



PATIENT

Jax Kratzer

SPECIES

Canine

BREED

Dachshund

SEX

Neutered Male

AGE

11 Years

WEIGHT

25.6

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Jessica Green

HOSPITAL NAME

Stanglein Veterinary
Clinic

REFERRING VET

Dr. Nathaniel Stanglein

INVOICE

12039

DATE

11/03/25

PRESENTING CLINICAL SIGNS

Morbidly obese patient with history of some OA/back concerns intermittently. Previous BW had elevations in ALP with some potential panting, PU/PD concerns. ACTH stim test in past was normal, but we did start Melatonin, flax seed hulls which owner has been doing. More recently some further elevation in ALP and owner reporting lethargy. Difficult to assess if painful but doesn't seem to have improved with Vetprofen +/- gabapentin. Repeat ACTH stim also normal. No vomiting/diarrhea but AUS to assess if any internal reason for lethargy or if just age/obesity/OA related. Radiographs to be taken day of AUS

Abnormal PE/Chem/CBC/UA Results: ALP 1538

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 residual prostate was sonographically normal.

The visualized medial iliac lymph nodes were sonographically normal without evidence of inflammatory or neoplastic criteria.

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 5.2 cm in length. The right kidney measured 5.5 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.63 cm width at the caudal pole.

The right adrenal gland exhibited mild enlargement, areas of capsule asymmetry and mild nonhomogenous nonmineralized parenchyma. Evidence of parenchymal expansion in the area of the right phrenicoabdominal vein. The right adrenal gland measured 3.2 cm x 1.3 cm width.

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 revealed generalized hepatomegaly. The hepatic parenchyma exhibited overall normal echogenicity with mild to moderate coarse echotexture and mild parenchymal remodeling with normal



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vascular volume. Intermittent mild irregular yet nondisruptive, thinly walled intraparenchymal cysts were visualized with an example measuring 2.7 cm x 1.2 cm.

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.

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

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

Intermittent hepatic/cranial mesenteric cystic lymph nodes were visualized with an example measuring 2.7 cm x 1.5 cm. No evidence of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy with intraparenchymal cysts.
- Mild gallbladder debris (non-mucocele).
- Right adrenal mass with suspect early vascular invasion.
- Mild chronic renal changes.
- Cystic hepatic/cranial mesenteric lymph nodes- subjective benign.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, the hepatopathy is most suggestive of chronic benign criteria with chronic vacuolar or nonobstructive cholestatic hepatopathy favored in conjunction with ALP elevation. The right adrenal mass with suspect early vascular invasion is highly suggestive of neoplastic criteria. Serial monitoring of systemic BP for evidence of hypertension which may suggest pheochromocytoma +/- urine catecholamine level is recommended. Further assessment of the liver and right adrenal gland may include (assuming normal clotting status) screening hepatic FNA cytology and abdominal CT. Hepatosupportive medications with clinical and as needed sonographic monitoring of the liver is progressive hepatopathy as well as the right adrenal gland for evidence of progressive enlargement or vascular invasion, would be a more conservative approach.



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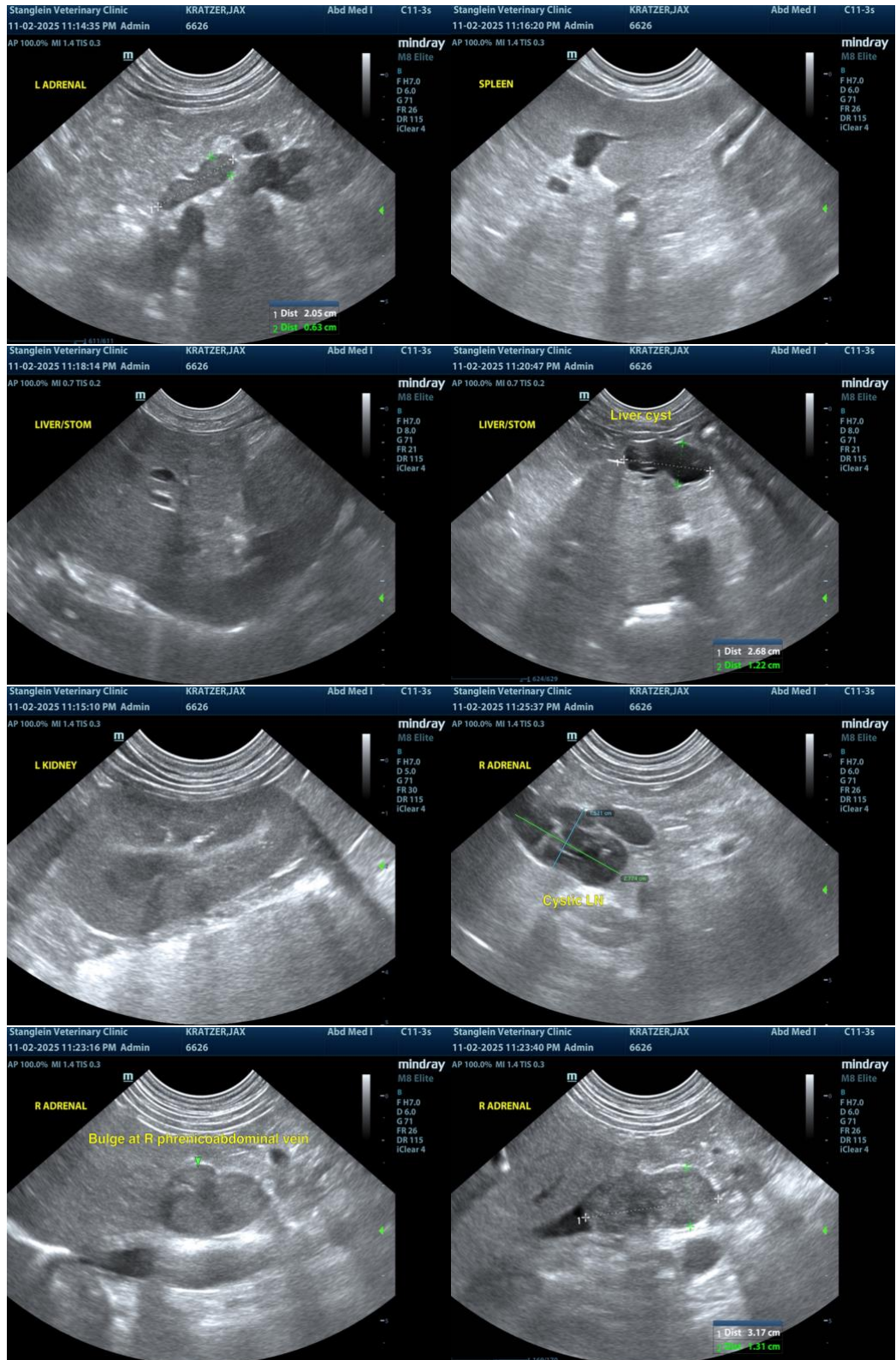
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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