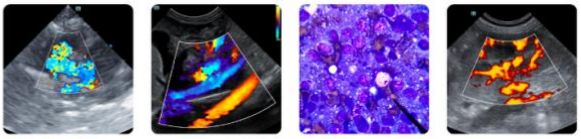


PATIENT

Wally Hoffman

SPECIES

Canine

BREED

Dachshund Mix

SEX

Neutered Male

AGE

12 Years

WEIGHT

9.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Juli Sorenson

HOSPITAL NAME

Emergency Veterinarians of Idaho LLC

REFERRING VET

Dr. Juli Sorenson

INVOICE

15538

DATE

04/29/26

PRESENTING CLINICAL SIGNS

Starting three days ago began acting painful. Shaking, crying, painting, still eating drinking, no vomiting/diarrhea.

Abnormal PE/Chem/CBC/UA Results: Albumin 5.1, ALP >2400, ALT 129, Ca 13.5, phos 7.1, glucose111

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was nondistended in size with normal tone. The 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. Echogenic to particulate nondependent mild 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.

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

The area of the aortic trifurcation was 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 loss of corticomedullary symmetry and definition expected for the age of the patient. Variable thinly walled cysts were present with mild medullary mineral. No evidence of pyelectasia. The left kidney measured 5.5 cm in length. The right kidney measured 5.4 cm in length. An example of left kidney cyst measured 1.2 cm in diameter, and an example of the right kidney cyst measured 0.96 cm in diameter.

Adrenal Glands

The bilateral adrenal glands were mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.73 cm width in the caudal pole. The right adrenal gland measured 0.71 cm width in the caudal pole.

Spleen

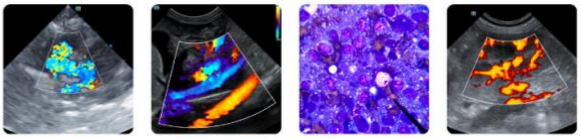
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver & Gallbladder

The liver revealed generalized hepatomegaly. Generalized nonhomogenous remodeled parenchyma with a mild/ moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with moderate nondependent to peripheral nonorganized nonmineralized 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 contained minor retained gastric fluid 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 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 visualized significant omental lymphadenopathy was present. Minor left lateral abdomen effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Chronic renal changes exhibiting renal cysts and mild medullary mineral.
- Enlarged nonhomogenous liver.
- Nonorganized gallbladder debris/early immature mucocele.
- Bilateral mild adrenomegaly.
- Sonographically unremarkable gastrointestinal tract/pancreas with minor retained gastric fluid.
- Minor distended urinary bladder with mild urine sediment.
- Mild nonspecific lateral abdomen effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, the bilateral kidneys are most consistent with chronic renal changes without overt evidence of neoplastic criteria. Emerging non-specific nephritis is not definitively excluded. Correlation with urinalysis, including culture/sensitivity +/- UPC level for renal staging and monitoring of renal parameters is recommended. Although non-specific chronic benign hepatopathy is favored with minor potential for emerging to occult hepatic neoplasia.

Further assessment may include (assuming normal clotting status and using a 25-gauge needle) screening hepatic FNA cytology in conjunction with three view chest radiographs and rectal palpation given hypercalcemia. Full adrenal workup with LDDST is warranted if clinical signs are consistent with Cushing's syndrome and concurrent decreased urine specific gravity. Correlation with musculoskeletal examination is recommended.

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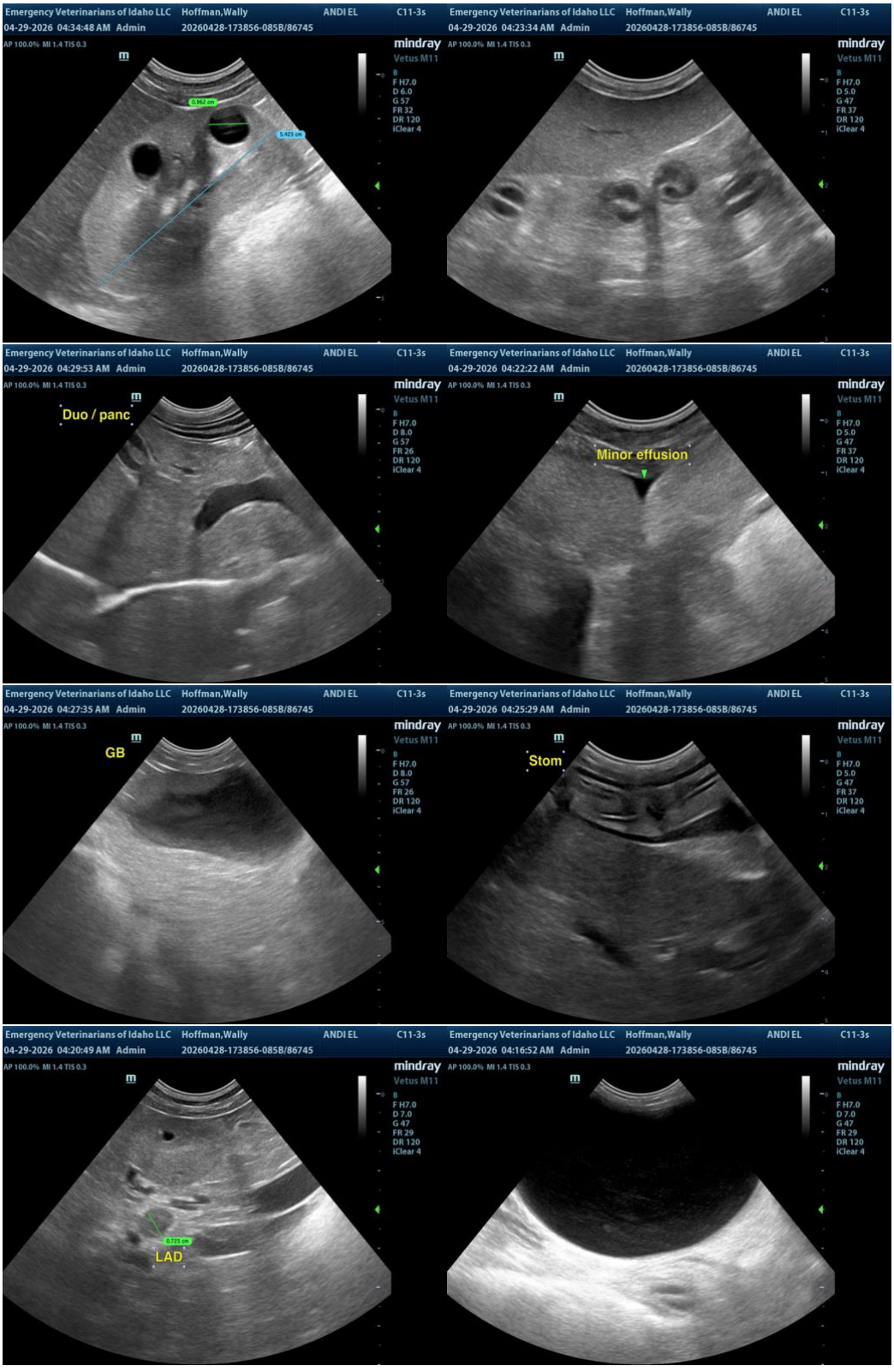

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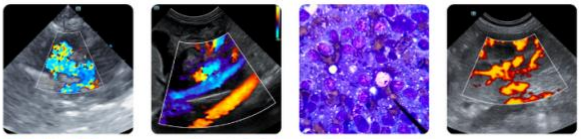

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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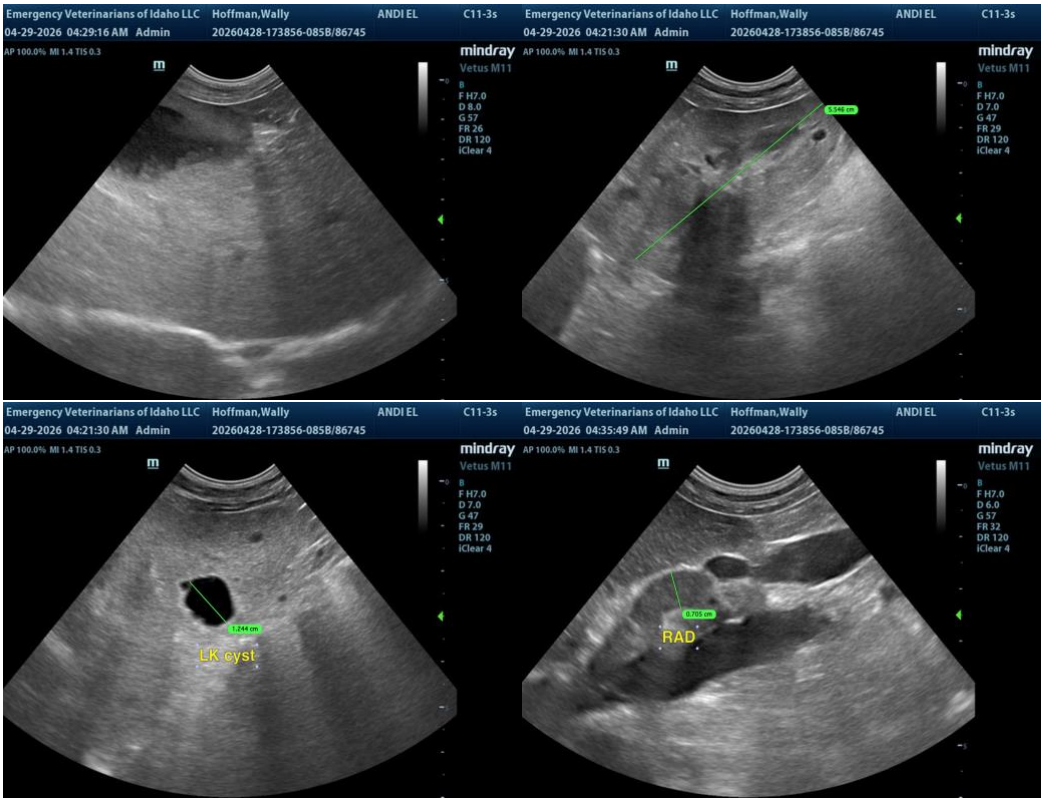

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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