


DATE PRESENTING CLINICAL SIGNS

12/1/25 **Patient History:** 10/22/25: NO issues at home. Elevated ALT/ALP and body rads abnormalities (chest all normal limits , partial abdomen view - showing slight enlarged liver and spondylosis)

PATIENT

Dushi Bryson **Current Medications:** 10/2025: Denamarin and Tri-heart
Labwork Results: 10/22/25: CBC: NSF ; UA: Spec Gravity: 1.030; IOF: elevated liver values;; ALT: 147 (10/2025); 98 (4/2025); 117 (8/2024), ALP: 775 (10/2025); 511 (4/2025); 197 (8/2024)

SPECIES

Canine

Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested. Lim heart check declined at this time.
Imaging Performed by: Stephanie Warga RDCS, RVT.

BREED

Poodle

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
SEX

Female, spayed

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

AGE

3/23/2010

The left kidney is normal in size (4.20 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Trace pyelectasia is present (0.16 cm in the transverse plane). There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

5.9 kg.

The right kidney is normal in size (4.59 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Trace pyelectasia is present (0.16 cm in the transverse plane). There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

Andrea Nicastro, DVM,
 Diplomate ACVIM
 (Small Animal Internal
 Medicine)

HOSPITAL NAME

Banfield Columbia

Adrenal Glands

The left adrenal gland is normal in size (0.45 cm at cranial pole) (0.46 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

REFERRING VET

Dr. Landon

The right adrenal gland is enlarged (1.97 cm at cranial pole) (1.55 cm at caudal pole) with an irregular shape and a mass effect. A 0.49 x 0.39 cm hyperechoic nodule is observed centrally within the mass effect. There is no obvious evidence of invasion into the caudal vena cava.

Spleen

The spleen is normal in size (1.13 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.89 x 0.65 cm ill-defined hypoechoic nodule is observed at the lateral aspect approximately mid-spleen. Splenic vasculature is normal.

INVOICE

13388

Liver

The liver is subjectively enlarged with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and subtly heterogeneous in appearance with numerous small ill-defined hyperechoic nodules throughout the organ. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated, echogenic to mineralized partially dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Lymph nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory disease, infiltrative neoplasia and other hepatopathies are considered less likely.
- Right adrenal mass. Considerations include neoplasia (i.e., adenoma, adenocarcinoma, pheochromocytoma) vs a benign focus (i.e., nodular hyperplasia) vs other.
- The gallbladder changes are suggestive of a developing mucocele.
- The splenic nodule could be consistent with a benign focus (i.e., lymphoid hyperplasia or similar). Alternatively, an emerging tumor is possible.

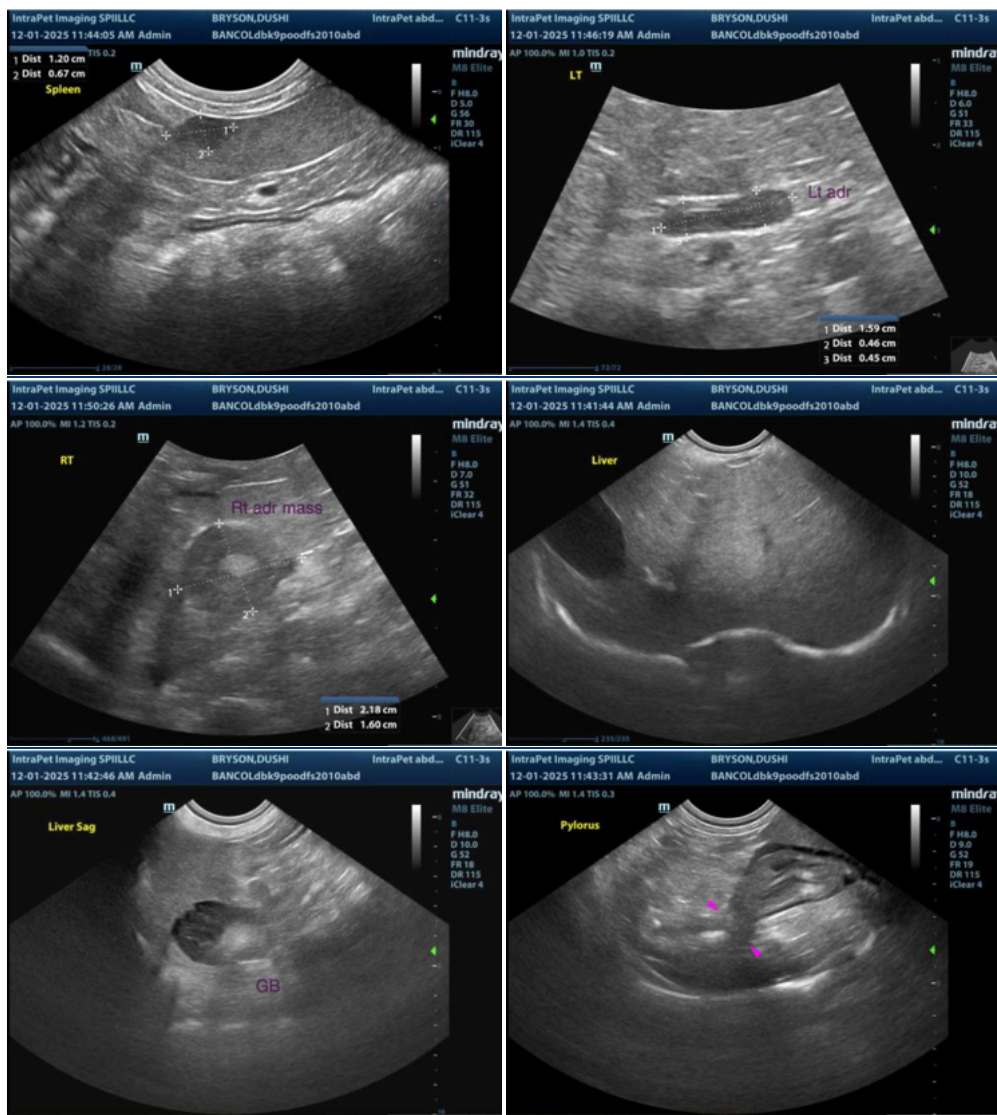
Secondary Findings:

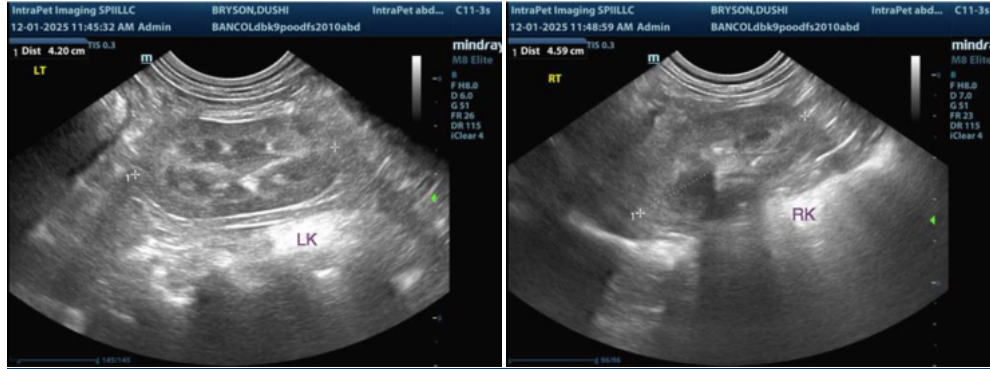
- Bilateral nonspecific age-related renal changes with subtle dystrophic mineralization with trace left pyelectasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the right adrenal mass, consider the following:
 1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
 2. Baseline blood pressure measurement
 3. Further testing for a functional tumor (i.e., low-dose dexamethasone suppression test, urine/blood metanephrine levels), particularly if the patient is exhibiting appropriate clinical signs.
 4. Recheck ultrasound in 2-3 months to assess for growth of the lesion.
- Regarding the hepatic changes, hepatic tissue sampling (i.e., aspirates or biopsies) can be considered. Alternatively, consider serial monitoring (i.e., every 3-4 months) of the patient's liver values. If values continue to increase, a recheck ultrasound +/- tissue sampling should be considered.

- Given the gall bladder changes, Ursodeoxycholic acid (Ursodiol) is recommended. Serial sonographic monitoring (e.g., every 6-8 weeks) of the gall bladder is recommended to assess for progression to a fully formed mucocele. If progression occurs, a cholecystectomy may be warranted.
- Regarding the splenic nodule, consider fine needle aspiration (assuming normal clotting status). A 25-gauge needle should be used. If aspiration is not pursued, consider a recheck ultrasound in 1-2 months to assess for growth of the lesion.





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.

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