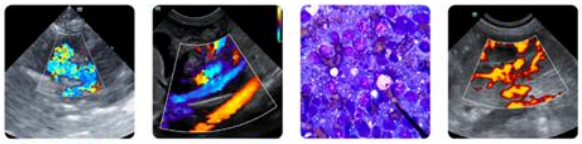


PATIENT
Scooter Wilson

SPECIES
Canine

BREED
Dachshund

SEX
MN

AGE
13yr

WEIGHT
17.8

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

IMAGING PERFORMED BY
Griffin

HOSPITAL NAME
Northside Veterinary Clinic

REFERRING VET
Griffin

INVOICE
24029

DATE
02/27/2026

PRESENTING CLINICAL SIGNS

- Patient isPU/PD
- Abnormal PE/Chem/CBC/UA Results: CBC: WNL CHEM: TP 8.7, Glob 5.1, ALT 127

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Variably sized renal cysts with larger left kidney cyst measuring 1.6 cm in diameter. Bilateral areas of mild medullary mineral were present. The left kidney measured 4.3 cm in length. The right kidney measured 4.6 cm in length.

The area of the aortic trifurcation was free of pathology.

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

Adrenal Glands

Right adrenomegaly. The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.53 cm width in the caudal pole. The right adrenal gland measured 0.65 cm width in the caudal pole.

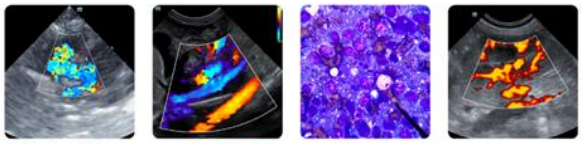
Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal, irregular echogenic nodules were present throughout the cranial to caudal parenchyma. An example measured 0.9 cm in diameter. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver/Gallbladder

The liver was enlarged in size. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. Focal to intermittent, thinly walled, intraparenchymal hepatic cysts were present. The gallbladder was non-distended in size with thin walls and mild to moderate non-organized debris. The cystic and common bile ducts were normal.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of 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 mechanical/metabolic 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

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Enlarged non-homogenous liver with intraparenchymal cyst
- Non-organized gallbladder debris
- Hyperechoic splenic nodules- most consistent with benign criteria, i.e., myelolipomas, hyperplasia, or possible emerging mineralization
- Chronic renal changes exhibiting variably sized cysts and mild medullary mineral
- Non-homogenous adrenal glands with right adrenomegaly- hyperplasia, functional vs non-functional adenomatous change, potential for emerging right adrenal tumor not definitively excluded

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Serial blood pressure measurements are warranted. If hypertension is present i.e. systolic pressure >160 then urine metanephrine level is indicated to assess for pheochromocytoma. If the patient appears Cushingoid then work-up for adrenal dependent Cushing's is indicated. Serial monitoring of the right adrenal gland for evidence of progressive enlargement with initial recheck in 4-6 weeks is recommended.

UA, C/S and UPC level for renal staging is recommended. Overall, the hepatopathy is most consistent with benign criteria. Hepatosupportive medications may prove beneficial.

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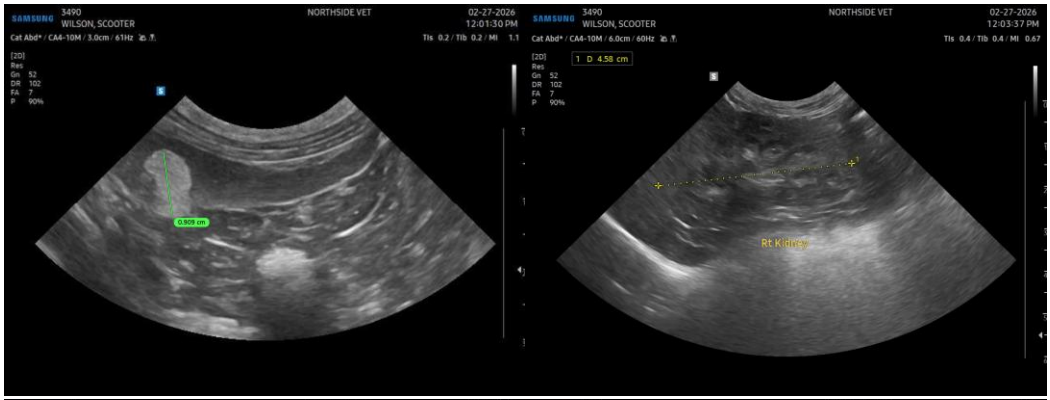

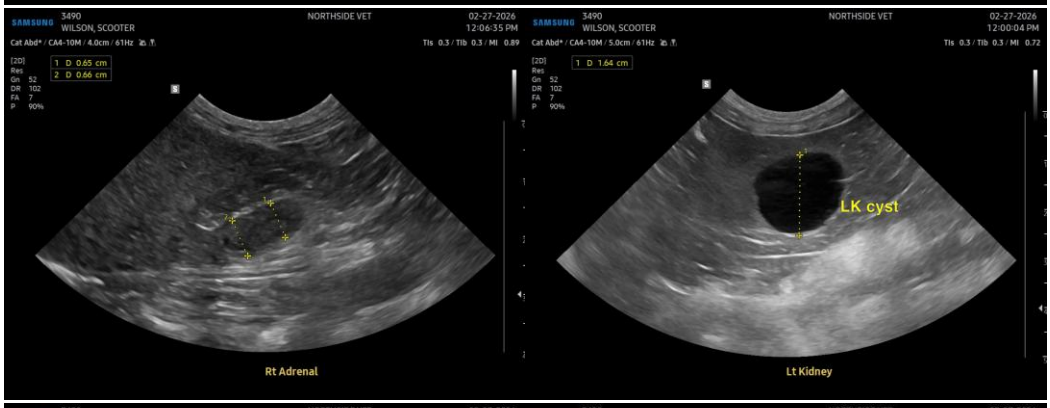

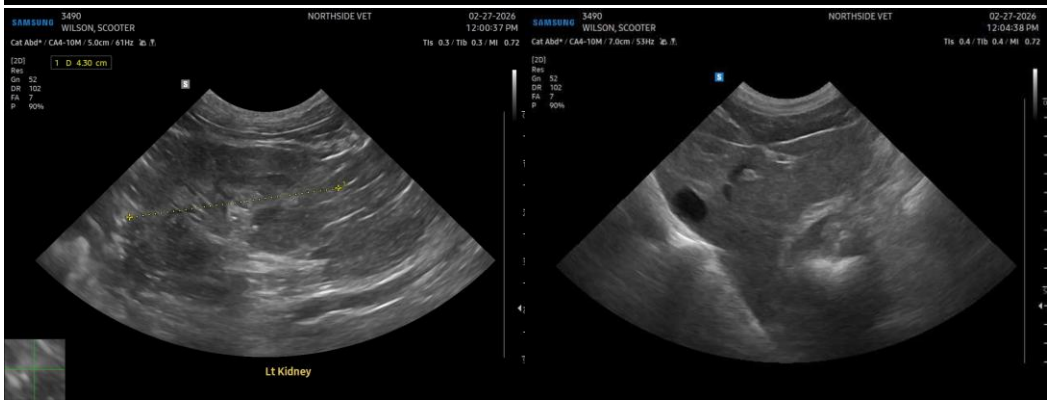

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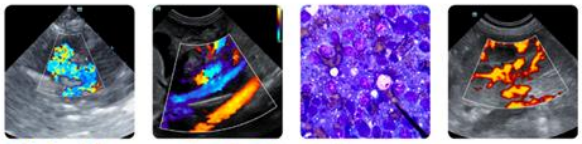

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Educational Teleconsultation Services™

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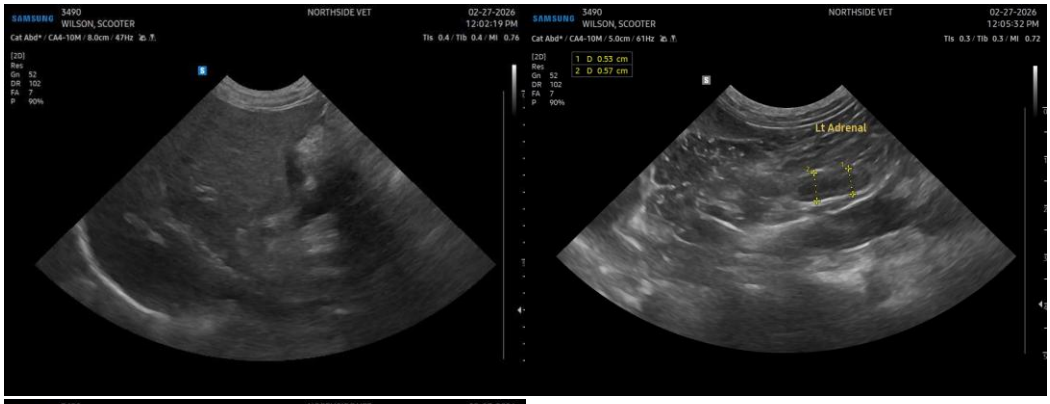

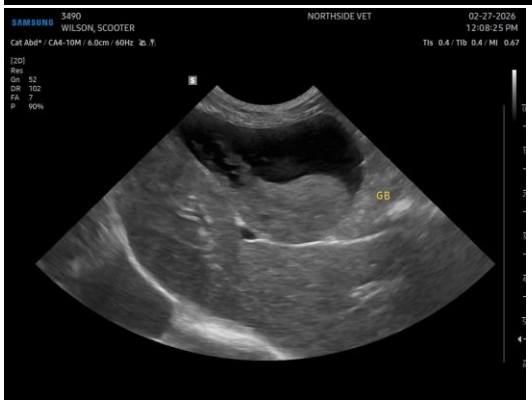

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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