



PATIENT

Rusty Arlin

SPECIES

Canine

BREED

Dachshund

SEX

MN

AGE

13 years

WEIGHT

13.8 lbs.

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Pt boarded 10/15-10/28, was vomiting while boarding; since O has had pt back pt not interested in eating, will eat rotisserie chicken, vomiting resolved with small frequent meals 4.2lbs lost in 1 month PE: BAR, under conditioned with significant muscle atrophy, icteric ABNORMAL

Labwork Values CBC: lym 0.92, hgb 22.6, rdw 21.8, retic hgb 31.1, rbc 10.13 Chem: ALP & ALT unreadable on IH machine, tbil 4.1, ggt 169, chol 430, K 3.1 Current Medications Cerenia, remaining medications pending imaging

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. Minor nondependent 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.

There was no overt pathology in the area of the residual prostate.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination were 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 4.2 cm in length. The right kidney measured 4.8 cm in length.

Adrenal Glands

Bilateral symmetrical adrenal gland enlargement with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 0.95 cm width at the caudal pole. The right adrenal gland measured 0.90 cm width at the caudal pole.

Spleen

The spleen was normal in overall size with primarily symmetrical contour and homogeneous parenchyma. A small to mildly expansive, isoechoic, homogeneous caudal splenic nodule was present, measuring 1.6 cm diameter.

Liver/ Gallbladder

The liver presented generalized hepatomegaly with normal to mildly increased hepatic parenchyma echogenicity and 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

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Santa Clara AH

REFERRING VET

Dr. Pappas

INVOICE

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signs of congestion. The gallbladder was mildly distended in size yet exhibiting normal wall without evidence of edema or inflammation. Nonorganized, gravity dependent to nondependent mildly mineralized gallbladder debris was present. The common bile duct was not definitively visualized without post hepatic obstruction.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, 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 prominent in size with mild capsule asymmetry and mild nonhomogeneous hypoechoic parenchyma compared to mildly hyperechoic peripancreatic to cranial abdomen omentum.

Free Abdomen

No significant omental lymphadenopathy was visualized. No evidence of peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild right limb pancreatitis pattern
- Hepatopathy exhibiting mild parenchyma hyperechogenicity
- Nonorganized mildly mineralized gallbladder debris (non mucocele)
- Empty gastrointestinal tract - nonspecific gastroenteritis
- Age-related renal changes
- Isoechoic caudal splenic nodule - hyperplasia, hematopoiesis, granuloma, inflammation, emerging tumor thought less likely yet not excluded
- Bilateral mild adrenomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended to correlate with the pancreas, as well as the intestinal tract, given weight loss. Assuming normal clotting status, hepatic FNA cytology is warranted for further clarification. Pending additional diagnostics, hepato-gastrointestinal support and empirical therapy for mild pancreatitis with clinical monitoring is recommended.

There is no evidence of post hepatic obstruction, yet sonographic monitoring is indicated if evidence of progressive hepatopathy, icterus, gastrointestinal signs, or weight loss. Although the current clinical



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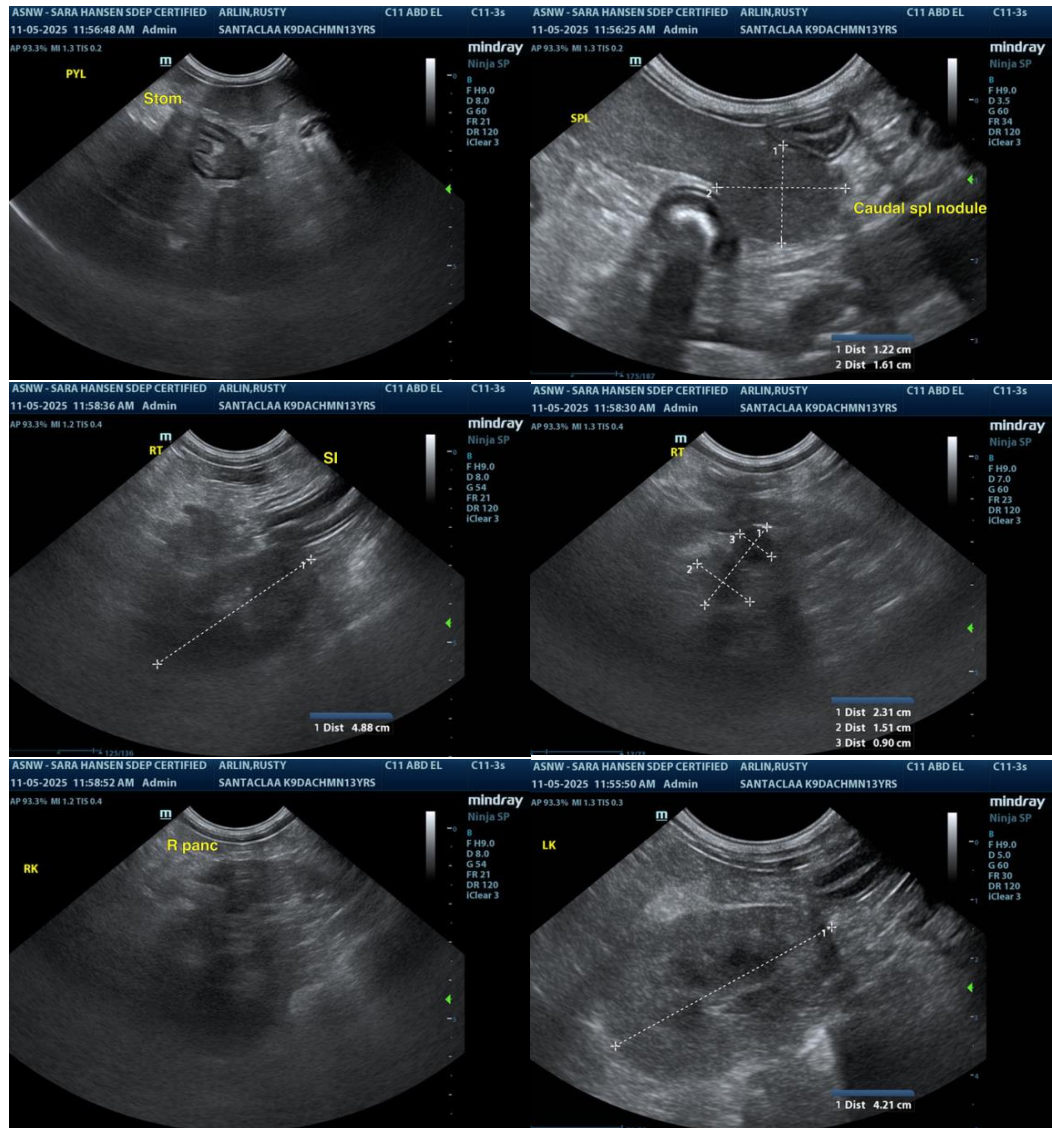
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presentation does not suggest Cushing's Syndrome, adrenal screening or workup would be indicated if clinical signs arise.





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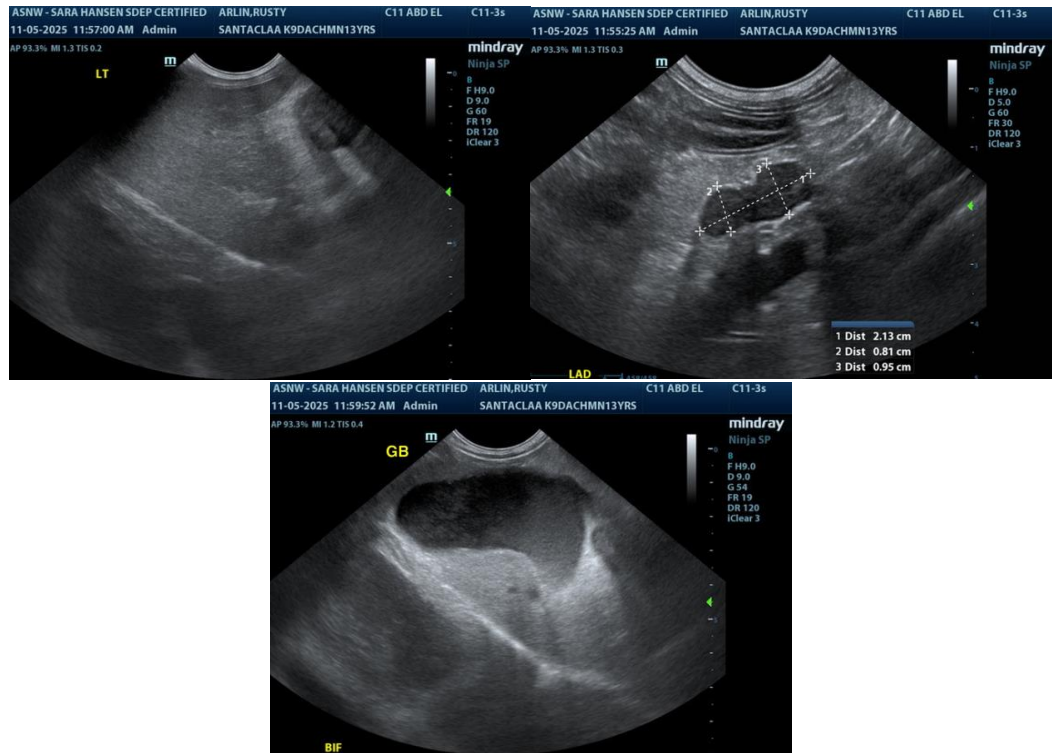
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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