

## PATIENT

Phil Hamilton

## SPECIES

Canine

## BREED

Dachshund

## SEX

MN

## AGE

15yr

## WEIGHT

6.1kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr Sarah Barthelemy

## HOSPITAL NAME

Petzoic Vet

## REFERRING VET

Petzoic Vet

## INVOICE

24633

## DATE

04/27/2026

## PRESENTING CLINICAL SIGNS

Initially diagnosed with IMHA however anemia appears non-regenerative and has been non-responsive to prednisone therapy. Received blood transfusion April 10

Abnormal PE/Chem/CBC/UA Results: Hematocrit 15% Monocytosis and neutrophilia moderate

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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 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 4.7 cm in length. The right kidney measured 5.0 cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate appeared normal and free of pathology.

### Adrenal Glands

The right adrenal gland was normal in size; the left adrenal gland was mildly enlarged at the caudal pole. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.7 cm width in the caudal pole. The right adrenal gland measured 0.47 cm width in the caudal pole.

### Spleen

The spleen was normal in size with minor perihilar medial capsule asymmetrical contour and variable heterogeneous to indistinct areas of hyperechoic splenic parenchyma. No mass or nodules were visualized.

### Liver/Gallbladder

The liver presented mildly 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 mild non-organized debris. The cystic and common bile ducts were normal.

### Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild variably echogenic non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material. The stomach wall measured 0.35 cm in width.



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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. The duodenum wall measured 0.56 cm width. The jejunum wall measured 0.28 cm width.

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

## SPECIES

Canine

### *Pancreas*

The parenchyma of the right pancreas 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.

## BREED

Dachshund

### *Free Abdomen*

## SEX

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

## MN

## ULTRASONOGRAPHIC FINDINGS

### Primary

## AGE

15yr

- Mild chronic renal changes
- Mild enlarged caudal left adrenal gland- subjective benign
- Mild benign hepatomegaly- likely consistent with steroid vacuolar or cholestatic hepatopathy
- Mild non-organized gallbladder debris (non-mucocele)
- Normal gastrointestinal tract with mild non-shadowing gastric ingesta- most consistent with food echogenicity
- Mild chronic pancreatitis/ fibrosis
- Non-enlarged spleen with a mild heterogeneous to indistinct hyperechoic parenchyma

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no evidence of significant visceral pathology as a definitive cause of the patient's anemia, such as definitive neoplasia, evidence of masses, and with the kidneys not overtly consistent with end-stage chronic renal failure. Correlation with UA is recommended. The spleen was not overtly suggestive of neoplastic criteria with benign age-related or reactive splenic changes probable. Infectious disease testing, if clinically indicated and consideration for concurrent doxycycline trial in conjunction with current prednisone is recommended. Consideration for bone marrow disease may be indicated.

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For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

## REFERRING VET

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One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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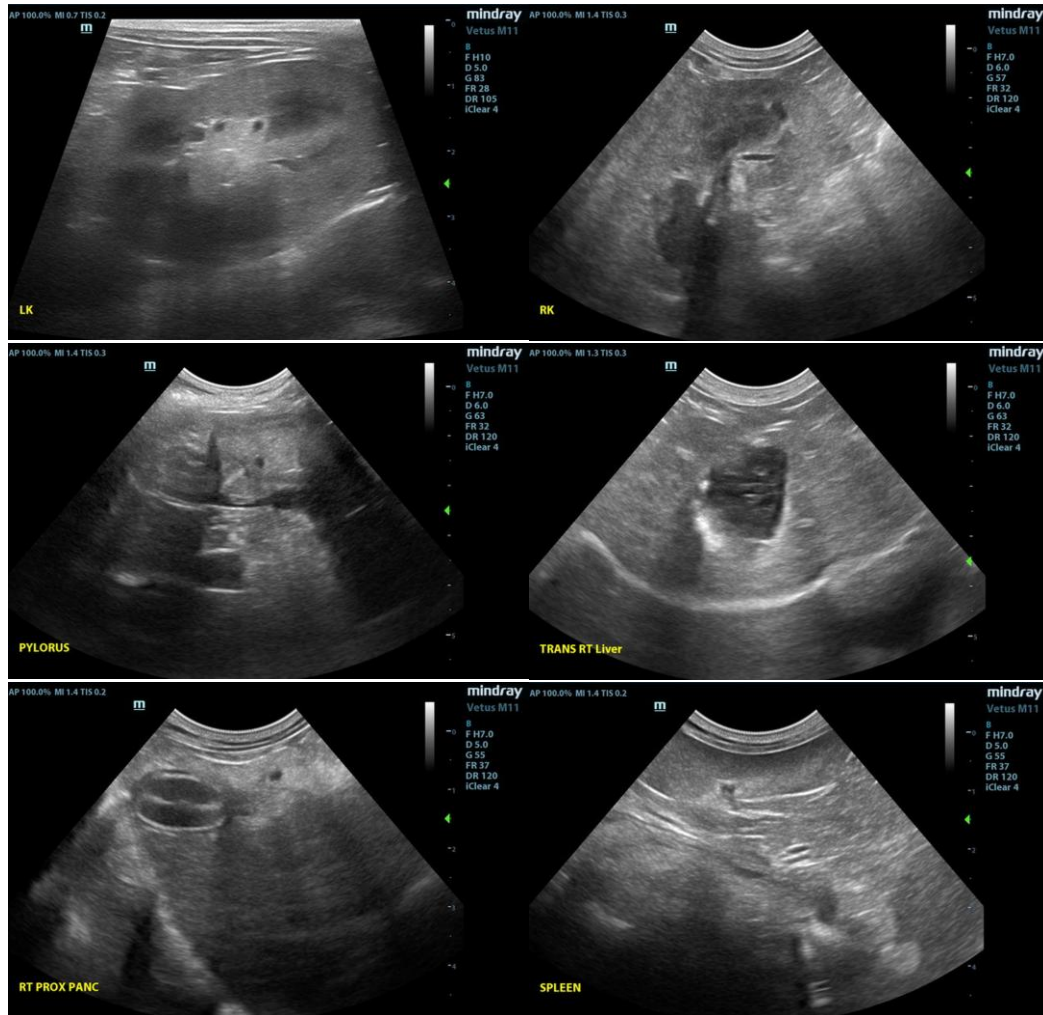
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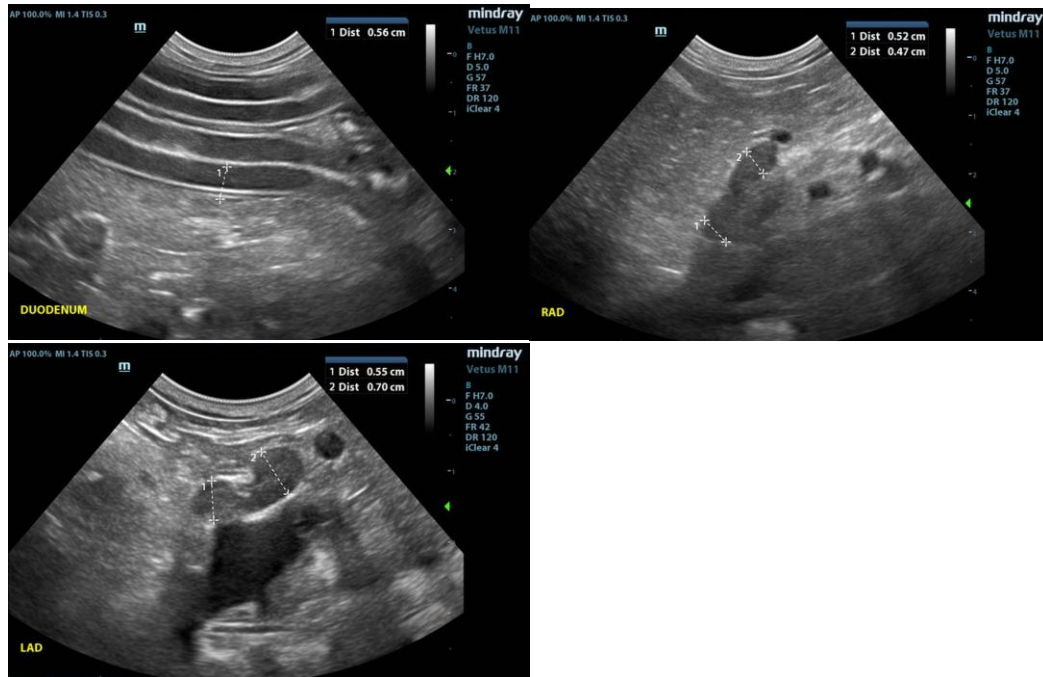
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)