



PATIENT

Blaze Sulli

SPECIES

Canine

BREED

Dachshund

SEX

Intact Male

AGE

13 years old

WEIGHT

17 lbs

INTERPRETED BY

Remo Lobetti, BVSc,
MMedVet (Med),
PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Dr. Sonya Meyers

HOSPITAL NAME

Banfield Altamonte
Springs

REFERRING VET

Dr. Williams

INVOICE

10719

DATE

11/10/2025

PRESENTING CLINICAL SIGNS

Ultrasound of liver and possible biopsy.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area, proximal urethra (0.5 cm), and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes (1.5 cm in length). Ureters not visualized, which can be considered a normal finding.

Normal renal size, with an increased echogenic appearance, some loss of cortico-medullary differentiation, pyelectasia (left 0.4 cm, right 0.3 cm) and a regular curvilinear capsule. No infarcts or renoliths evident. Bilateral pinpoint mineralization present. Left kidney measures 5.0 cm, and the right kidney measures 5.5 cm.

Reproductive

The prostate is mildly enlarged (2.8 cm x 2.9 cm) with a hyperechogenic appearance and a regular curvilinear capsule. Normal appearance of the periprostatic tissue.

Left testicle measures 2.8 cm in length.

Right testicle measures 3.0 cm in length.

Adrenal Glands

The left adrenal gland was normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measures 0.55 cm and 0.63 cm in width.

The right adrenal gland had focal, hyperechogenic parenchymal nodule in the cranial pole of the right gland measuring approximately 1.0 cm x 1.5 cm in size. The rest of the gland is of normal size, shape, echogenic appearance, maintaining a normal position and appearance of a visible periadrenal vasculature. The right adrenal measures 0.64 cm in width.

Spleen

Normal size (1.1 cm in width) and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident.

Liver

Enlarged with rounded edges. A diffuse increased echogenic course, and nodular appearance. Prominent portal markings, and a regular curvilinear capsule. Nodules are hypoechoic, small, and parenchymal. No masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder



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Full containing a small amount of non-adhered hyperechogenic sediment. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct. Bile duct measures 0.2 cm in diameter.

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Gastrointestinal

Normal appearance of the stomach (0.37 cm), duodenum (0.42 cm), small intestine (jejunum measures 0.41 cm), ileo-cecal junction, and colon (1.7 cm) with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.

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Dachshund

Pancreas

SEX

Intact Male

Normal size with a hyperechogenic appearance and an irregular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas. Left pancreas measures 1.2 cm in width. Right pancreas measures 1.2 cm in width.

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Free Abdomen

Normal mesenteric lymph nodes (1.4 cm in length)
No ascites evident.

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ULTRASONOGRAPHIC FINDINGS

- Nodular hepatopathy.
- Right adrenal nodule.
- Chronic pancreatitis versus pancreatic fibrosis.
- Age related renal changes versus early chronic kidney disease.
- Prostatomegaly.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Etiologies for the nodular hepatopathy would be nodular hyperplasia, chronic hepatitis, granulomatous disease with infiltrative neoplasia a less likely differential diagnosis.

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The most likely etiology for the adrenal nodule would be an incidental non-functional adenoma. Although, the pyelectasia is most likely secondary to the chronic kidney changes. Underlying low-grade pyelonephritis should still be considered.

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The most likely etiology for the prostatomegaly would be benign prostatic hyperplasia.

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Further assessment would be urinalysis, urine culture, CPL/PSL assay, and FNA cytology of the liver. A tru cut or wedge biopsy of the liver may however be required for a final etiological diagnosis.

Specific therapy would be dependent on an etiological diagnosis.

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Symptomatic management of the nodular hepatopathy that could be considered would be the use of ursodiol with regular monitoring of liver enzyme activity.

Ultrasound monitoring of the adrenal nodule would be recommended.



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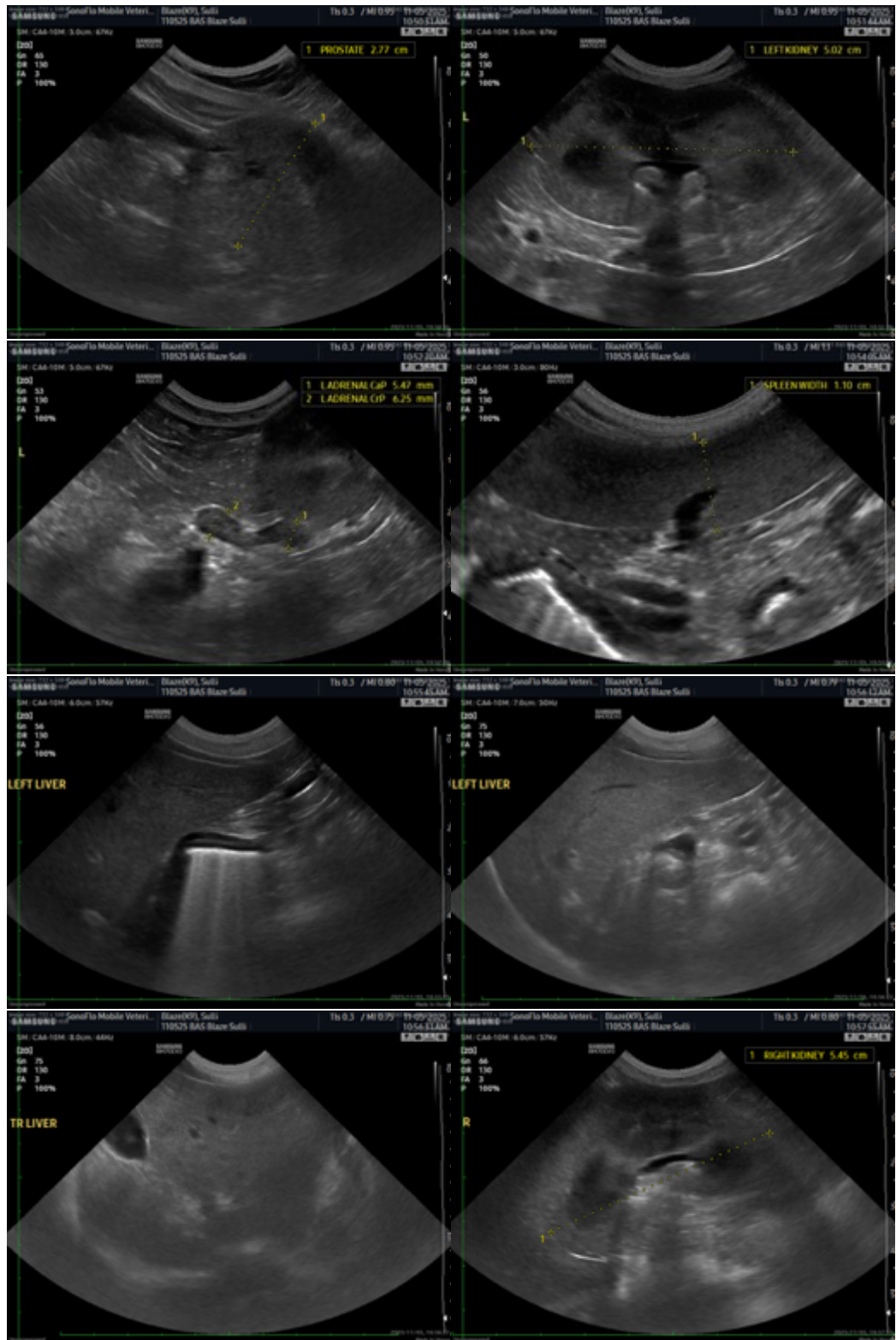
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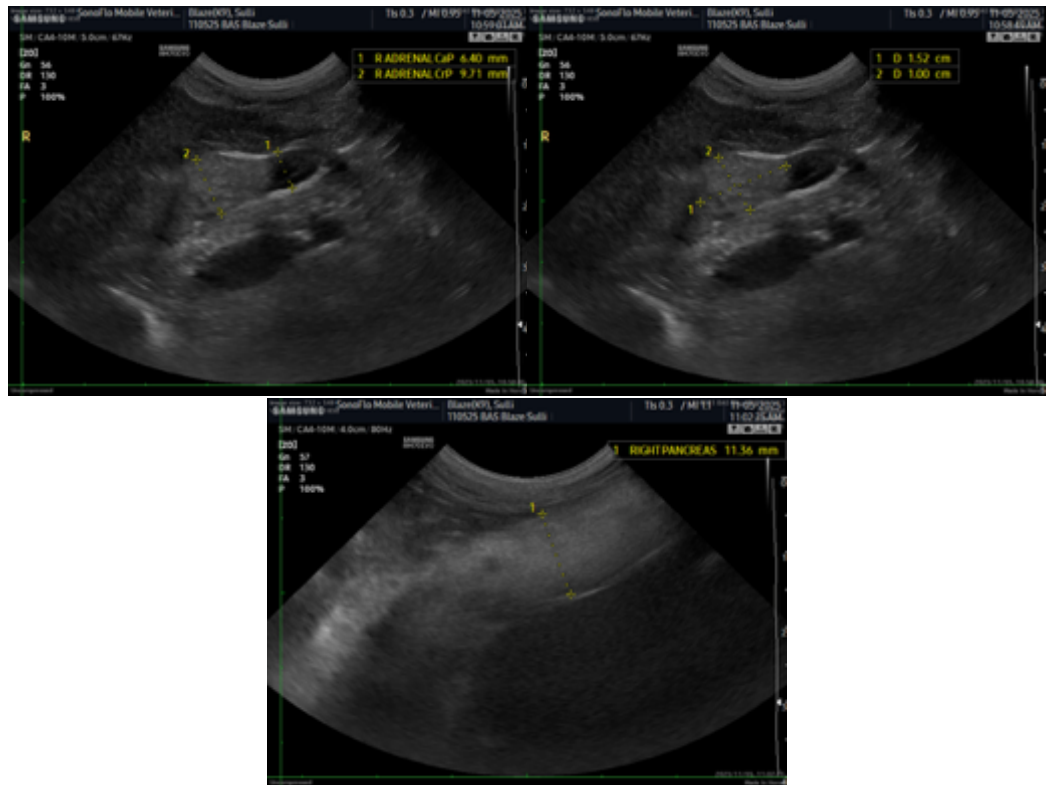
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

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