

**PATIENT**

Nannie Davies

**PRESENTING CLINICAL SIGNS**

P is losing fur in patches on back end in both hips. P is PU/PD. P gained 10 lbs in one year. Bloodwork is inconclusive. Abnormal PE/Chem/CBC/UA Results: Labs attached

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

***Urinary System***

**BREED**

Husky

The 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.

**SEX**

Spayed Female

The right kidney is normal is size (6.27 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

**AGE**

11 Years

The left kidney is normal is size (6.7 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

**WEIGHT**

88.2 lbs

***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. Left measures 1.1 cm at the cranial pole and 0.90 cm at the caudal pole. Right measures 1.4 cm at the cranial pole and 0.96 cm at the caudal pole.

**INTERPRETED BY**

Beth Johnson, DVM  
 DACVIM

***Spleen***

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). Multifocal well-demarcated hyperechoic homogenous nodules are noted. Splenic vasculature appears normal.

**IMAGING PERFORMED BY**

Kelly Reschny

***Liver***

**HOSPITAL NAME**

Ancaster Animal Hospital

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is markedly heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. The change is most significantly visible in the left liver in these images, although the deep cranial liver is difficult to fully visualize due to dark images and artifact. Additionally, within the mid to left caudal liver is a slightly more discrete homogeneous, hypoechoic mass-like lesion measuring 3.5 cm x 4.5 cm. Visible vasculature and biliary tree appear normal without distension or congestion

**REFERRING VET**

Dr. Baehrle

**INVOICE**

73093

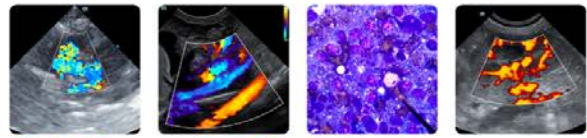
The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

**DATE**

2/19/26

***Gastrointestinal***

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with 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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Canine

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

***Pancreas***

**BREED**

Husky

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

**SEX**

Spayed Female

***Free Abdomen***

**AGE**

11 Years

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

There is no apparent pathologic lymphadenopathy noted in these images.

**PRIMARY FINDINGS**

**WEIGHT**

88.2 lbs

- 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.
- The markedly heterogeneous (especially left) liver could represent a benign process such as nodular hyperplasia, steroid or vacuolar hepatopathy, extramedullary hematopoiesis, or chronic inflammatory disease, although given the degree of change, infiltrative neoplasia such as round cell neoplasia or even metastatic neoplasia can't be ruled out without tissue sampling, especially given the slightly more focal mass lesion in the mid to left caudal liver as described above.

**INTERPRETED BY**

Beth Johnson, DVM  
 DACVIM

**SECONDARY FINDINGS**

- Hyperechoic splenic nodule(s) – most consistent with benign myelolipomas. Other differentials such as fibrosis or calcification caused by old hematomas or infarcts, chronic inflammation, granulomatous disease or metastatic disease cannot be ruled out, but are considered less likely.

**IMAGING PERFORMED BY**

Kelly Reschny

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**HOSPITAL NAME**

Ancaster Animal  
 Hospital

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.

**REFERRING VET**

Dr. Baehrle

Fine needle aspirates of the liver are recommended if patient's coagulation status is appropriate.

**INVOICE**

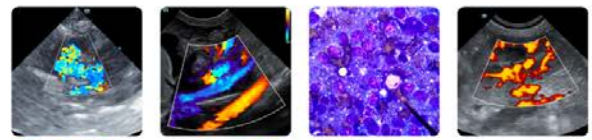
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A blood pressure is recommended if not recently evaluated.

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Pending results of above, additional endocrine testing and/or treatment may be indicated. Patient's reported clinical signs could occur with either hypothyroidism and/or hyperadrenocorticism.



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A full internal medicine consult may be helpful in determining which condition, if either, should be treated at this time, again pending results of above. If, however, hyperadrenocorticism is diagnosed, then based on imaging results it is likely pituitary dependent.

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Husky

**SEX**

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**AGE**

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Kelly Reschny

**HOSPITAL NAME**

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**REFERRING VET**

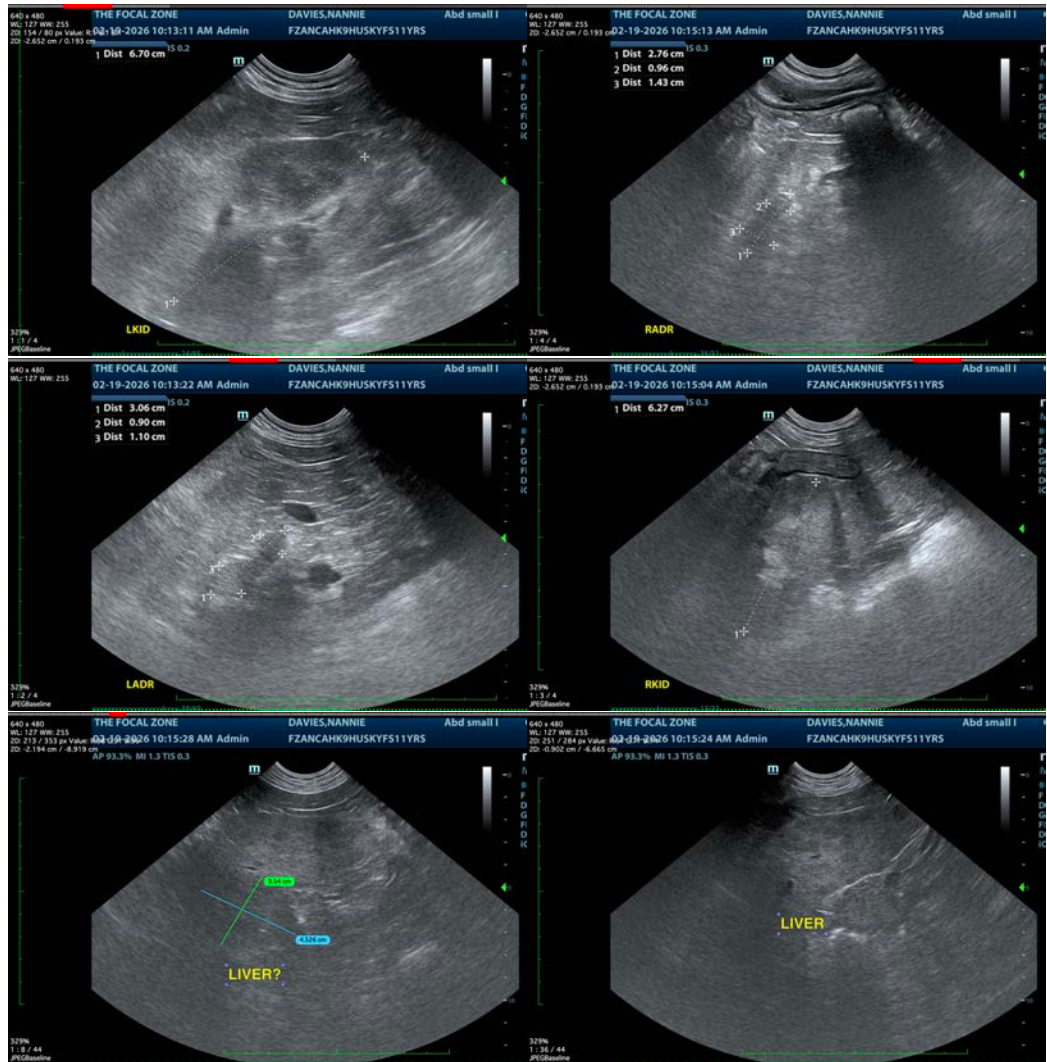
Dr. Baehrle

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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**  
 info@sonopath.com