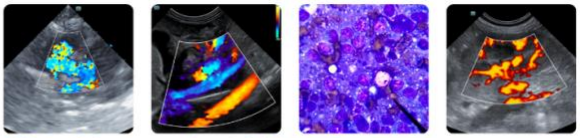

SonoPath www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423

PATIENT

Red Newport

SPECIES

Canine

BREED

Dachshund

SEX

Neutered Male

AGE

6 Years

WEIGHT

26.3 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Paws Animal Hospital

REFERRING VET

Dr. Johnson

INVOICE

13592

DATE

02/04/26

PRESENTING CLINICAL SIGNS

- Clinical Exam Findings: Presented on 1/6/26 for difficulty walking and diarrhea. Mildly distended abdomen that is uncomfortable/painful upon palpation. Delayed CP RPL
- Having repeated episodes of pain and diarrhea since visit on 1/6/26.
- ABNORMAL Labwork Values: BUN 8.6 low, ALB 4.3 high, GLU 136 high, TCHO 334 high

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was subnormal in size owing to lack of urine distention prohibiting full evaluation of the urinary bladder wall with no overt tumors. Mild lumen mineral with mild anechoic urine was present. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The area of the residual prostate appeared normal and 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 5.6 cm in length. The right kidney measured 5.7 cm in length.

Adrenal Glands

The bilateral adrenal glands were enlarged in size exhibiting symmetrical intact capsule contour and maintained homogenous nonmineralized parenchyma. The left adrenal gland measured 2.6 cm length x 1.6 cm width at the cranial pole and 0.72 cm width at the caudal pole. The right adrenal gland measured 2.2 cm length x 1.8 cm width at the cranial pole and 1.2 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 & Gallbladder

The liver presented 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 minor nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

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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 pancreas base and proximal right pancreatic limb was hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. 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

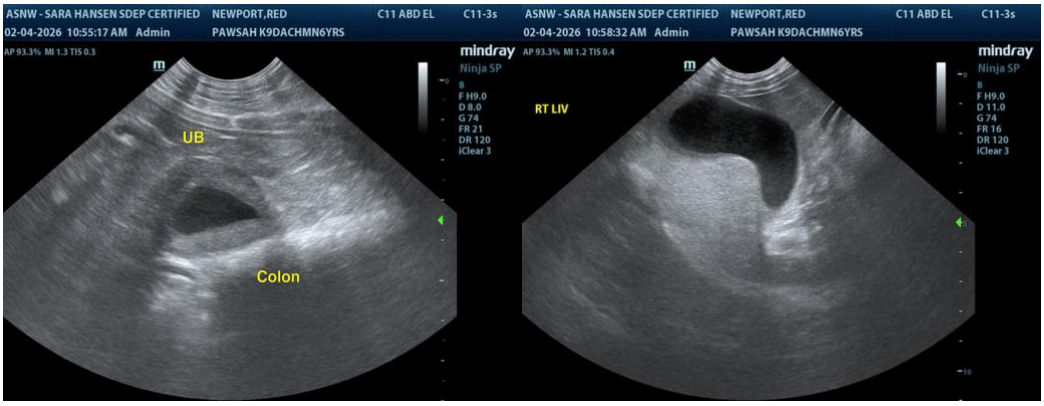
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically normal gastrointestinal tract/colon.
- Hepatomegaly.
- Minor nonorganized gallbladder debris (non-mucocele).
- Bilateral adrenomegaly- hyperplasia, functional versus nonfunctional cortical adenoma, neoplasia thought less likely.
- Hyperechoic pancreas base and right pancreatic limb- chronic pancreatitis or possible pancreatic fibrosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Adrenal workup with LDDST is recommended if clinical signs are consistent with Cushing's syndrome. A spec cPL is warranted to correlate with the pancreas. Monitoring of hepatic enzyme parameters +/- hepatosupportive medications, if evidence of hepatopathy along with concurrent as needed gastrointestinal support is recommended. Sonographic monitoring of the bilateral adrenal glands for evidence of progressive enlargement with initial recheck in six to eight weeks would be ideal.



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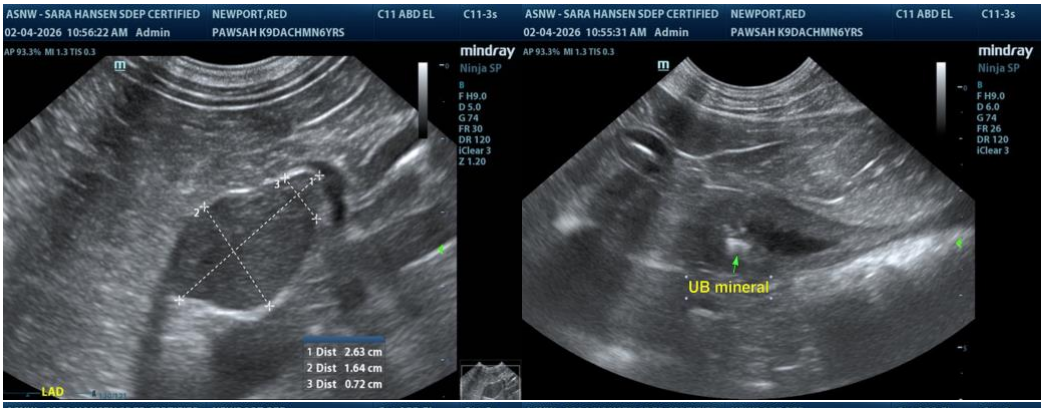

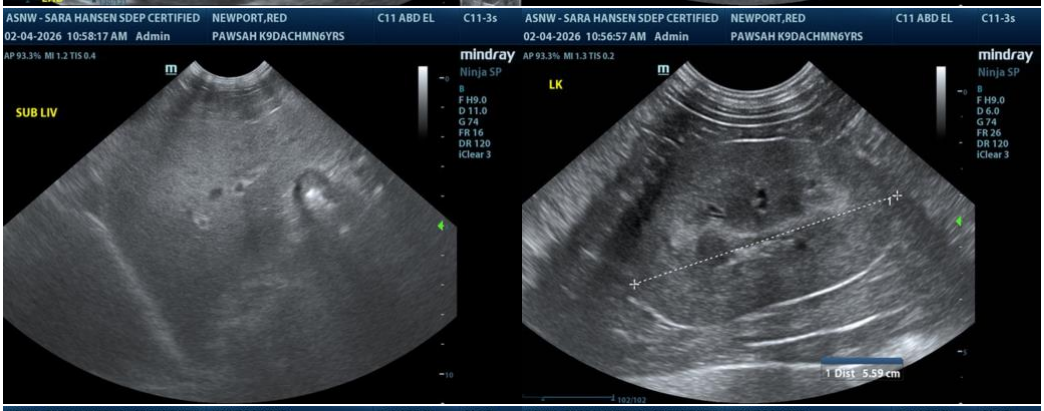

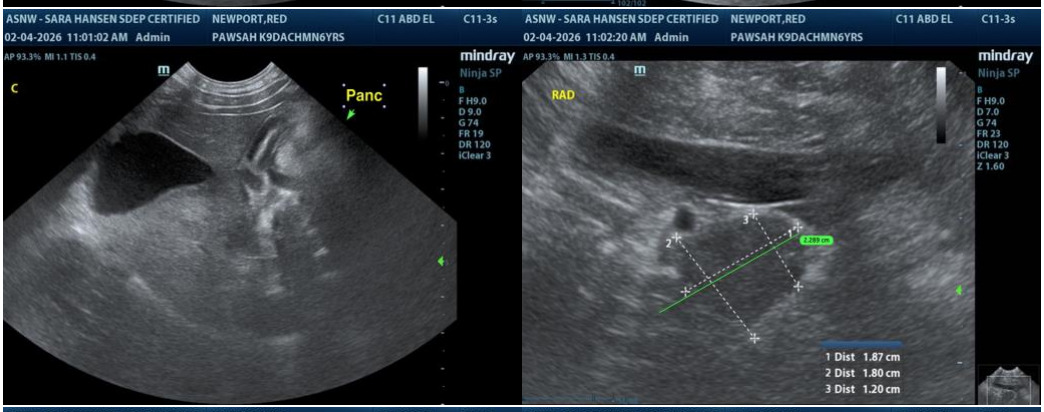

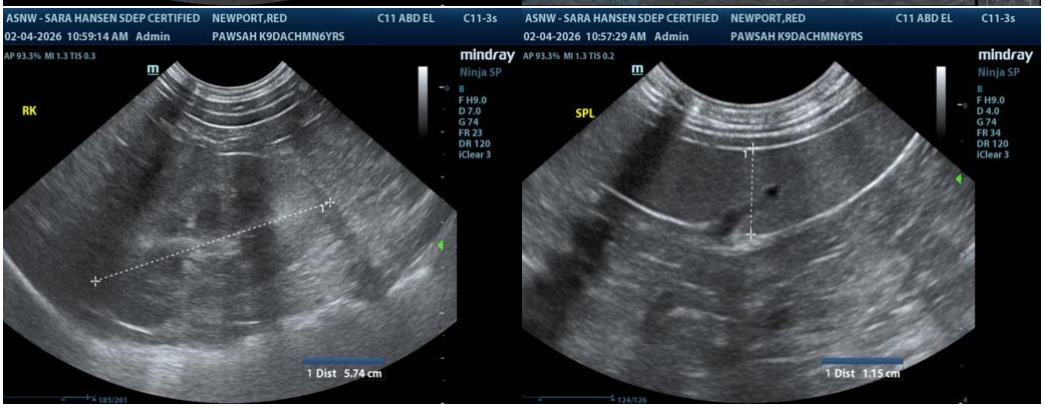

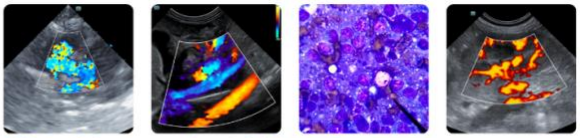

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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