

## PATIENT

Charlie Corrigan

## SPECIES

Canine

## BREED

Dachshund

## SEX

Neutered Male

## AGE

2010

## WEIGHT

21

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Rebekah Jakum, CVT,  
ARDMS/RVT

## HOSPITAL NAME

Mt. Airy Animal  
Hospital

## REFERRING VET

Dr. Riley

## INVOICE

14091

## DATE

03/05/26

## PRESENTING CLINICAL SIGNS

- Increased intermittent diarrhea, hematochezia
- Increased PU/PD, BP wnl
- Medication: levothyroxine .2mg BID, Denamarin, Apoquel

## 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.

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 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. Medullary mineral to small renoliths with mild pyelectasia was present bilaterally. The left kidney measured 4.5 cm in length. The right kidney measured 5.1 cm in length.

### Adrenal Glands

The adrenal glands were asymmetrically enlarged with mild nonhomogenous to indistinctly nodular nonmineralized parenchyma. The right adrenal gland measured 0.77 cm width at the caudal pole. The left adrenal gland measured 0.73 cm width at the caudal pole.

### Spleen

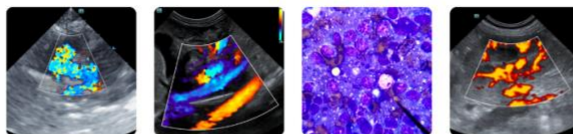
The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature 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. Intermittent small hyperechoic splenic nodules were present.

### Liver & Gallbladder

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

The gallbladder was mildly distended in size. The gallbladder lumen was primarily occupied by variably congealed nonmineralized gallbladder debris. No evidence of pericholecystic inflammation. The common bile duct was not visualized.

### 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. Mild hyperechoic duodenojejunal mucosal speckling.

Normal visible colon wall layers were present with semi formed fecal matter.

**Pancreas**

The pancreas was normal in size and contour with heterogeneous mild to variably hyperechoic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

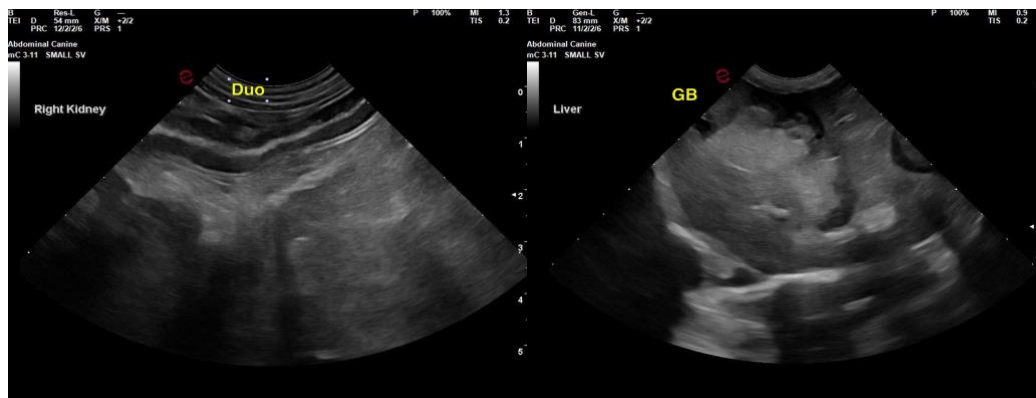
**ULTRASONOGRAPHIC FINDINGS**

- Enlarged nonhomogenous liver.
- Noninflamed gallbladder mucocele.
- Bilaterally enlarged to indistinctly nodular adrenal glands.
- Chronic/chronic active pancreatitis with remodeling.
- Nonspecific mild intestinal mucosal speckling.
- Mild nonhomogenous spleen with intermittent hyperechoic nodules.
- Bilateral chronic renal changes exhibiting mild medullary renolithiasis and mild pyelectasia.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Adrenal workup is recommended if not previously or recently done. The hepatosplenic presentation is most suggestive of benign criteria with minor potential for occult hepatosplenic neoplasia. Nonspecific chronic enteropathy without overt evidence of enterocolic neoplastic criteria i.e. non-specific enterocolitis, IBD or other are probable. Correlation of the intestinal tract and pancreas with a GI panel to include PLI, TLI, cobalamin and folate is suggested.

Hepatogastrointestinal support which may include ursodiol trial if tolerated, dietary therapy, gastroprotectants and high colony count probiotic, cobalamin supplementation (pending assessment of cobalamin level) and as needed gastroprotectants may prove beneficial. Sonographic monitoring is recommended if progressive gastrointestinal signs, weight loss or hepatopathy.





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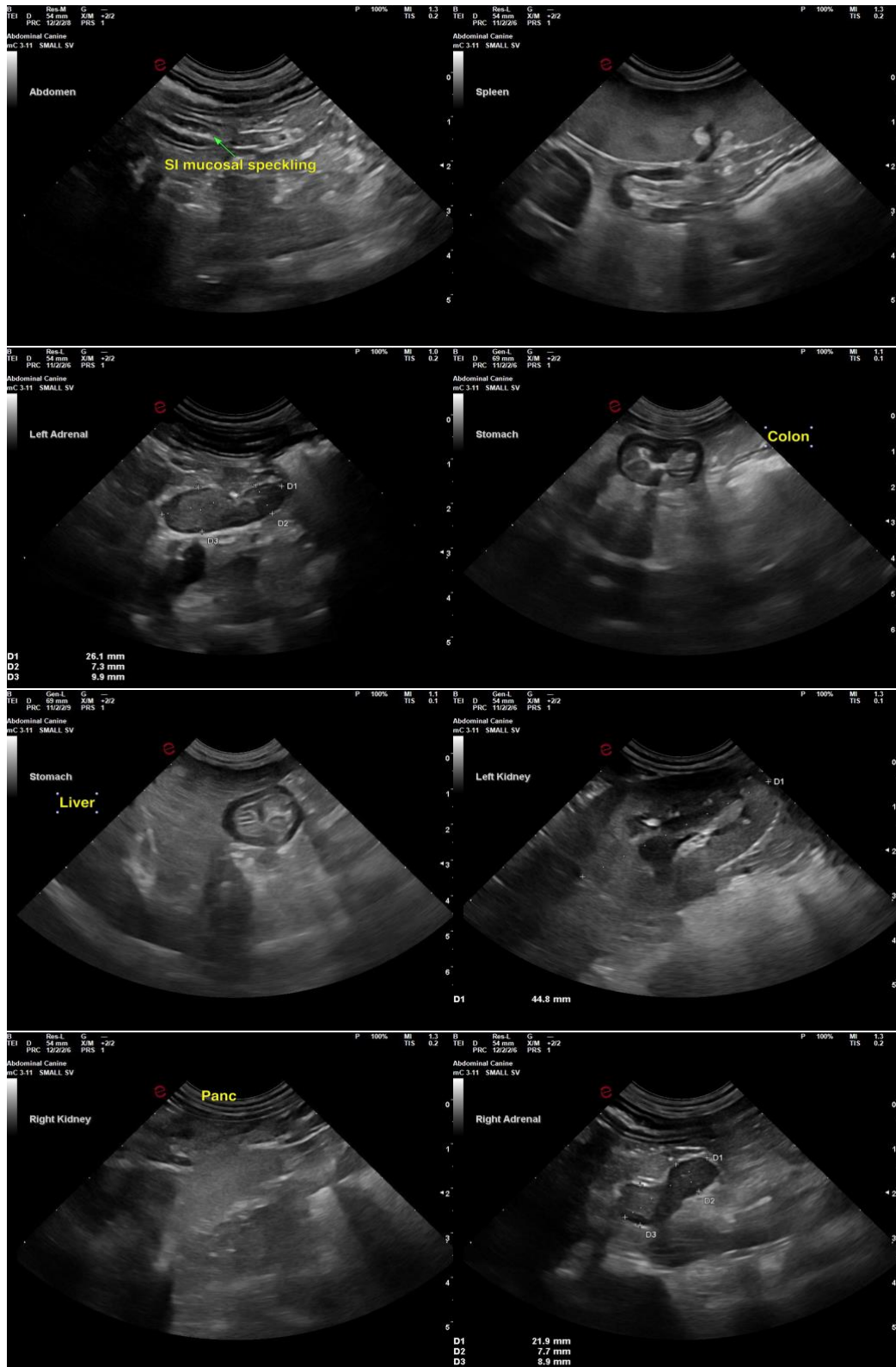
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)