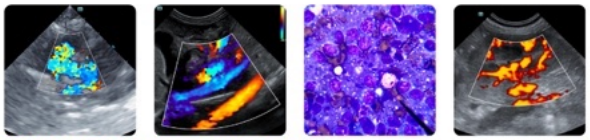


PATIENT

Scarlett Courtemanche

SPECIES

Canine

BREED

Dachshund

SEX

Spayed female

AGE

13 years

WEIGHT

17.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski, DVM, MA

HOSPITAL NAME

Western New York Vetererinay Service

REFERRING VET

Dr. DeGelorm

INVOICE

72152

DATE

3/3/26

PRESENTING CLINICAL SIGNS

- RDVM REASON FOR REFERRAL: Increased liver values, hypercalcemia, and low white cell count.
- CLINICAL SIGNS: Patient is clinically normal, but the owner notes she is slowing down a little. Abnormalities were revealed on senior screening blood work. Blood work was not provided by the rDVM; we have requested the records.
- Owner reports increased drinking and urinating. Appetite is good; owner feels she may be hungrier, but they are also cutting back on her food for weight loss. Current weight is 17.5 lbs, with a target of 15 lbs. She has a history of weight fluctuations. She is less active than she used to be.
- No vomiting. She has a history of diarrhea when on a previous diet (Just Food for Dogs), but her stools have been normal on her current diet.
- She was attacked by a raccoon last year. She also fell down the stairs a while ago.
- MEDICATIONS: Apoquel, Librela injections, Simparica Trio
- DIET: A mix of Royal Canin Dry for 8+ Dachshunds and Royal Canin Mature.
- Victor Vet Care 2/23/2026 CBC - WBC 4.01 10^9/l (low) - Lym 0.54 10^9/l (low) - Mon 0.20 10^9/l (low) - RBC 8.89 10^12/l (high) - Hgb 20.1 g/dl (high) Blood Chem - Alb 4.7 g/dL (high) - Alp 1550 U/L (high) - Alt 691 U/L (high) - TBil 0.6 mg/dL (high) - Ca 12.8 mg/dL (high) Thyroxine (T4)/Cholesterol Test - T4 (invalid result?) - Chol 442 mg/dL (high)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

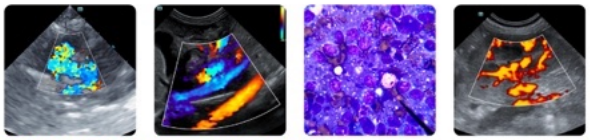
Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 4.7 cm, right measured 5.2 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

The adrenal glands are plump in size, but maintained a normal shape, echogenic appearance, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.69 cm in length x 0.64 cm and 0.75 cm in width. The right adrenal gland measured 1.82 cm in length x 0.68 cm and 0.81 cm in width.



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Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. Incidental myelolipoma is present. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.2 cm in width.

Liver

Normal size with a diffuse, increased echogenic appearance, normal portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

The gallbladder is full containing a moderate 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.

Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen. A small amount of ingesta is present in the stomach compatible with a recent meal.

Pancreas

Normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

Thorax

Normal appearance of the heart. No pericardial or pleural effusion evident.

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ULTRASONOGRAPHIC FINDINGS

- Hepatoapthy.
- Gallbladder sediment.
- Plump adrenal glands.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatopathy would be reactive hyperplasia, early nodular hypeplasia, vacuolar and metabolic with hepatitis and infiltrative neoplasia an unlikely differential diagnosis.

The gallbladder sediment is most likely an incidental finding.

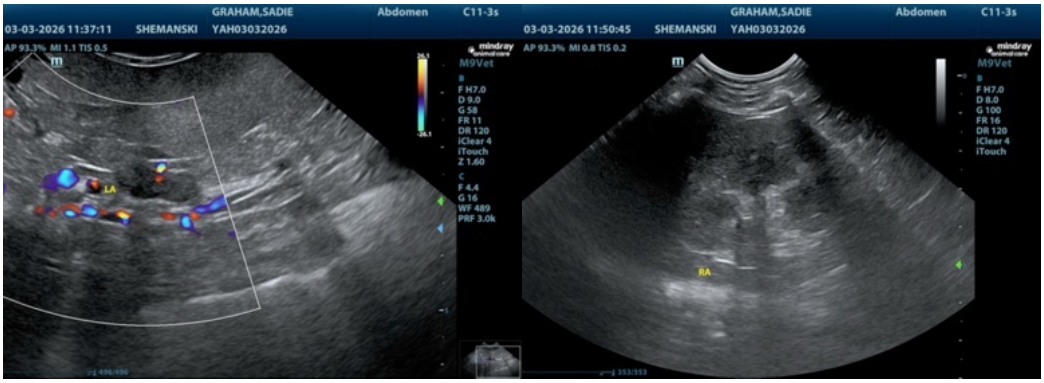
Etiologies for the plump adrenal glands would be age related reactive hyperplasia, disease, stress and possibly emerging pituitary dependent Cushing's disease.

Further assessment would be urine specific gravity and urine cortisol to creatinine ratio and if abnormal then adrenal function testing (ACTH stimulation/LDDST) would then be indicated.

If Cushing's disease has been excluded then further assessment of the hepatopathy would be FNA cytology. However, a tru cut or wedge biopsy may be required for a final etiological diagnosis.

Further assessment of the hypercalcemia would be a hypercalcemia malignancy panel.

Specific therapy would be dependent on an etiological diagnosis.



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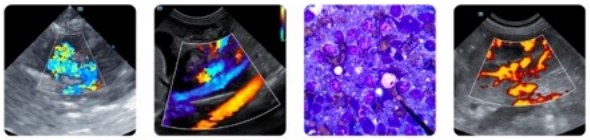

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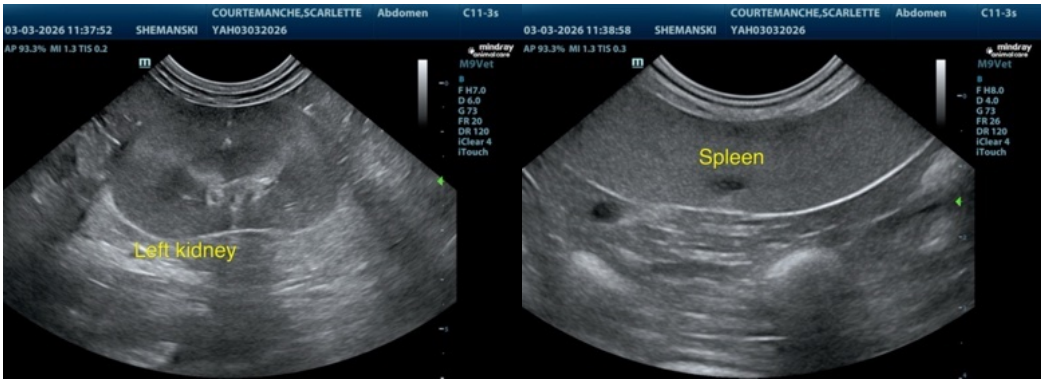

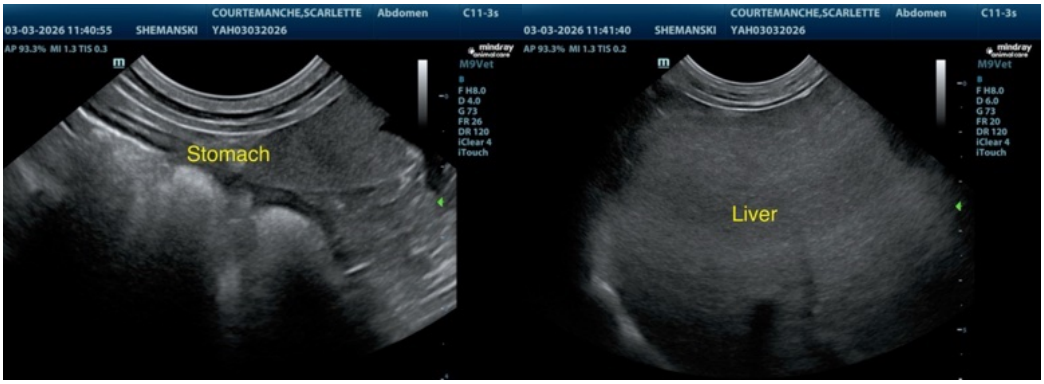

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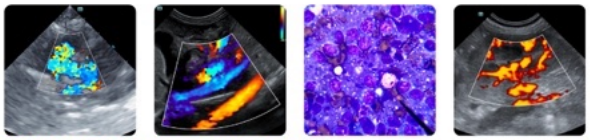

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@sonopath.com