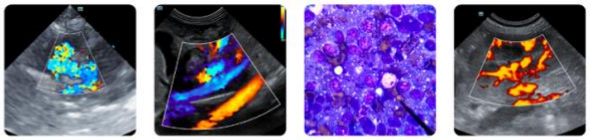


PATIENT

Pacer Gilluley

SPECIES

Canine

BREED

Mini Dachshund

SEX

Neutered Male

AGE

8 Years

WEIGHT

8.7 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Fish Creek Pet Hospital

REFERRING VET

Dr. Johnson

INVOICE

12914

DATE

01/02/26

PRESENTING CLINICAL SIGNS

Presented to ER for increased RR, hyporexia. Is oxygen dependent. Radiology report identified mild bronchial pattern and possible right cardiomegaly, no pulmonary edema.

Abnormal PE/Chem/CBC/UA Results: Mild ALT elevation, moderate ALP elevation, mild decreased creatinine

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. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The area of the residual prostate appeared normal and free of pathology.

The visualized medial iliac lymph nodes were sonographically normal.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. Increased medullary echogenicity comparable to the cortex echogenicity with indistinct corticomedullary border demarcation. Discrete areas of medullary mineral were present. The left kidney measured 5.1 cm in length. The right kidney measured 5.3 cm in length.

Adrenal Glands

A well-defined, hyperechoic nodule was present in the cranial left adrenal gland with mild associated symmetrical capsule expansion measuring 0.75 cm x 0.62 cm. The nodule did not exhibit signs of mineralization or vascular invasion. Associated mild cranial pole enlargement measuring 0.87 cm width at the cranial pole. Mildly enlarged caudal left adrenal gland measured 0.62 cm width at the caudal pole.

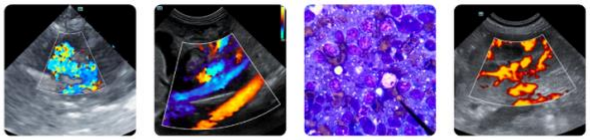
The right adrenal gland was borderline enlarged in size. The right adrenal gland measured 0.56 cm width at the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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, neoplastic, or benign parenchyma changes were not noted. Nonspecific mild prominent portal vein to the level of the portal hilus without overt evidence of splenomegaly. Mild splenic folding was present which is not indicative of underlying splenic pathology and suspect patient variant.

Liver

The liver presented with normal size to possible borderline hepatomegaly with symmetrical contour and homogenous parenchyma. The hepatic vasculature was prominent in appearance, most notable at the level of the hepatic vein / caudal vena cava junction, without evidence of thrombosis. A solitary discrete nonhomogenous intraparenchymal nodule was present measuring 1.5 cm in diameter.



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The gallbladder was non distended in size with mild nonorganized biliary sludge. 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.

The colon presented with intact mildly thickened descending colon wall with nondistended size and soft fecal matter. The colon wall measured 0.27 cm.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No visualized significant omental lymphadenopathy or current ascites was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy exhibiting compensated to emerging hepatic congestion and intraparenchymal nodule.
- Nonorganized gallbladder debris (non-mucocele).
- Mildly folded spleen- benign.
- Age-related renal changes with discrete medullary mineral.
- Borderline to mild adrenomegaly with left adrenal nodule- left adrenal hyperplasia, functional versus nonfunctional adenoma, emerging left adrenal tumor thought less likely yet not excluded.
- Mild heterogeneous remodeled pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with concurrent echocardiogram to assess for evidence of right sided heart disease or pulmonary hypertension. Adrenal work up with LDDST as well as monitoring of systemic BP for evidence of hypertension if clinical signs are consistent with adrenal disease and to assess for potential emerging left pheochromocytoma is recommended. Sonographic monitoring of the left adrenal nodule, liver nodule and gallbladder for evidence of progression if evidence of progressive hepatic enzymes or cholestasis is indicated. Hepatosupportive medications may prove beneficial.

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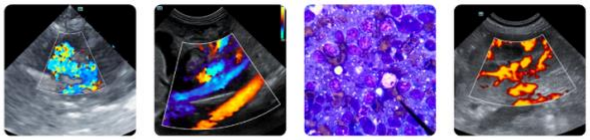

Clinical Sonography & Telecytology
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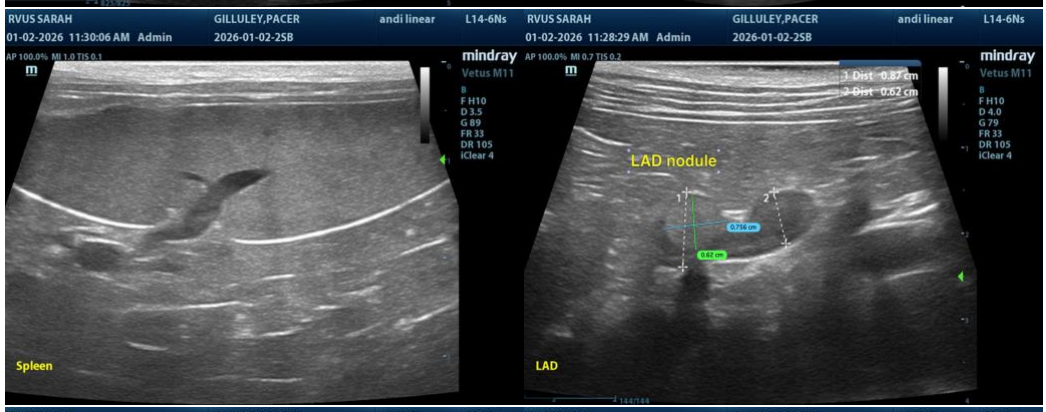

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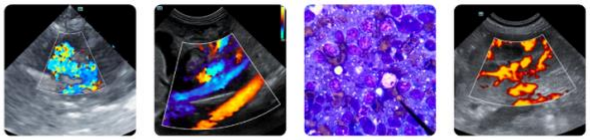

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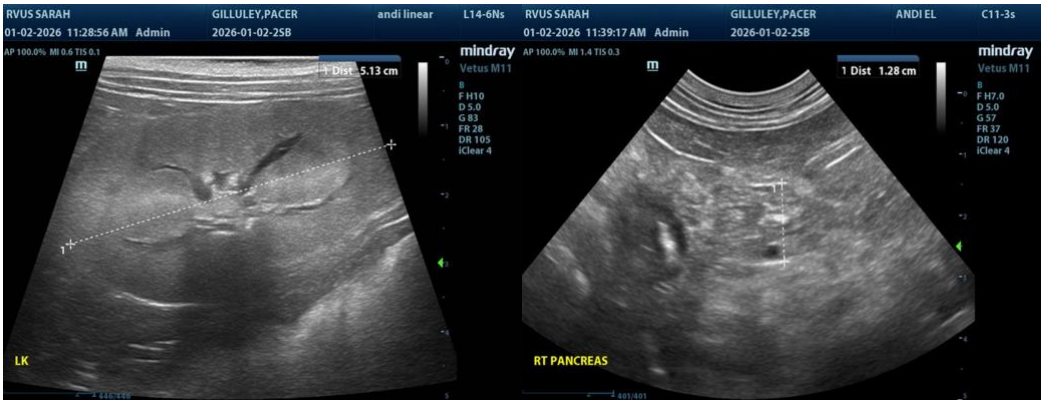

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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