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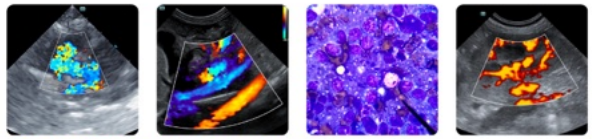


Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT
Millie Jowaisas

SPECIES
Canine

BREED
Terrier Mix

SEX
Spayed female

AGE
10 years

WEIGHT
40 lbs

INTERPRETED BY
Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY
Kerri Becker

HOSPITAL NAME
Legacy AH

REFERRING VET
Dr. Potenzone

INVOICE
69485

DATE
12/22/25

PRESENTING CLINICAL SIGNS

History: Hepatopathy, non clinical, not responsive to detox and abx therapy. Thyrotabs, denamarin, ursodiol, baytril.
Abnormal PE/Chem/CBC/UA Results: BUN-39 ALT-173 AST-57 ALP-541 Glob-4.4 CK-293

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder contains anechoic urine. The bladder is too non-distended for further evaluation of the urinary bladder wall. There is no evidence of obstruction within the bladder trigone or proximal urethra visualized.

The kidneys are normal in size and structure, with appropriate corticomedullary definition and cortex to medulla ratio. The cortices are uniform in texture with normal echogenic relationship to liver and spleen. The medullary structure differed distinctly from the cortex and no evidence of pyelectasia is present. The capsules are uniform without significant irregularities noted. The left kidney measured 5.55 cm and the right kidney measured 6.54 cm.

Adrenal Glands

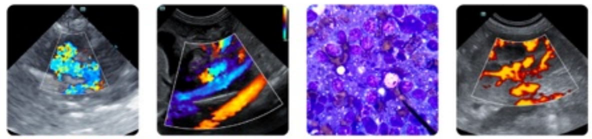
Both adrenal glands are visualized and have normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.61 x 2.38 cm. The right adrenal gland measured 0.54 x 2.46 cm.

Spleen

The spleen is smooth with homogeneous parenchyma and hyperechoic to liver and renal cortical parenchyma. The capsule is without noticeable irregularity or deformation. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis. No evidence of acute or chronic inflammatory, neoplastic, or infarct are documented. The spleen measured 1.17 cm at the hilus.

Liver

The liver is subjectively mildly enlarged with diffusely, heterogenous or mottled, ill-defined parenchymal pattern. The vasculature is normal with no evidence of congestion. There is no hepatic lymphadenopathy documented. The gallbladder contains a minimal amount of suspended, echogenic debris and dependent sediment. The gallbladder wall is appropriately thin with no evidence of intrahepatic or extrahepatic biliary dilation. The cystic and common bile ducts are normal. No hepatic lymphadenopathy is documented. There is no overt structural evidence of inflammatory, infiltrative or regenerative pathology evident.



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Gastrointestinal

The stomach and intestines are free of stasis and peristaltic activity, with no significant dilation noted. There is normal wall thickness and acceptable curvilinear mural detail. The pyloric-duodenal junction and ileocecocolic junction are patent, and the colon contains normal shadowing feces. There is no evidence of shadowing obstructive material or overt infiltrative disease noted. No associated abnormal lymphatic activity is documented.

Pancreas

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.

Free Abdomen

There is no evidence of abdominal lymphadenopathy. No free fluid was noted. There are no overt mass effects noted.

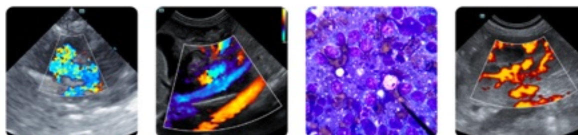
ULTRASONOGRAPHIC FINDINGS

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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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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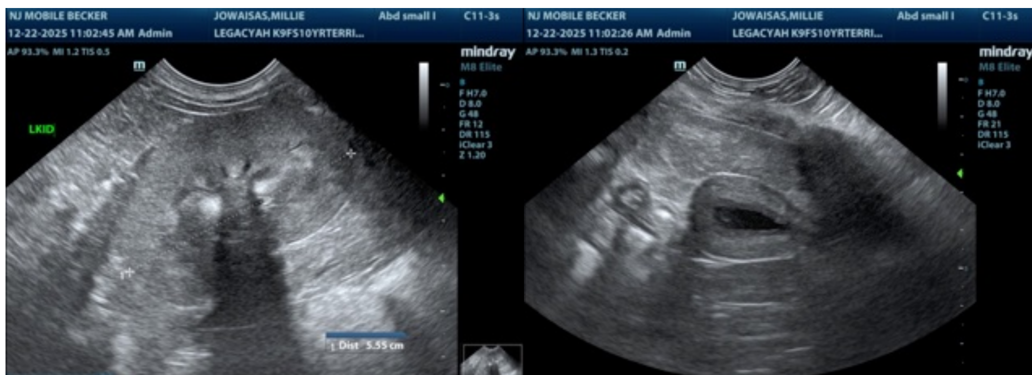

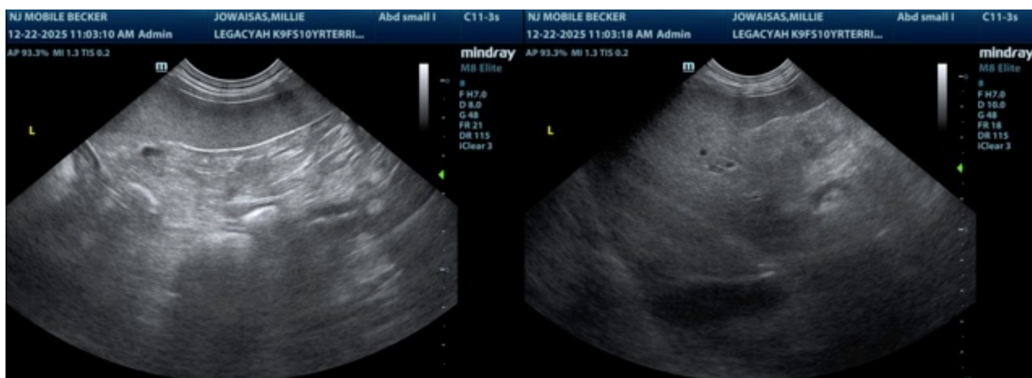

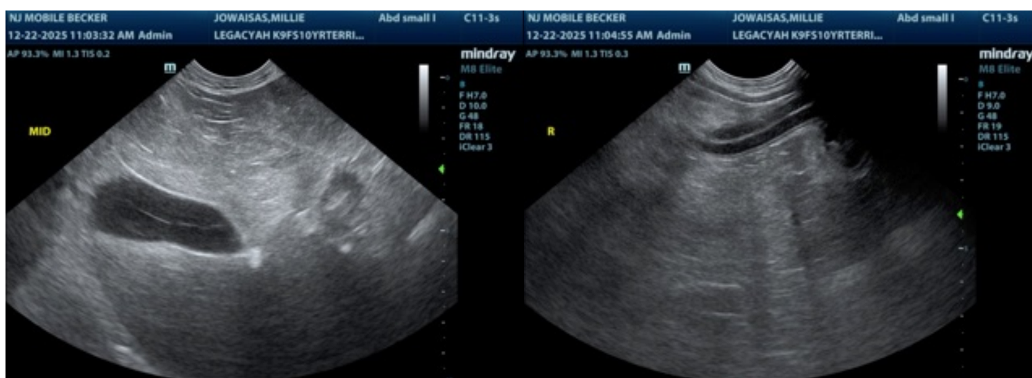

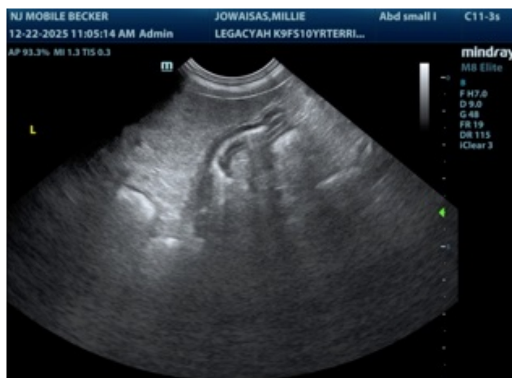

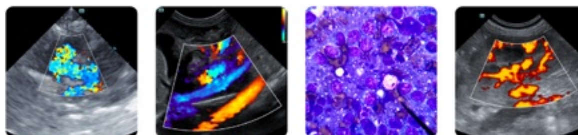

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

info@SonoPath.com