



PATIENT

Marley Witt

SPECIES

Canine

BREED

Terrier Mix

SEX

Spayed Female

AGE

12 Years

WEIGHT

18.2 Pounds

INTERPRETED BY

Bradley Harris, DVM,
 DACVECC, DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Kahleen Byrnes

HOSPITAL NAME

Monroe Road AH

REFERRING VET

Dr. Widay

INVOICE

35043

DATE

12/22/25

PRESENTING CLINICAL SIGNS

History: P presented for US due to ALKP increasing
 Abnormal PE/Chem/CBC/UA Results: BUN 58, ALT 133, ALP 1388

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic urine. The bladder, trigone, and pelvic urethra are unremarkable with normal wall thicknesses and normal tone. The ureters were not visualized, which is a normal finding. There are no uroliths or sediment noted. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The kidneys are normal in size. The cortices are mildly hyperechoic with a slight decrease in corticomedullary definition. The cortex to medulla ratio is appropriate with no significant pyelectasis or pelvic dilation. The capsules are mildly irregular bilaterally. The left kidney measures 3.89 cm. The right kidney measures 4.74 cm.

Adrenal Glands

The cranial pole of the left adrenal has a small prominent nodule that mildly distorts the adrenal capsule with a mildly heterogenous to hyperechoic parenchymal pattern. The left adrenal gland measures 0.80 cm x 2.01 cm.

The right adrenal gland is visualized and has a normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measures 0.52 cm x 1.99 cm.

Spleen

The spleen is smooth with homogeneous parenchyma that is hyperechoic to liver. The capsule is without significant irregularity or deformation. There are several hyperechoic nodules within the spleen that do not distort the splenic capsule. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis. The spleen measures 1.63 cm at the hilus.

Liver

The liver is subjectively enlarged and diffusely mildly heterogenous or mottled. There are subtle ill-defined hypoechoic nodular changes throughout the parenchyma that do not distort the hepatic capsule. Vasculature is within normal limits with no evidence of congestion.

The gallbladder is mildly distended with echogenic debris and dependent sediment. There is no significant intra- or extra-hepatic biliary dilation. The cystic and common bile ducts were normal. The gallbladder wall is appropriately thin.

Gastrointestinal

The stomach and intestines are free of stasis and peristaltic activity, with no significant dilation noted. There are normal wall thickness and acceptable curvilinear mural detail. The pyloric-duodenal junction and ileoceocolic junction are patent, and the colon contains normal shadowing feces. There is no



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evidence of shadowing obstructive material or overt infiltrative disease noted. No associated abnormal lymphatic activity is documented.

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Pancreas

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The base and limbs of the pancreas are isoechoic to surrounding omental fat. The pancreatic duct and capsular contour are normal. There is no overt evidence of active inflammatory or neoplastic disease.

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Free Abdomen

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There is a single hyperechoic nodule to mass effect in the caudal abdomen cranial to the iliac trifurcation that is suspected to be lymphatic in origin, however, omental or mesenteric origin can't be definitively excluded. There is no significant free fluid noted.

SEX

ULTRASONOGRAPHIC FINDINGS

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- The kidneys are relatively normal in size and structure, and cortex:medulla ratio (cortex 1/3 of medulla) is essentially maintained. There is age-related loss of the normal smooth capsular contour and C/M junction definition. The cortices are largely uniform in texture with mild hyperechogenicity expected for this patient's age. There is no evidence of pelvic dilation present.

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- The cranial pole of the left adrenal gland was enlarged with a swollen capsule and mild heterogenous parenchymal changes. This is most consistent with hyperplasia or an adenoma. Capsular expansion was noted without capsular escape or vascular invasion.

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- There are hyperechoic splenic foci throughout the splenic parenchyma consistent with myelolipomas. These are likely incidental and not overtly pathologic.
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory, immune-mediated, metabolic, or endocrine disease. Infiltrative neoplasia or acute hepatitis cannot be ruled out.
- The gallbladder contains echogenic, suspended and dependent unorganized debris. This is not yet to the level of an organized mucocele, however early/developing mucocele cannot be ruled out. This dependent sediment is often an incidental finding, or may be associated with concurrent endocrine disease such as hyperadrenocorticism or diabetes mellitus.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A urinalysis and urine culture via cystocentesis are recommended to evaluate the urinary tract changes for potential urinary tract infection.

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An ACTH stimulation test and low dose dexamethasone suppression test are indicated to evaluate for potential adrenal dependent hyperadrenocorticism.

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Fine needle aspirates of the liver with cytology are recommended. A coagulation profile and platelet estimate prior to sampling are indicated to ensure the absence of coagulopathy. Occasionally some tissues are poorly exfoliative, or cytology is non-specific, in which case biopsy with histopathology may be required for a definitive diagnosis.

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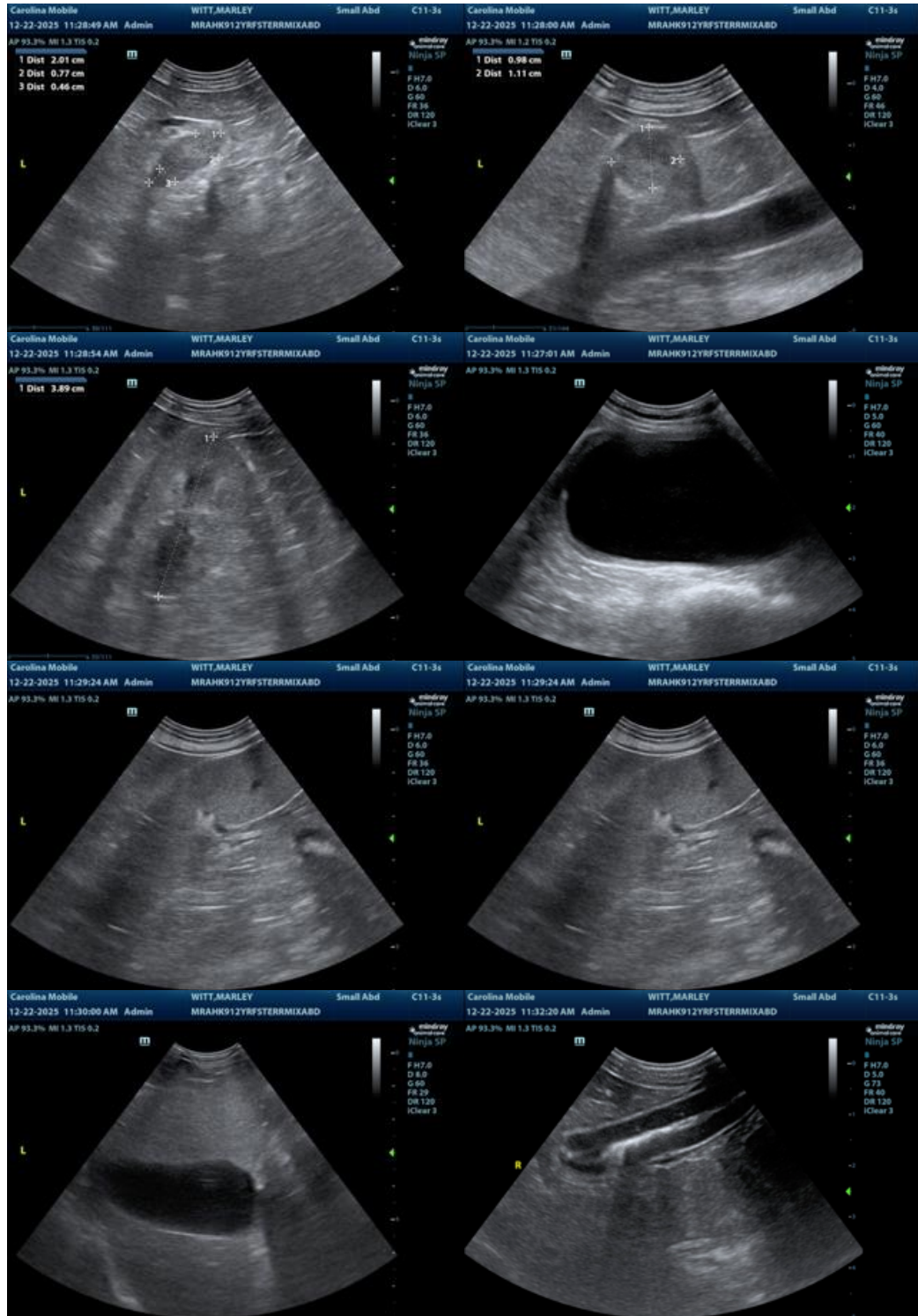
Dr. Widay

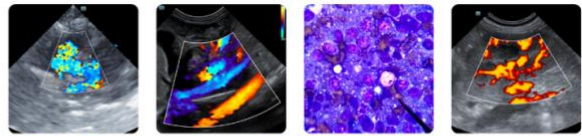
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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