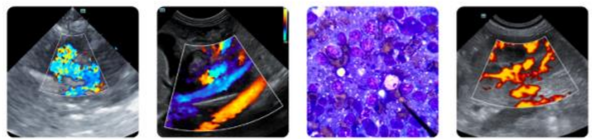


PATIENT

Dudley Wolf

SPECIES

Canine

BREED

Cairn Terrier

SEX

Neutered Male

AGE

13 Years

WEIGHT

7.89 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Carlie Koltek RVT

HOSPITAL NAME

Tuxedo Animal Hospital

REFERRING VET

Dr. Lameg (Corydon AH)

INVOICE

12450

DATE

11/24/25

PRESENTING CLINICAL SIGNS

Sedated with torb -Presented for acute anorexia, v/d -Last ultrasound was 1 year ago. On Ursodial long-term, hyperechoic liver, degenerative nephropathy (kidney lab work normal at the time). liver/gall bladder changes, mucocele forming? - does the pancreas look inflamed? - progress of kidney changes? - any evidence of neoplasia?

Abnormal PE/Chem/CBC/UA Results: CBC: RBC 3.85 x10^12/L (5.65-8.87) HCT 0.263 L/L (0.373-0.617) HGB 91g/L (131-205) Platelet 950 x10^9/L (148-484) Pltcrit 0.98% (0.14-0.46) CHEM: CREA 174 umol/L (44-159) BUN 15.7mmol/L (2.5-9.6) ALKP 953U/L (23-212) AMYL 1906 U/L (500-1500) LIPA 4835 U/L (200-1800)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Moderate indistinct corticomedullary border demarcation was also present. The renal medullary volume was subjectively reduced. Medullary to lateral diverticuli mineral and intermittent small cortical cysts with minor pyelectasia was present bilaterally. The left kidney measured 4.1 cm in length. The right kidney measured 4.7 cm in length.

Adrenal Glands

The bilateral adrenal glands were mildly enlarged in size given patient's body weight. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.66 cm width in the caudal pole. The right adrenal gland measured 0.64 cm width in the caudal pole. No evidence of adrenal tumors.

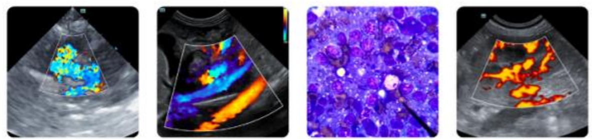
Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver

The liver revealed mild hepatomegaly. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was distended in size with echogenic thickening of the gallbladder wall. There was biliary sludge that appeared to be non-mobile and organized. A stellate pattern to the organized biliary



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sludge was present. No evidence of pericholecystic omental inflammation or effusion was present. The common bile duct was normal.

Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact mildly thickened wall with mildly prominent gastric mucosa. The stomach contained a mild amount of anechoic fluid and lumen gas.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with segmental mild intestinal gas to the level of the colon with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.42 cm width. The jejunum wall measured 0.40 cm width.

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

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 overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Benign hepatopathy pattern with mild parenchymal remodeling.
- Immature to early mature gallbladder mucocele- no evidence of inflammation.
- Remodeled pancreas.
- Hypomotile gastritis, structurally normal empty small intestine.
- Chronic degenerative renal changes exhibiting medullary mineral, cortical cysts and minor pyelectasia.
- Borderline enlarged age-related adrenal glands.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic pancreatitis may be suspected if cranial abdomen/subxiphoid discomfort on palpation. No overt evidence of intra-abdominal neoplastic criteria. Correlation with recheck urinary work up including urinalysis, culture/sensitivity and UPC level for renal staging is recommended. Hepatogastrointestinal support and CKD therapy with clinical monitoring and sonographic reassessment if progressive hepatopathy, evidence of cholestasis or gastrointestinal signs would be appropriate.

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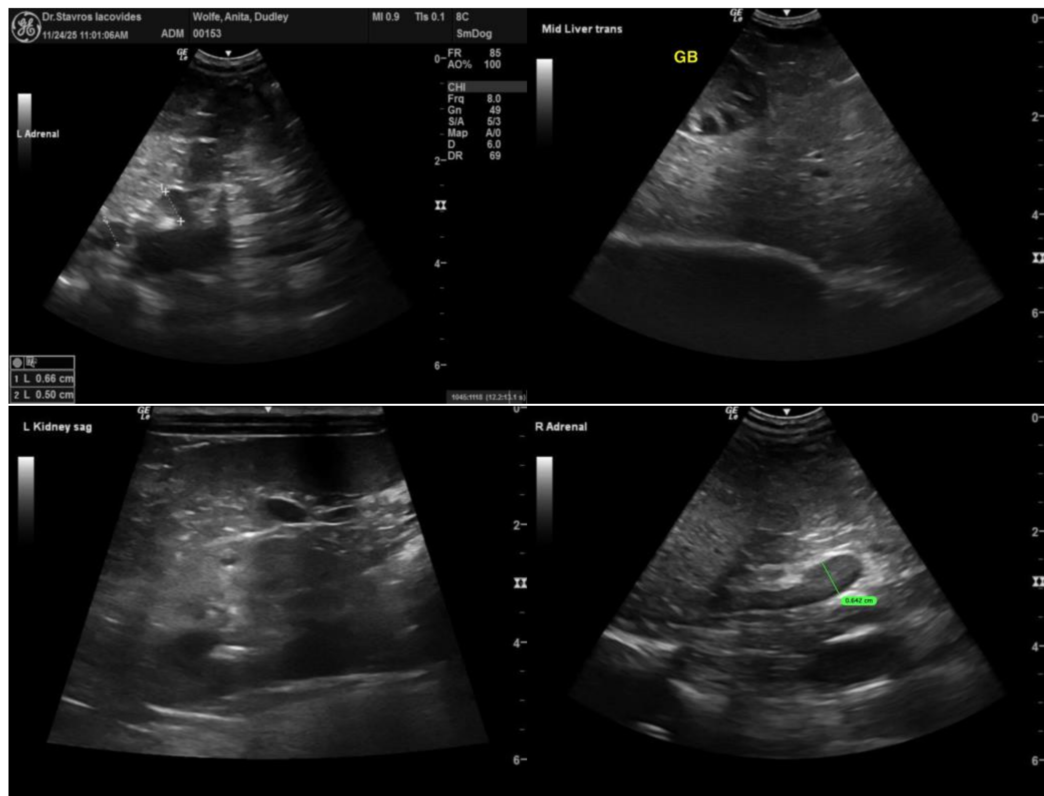

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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