



**PATIENT**

Emma Fujita

**SPECIES**

Canine

**BREED**

Mini Schnauzer

**SEX**

Spayed Female

**AGE**

10 Years

**WEIGHT**

15.2 Pounds

**INTERPRETED BY**

Beth Johnson, DVM,  
DACVIM (SAIM)

**IMAGING PERFORMED BY**

Kerri Becker

**HOSPITAL NAME**

Animal General  
Hudson

**REFERRING VET**

Dr. DiGiuseppi

**INVOICE**

36585

**DATE**

4/13/26

**PRESENTING CLINICAL SIGNS**

History: AXR poss spleno-hepatomegaly. Mass, Vaginal discharge.  
Abnormal PE/Chem/CBC/UA Results: UA prot-2+ ca ox crystals, squ epith, usg-1.027

**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.

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 pyelectasia, mineral or infarcts observed. The left kidney measures 3.67 cm. The right kidney measures 4.78 cm.

*Adrenal Glands*

Left adrenal gland is normal in size (0.49 cm at cranial pole and 0.58 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.78 cm at cranial pole and 0.5 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

*Spleen*

Spleen is subjectively large in size with a mildly swollen but smooth capsule. Parenchyma is normal and homogenous in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal. The spleen measures between 1.8 cm and 2.0 cm thick at the hilus.

*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 empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

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***

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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.

**BREED**

***Free Abdomen***

Mini Schnauzer

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

**SEX**

There is no apparent pathologic lymphadenopathy noted in these images.

Spayed Female

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

**Primary Findings**

10 Years

- 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.
- Subjectively mild can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.
- 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.

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**Secondary Findings**

- Mild to moderate age-related kidney changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The changes described above are subtle and largely trend in appearance toward benign. Having said that, fine needle aspirates of the spleen and liver could be considered if patient's coagulation status is appropriate. There is no definitive ultrasonographically visible explanation for patient's reported vaginal discharge, but if continued work up does not result in a diagnosis, additional imaging of the area, including vaginoscopy/cystoscopy could be considered.

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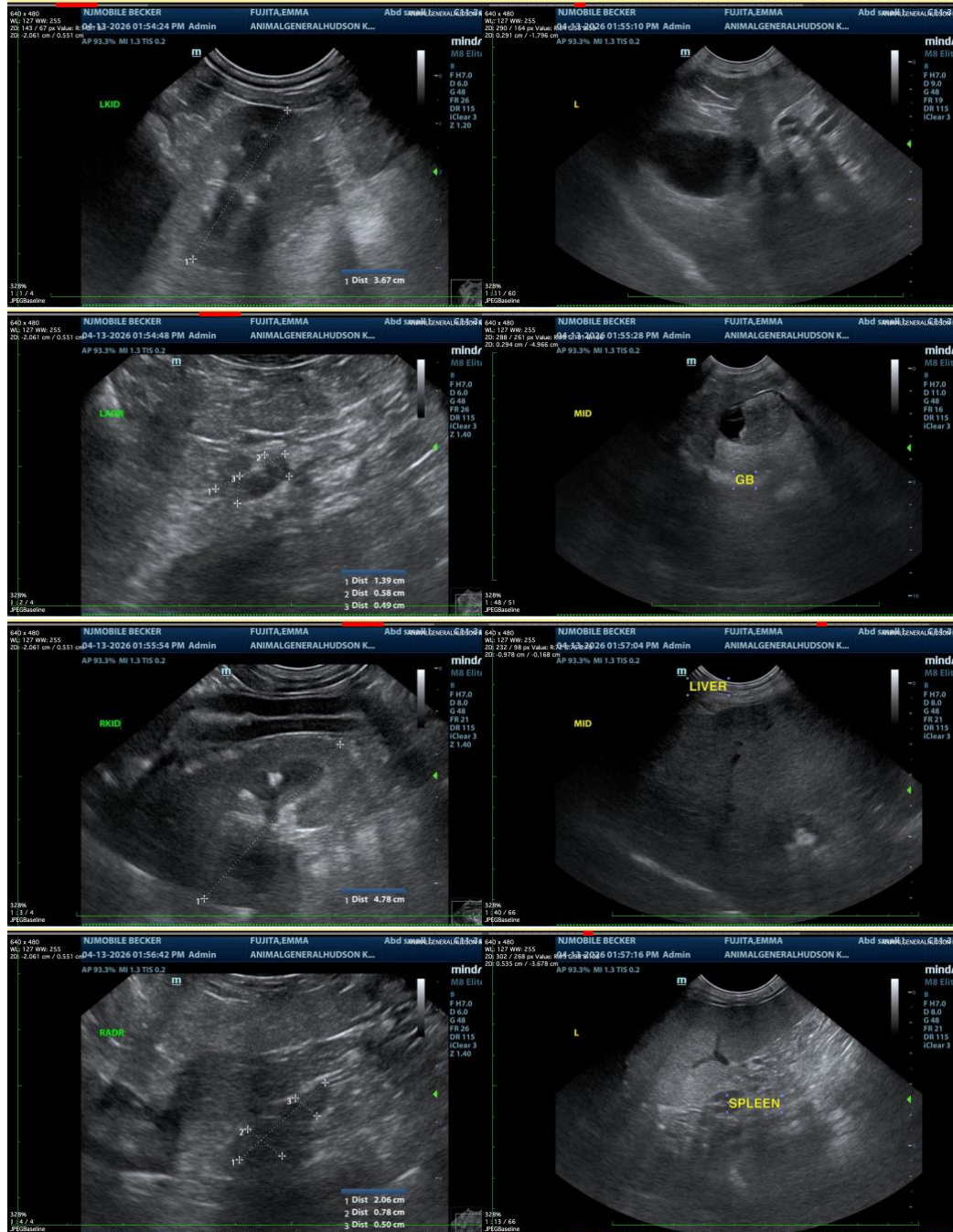
Dr. DiGiuseppi

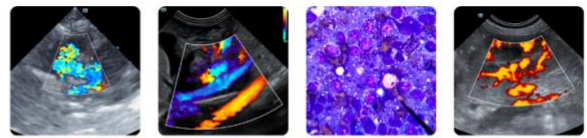
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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