



## PATIENT

Blue Cotto

## SPECIES

Canine

## BREED

Dachshund

## SEX

Male Neutered

## AGE

8y

## WEIGHT

13.2 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Gabriel Ferrer,  
DVM

## HOSPITAL NAME

Pulse Pet Ultrasound  
Services

## REFERRING VET

Dr. Virginia Carrero

## INVOICE

13114

## DATE

1/23/26

## PRESENTING CLINICAL SIGNS

History:

- Presented for abdominal U/S to evaluate chronic elevation of the liver enzymes.
- PT has been gaining weight and by O is PP and PD.
- Values especially ALP continues to increase.

Abnormal PE/Chem/CBC/UA Results: LDDST: normal TT4: normal ALP: 991, ALT 107

## 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 changes were noted.

The residual prostate presented 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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.9 cm in length. The right kidney measured 4.5 cm in length.

### Adrenal Glands

The left and right adrenal glands were borderline mildly enlarged in size with homogeneous parenchyma and mild asymmetrical capsule contour. The left adrenal gland measured 0.54 cm width at the caudal pole. The right adrenal gland measured 0.69 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.

### Liver

The liver presented mild to moderately enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, non-organized, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.



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**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 mildly prominent and heterogeneous, hyperechoic parenchyma compared to adjacent omentum. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

**Free Abdomen**

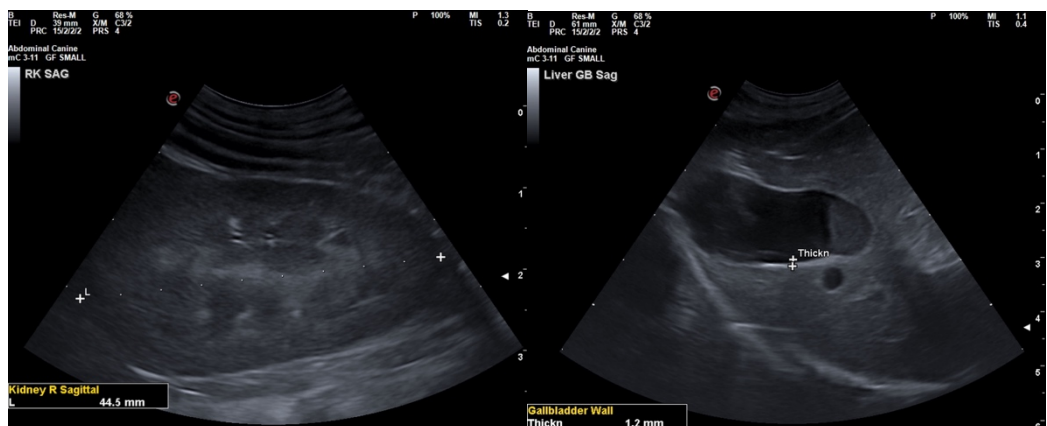
No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Hepatopathy – sonographically consistent with benign criteria
- Mild gallbladder debris (non-mucocele)
- Borderline mild bilateral adrenomegaly
- Mild chronic pancreatitis/fibrosis pattern

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recheck adrenal workup could be considered in 4-6 weeks given clinical history and sonographic findings. Atypical Cushing's Syndrome could also be a consideration in this patient. A spec cPL is recommended if clinical signs consistent with chronic pancreatitis. Hepato-supportive medications may prove beneficial. No evidence of hepatobiliary or adrenal neoplastic criteria.





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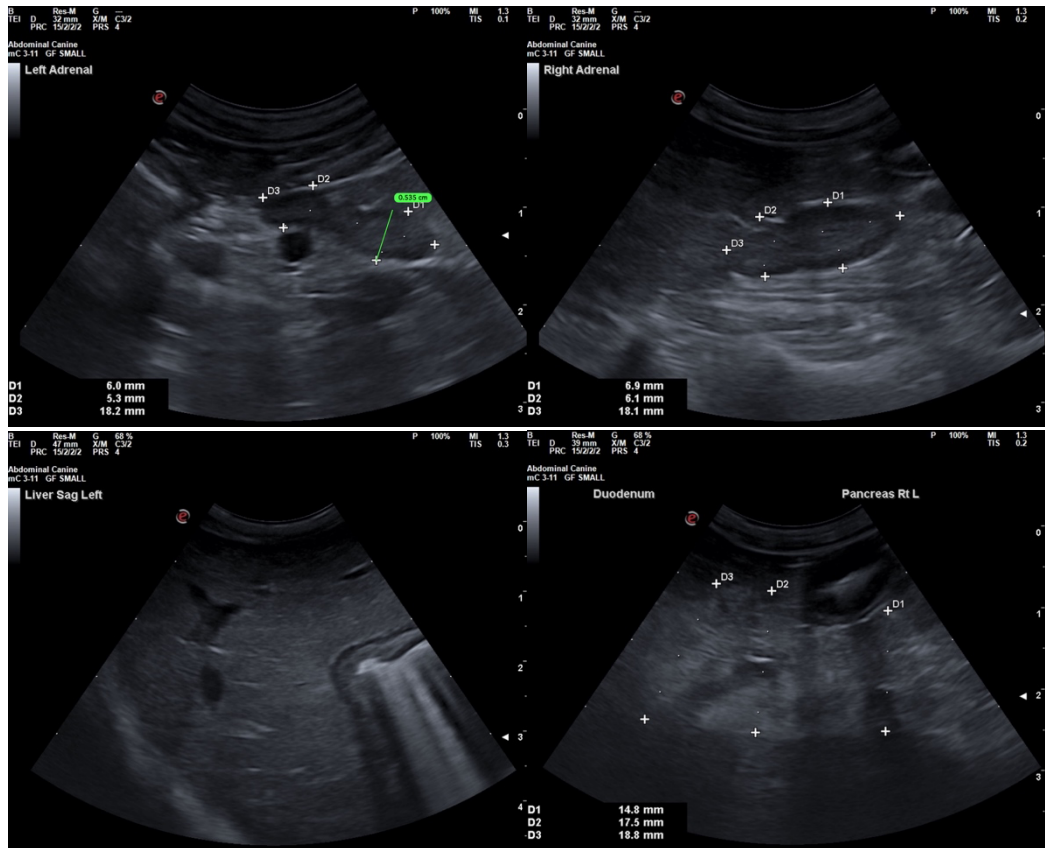
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)