PATIENT
Keira Reay

SPECIES
Canine

BREED
Daschund Mix

SEX
FS

AGE
20 years old

WEIGHT
10 kg

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Loetitia Saint-Jacques, LVT

HOSPITAL NAME
Brighton Greens Veterinary Hospital

REFERRING VET
Dr. Robin Janeway

INVOICE
11774

DATE
4/22/2026

PRESENTING CLINICAL SIGNS

Recheck Gastric Mass. Cushings. Splenectomy performed on 11/2024 - BX: Diffuse irregular splenic congestion with extramedullary hematopoiesis and lymphoid hyperplasia. Prev AUS reports attached.

MEDS: Trilostane 7.5mg 1 cap SID, Metronidazole 250mg 1/2t BID

Abnormal PE/Chem/CBC/UA Results: ALT 121 (prev 170), ALP 268 (prev 461), BUN 57 (prev 66), Cr 2.4 (prev 2.3), Calcium 13.3 (prev 13.0), platelets increased (prev 963). Ionized calcium WNL on 9/22/2025.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

Kidneys are bilaterally normal in size, irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. Mild to moderate pyelectasia and non-obstructive dystrophic mineralization are noted bilaterally. Left kidney measures 4.26 cm, and the right kidney measures 4.5 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 cranial pole in the left adrenal is normal in size and measures 0.62 cm, and the caudal pole is mildly plump measuring 1.1 cm. The cranial pole of the right adrenal is mildly plump measuring 0.98 cm, and the right caudal is normal in size measuring 0.73 cm. A small hypo- to anechoic density is noted within the caudal pole of the right adrenal gland.

Spleen

The spleen has reportedly been previously removed.

Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is markedly 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 gastric wall contains a focal intramural anechoic density measuring 0.75 cm x 2.0 cm in size. The remaining gastric wall is normal in thickness and layering, and the lumen is empty with no evidence of obstruction or foreign material.

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

The colon contains a similar appearing anechoic intramural density measuring 0.5 cm in diameter with the remaining colon wall being normal in thickness and layering and the lumen is empty.

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. Several small cysts are noted within the pancreas.

Free Abdomen

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

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- The appearance of the stomach and colon are similar/static to previous exams and trend largely in appearance toward benign, especially given the lack of progression through multiple rechecks. Infiltrative neoplasia can't be ruled out but is considered less likely.
- New but subtle mucosal speckling – Mucosal speckling is often present with inflammatory bowel disease (IBD). It is not specific for type or severity of disease. Mild speckling change can occur as a normal patient variant in the post-prandial state.
- Concurrent chronic low grade smoldering pancreatitis can't be ruled out and some small pancreatic cysts are noted.
- The markedly heterogenous liver is very subjectively mildly progressive in appearance, but still, both benign differentials such as nodular hyperplasia, extramedullary hematopoiesis, chronic inflammatory disease, etc. remain possible as well as infiltrative neoplasia, such as round cell neoplasia or metastatic neoplasia which can't be ruled out without tissue sampling.
- 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.
- The adrenal gland changes are largely unchanged/static to previous exams and should be interpreted in combination with full clinical history, previous workups, treatments, etc.
- Moderate bilateral chronic kidney disease changes with pyelectasia and non-obstructive mineral are also static in appearance.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations are largely unchanged from previous exams and largely dependent on patient's clinical status, previous diagnostics, etc. except for if not recently evaluated, three view thoracic

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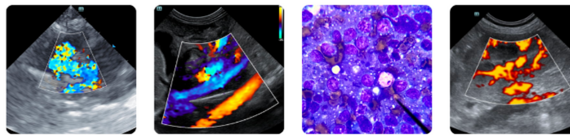
radiographs are recommended as are fine needle aspirates of the liver if patient's coagulation status is appropriate.

Imaging performed by

pawsonography@gmail.com
530-786-8340



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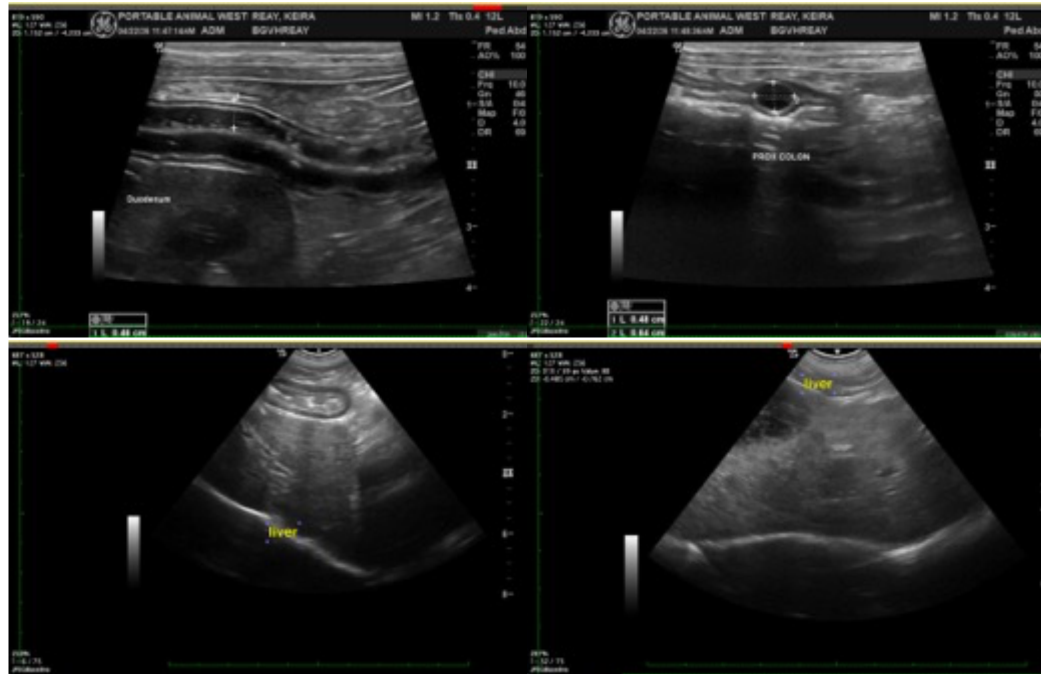

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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