



**PATIENT**

Fergus Saksena

**SPECIES**

Canine

**BREED**

Maltese

**SEX**

Neutered Male

**AGE**

14 Years

**WEIGHT**

8.3 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
 DACVIM

**IMAGING PERFORMED BY**

Meghan Morse, LVT,  
 CVT

**HOSPITAL NAME**

Basking Ridge AH

**REFERRING VET**

Dr. Rotella

**INVOICE**

35400

**DATE**

11/4/25

**PRESENTING CLINICAL SIGNS**

History: Hx of CHF, elevated BUN/Creat, GI bloat at ER- orogastric removal of 400ml fluid, suspect pancreatitis

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Prostate is normal in size, echotexture and echogenicity for a neutered male.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of mineral or infarcts observed. Moderate pyelectasia is present in the left kidney. At least one small cortical cyst is noted in the left kidney. The left kidney measures 3.51 cm. The right kidney measures 3.03 cm.

**Adrenal Glands**

Adrenal glands are plump/swollen in size. Normal shape and contour are maintained without evidence of capsular invasion. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. The left adrenal gland measures 0.43 cm at the cranial pole and 0.9 cm at the caudal pole. The right adrenal gland measures 0.93 cm at the cranial pole and 0.37 cm at the caudal pole.

**Spleen**

The spleen contains an approximately 2.0 cm in diameter, mildly heterogenous, cavitated mass in the mid spleen that results in a capsular bulge. The cranial and caudal aspects of the spleen have a subjectively more normal appearance.

**Liver**

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is mildly heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

**Gastrointestinal**

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with primarily fluid as well as some echogenic non-shadowing luminal contents and gas consistent with normal chyme. There is no evidence of obstruction, foreign material, or infiltrative disease. Pyloric outflow tract appears patent.



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The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

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The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

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**Pancreas**

Pancreas is prominent (enlarged) in size and mildly irregular in shape with a slightly undulating contour. Parenchyma is coarse in echotexture and heterogenous to hypoechoic in echogenicity.

**SEX**

Neutered Male

**Free Abdomen**

There is no visible free peritoneal effusion noted in these images.

**AGE**

14 Years

There is no apparent pathologic lymphadenopathy noted in these images.

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

8.3 Pounds

**Primary Findings**

- Chronic low grade smoldering pancreatitis is suspected with a mild acute on chronic flair up potentially resolving unable to be definitively ruled out.
- The splenic mass could represent a benign change, such as cyst, hematoma, nodular hyperplasia, extramedullary hematopoiesis, etc., however, infiltrative neoplasia can mimic benign lesions and can't be ruled out without tissue sampling.
- Mildly heterogenous liver- These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia.
- Moderate gallbladder debris- Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.
- Bilateral adrenomegaly- In a patient diagnosed with hyperadrenocorticism, this finding is most consistent with adrenal hyperplasia secondary to pituitary dependent hyperadrenocorticism. This finding can also be seen with stress and/or normal patient variant. Interpret in combination with clinical signs of hyperadrenocorticism and/or other adrenal disease.

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**Secondary Findings**



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- Age-related kidney changes with moderate pyelectasia noted in the left kidney and a cortical cyst in the left kidney.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

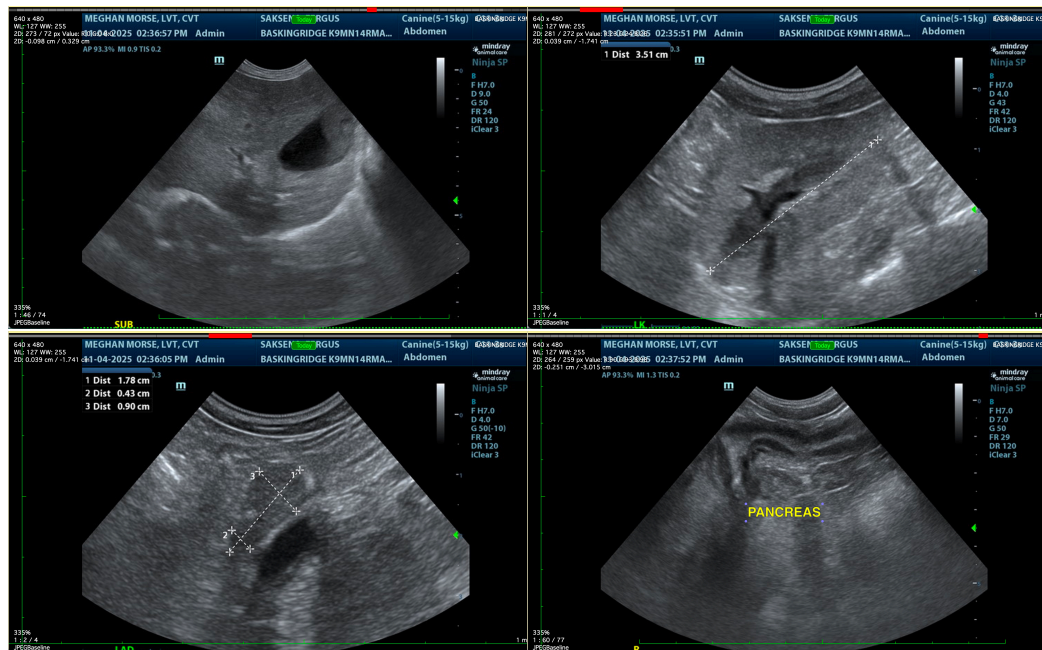
If not recently evaluated, urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

While likely unrelated to patient's reported clinical signs, the splenic nodule warrants further investigation, and therefore, a fine needle aspirate could be considered if patient's coagulation status is appropriate.

A blood pressure is recommended if not recently evaluated.





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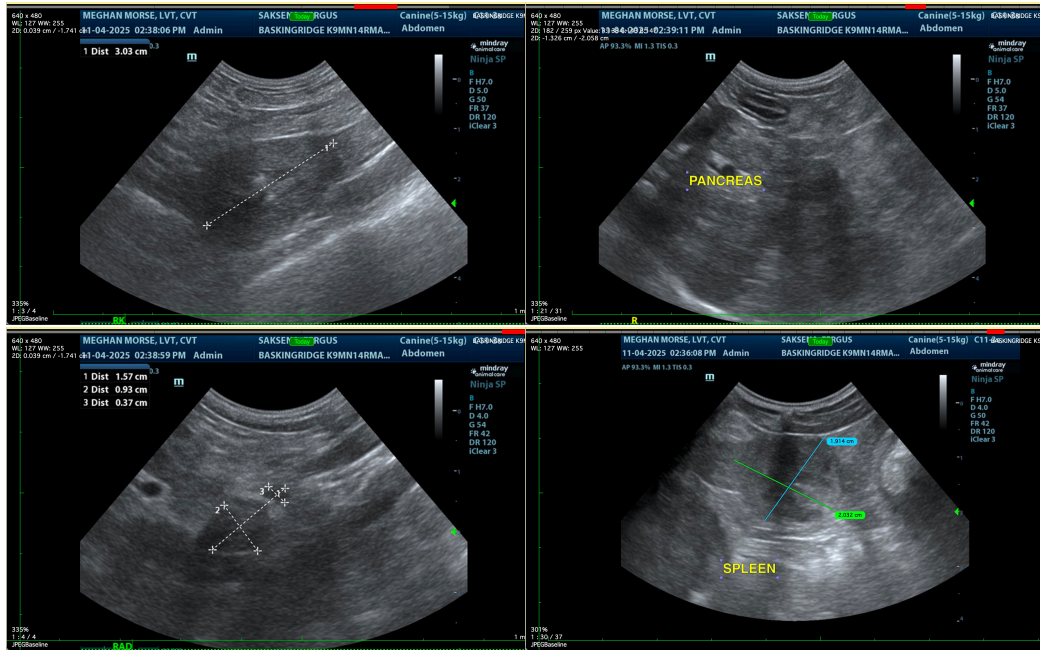
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Beth Johnson, DVM DACVIM**

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