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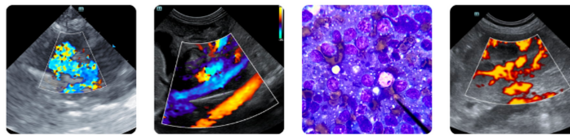
530-786-8340



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT
Dexter Dillon

SPECIES
Canine

BREED
Mini Schnauzer

SEX
MN

AGE
13 years

WEIGHT
8.18 kg

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Loetitia Saint-Jacques, LVT

HOSPITAL NAME
Peavine AH

REFERRING VET
Dr. Brown

INVOICE 11783

DATE
4/23/2026

PRESENTING CLINICAL SIGNS

Hepatopathy. Presented last week for lethargy and vomiting. P was also ataxic the week prior but that has resolved.

Current Meds: Famotidine, Hills id low fat.

Abnormal PE/Chem/CBC/UA Results: ALKP >2000s- 12/25 and 4/26, GGT 25 12/25 GGT 26 4/26.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, or echogenic sediment is observed. Several small mineral densities are noted including some within the intraprostatic urethral lumen. There is no visible evidence of obstruction noted in these images at this time. 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 infarcts observed. Trace pyelectasia and punctate non-obstructive nephroliths are noted bilaterally. Left kidney measures 5.02 cm, and the right kidney measures 5.46 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.74 cm at cranial pole and 0.81 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.65 cm at cranial pole and 0.66 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

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). No focal nodules or masses are observed. Multifocal mineral foci are noted. Splenic vasculature appears normal. Additionally, near the caudal aspect of the spleen is a 0.3 cm x 0.5 cm in size non-capsular disrupting, hypo- to anechoic nodule.

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.

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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 echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction or foreign material noted. 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 mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction or foreign material noted.

The colon is largely normal with a focal, very mildly thick proximal area measuring 0.23 cm thick. The lumen is empty.

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

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

There is no apparent pathologic lymphadenopathy noted in these images.

PRIMARY FINDINGS

- The markedly heterogenous liver could represent a benign process such as nodular hyperplasia, steroid or vacuolar hepatopathy, extramedullary hematopoiesis, or even chronic inflammatory disease. However, infiltrative neoplasia such as round cell neoplasia, metastatic neoplasia, other, while thought less likely, can’t be defintiviely ruled out.
- 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.
- Spleen mineralization – This is a benign change but can be associated with endocrinopathies, especially hyperadrenocorticism.
- Pancreatic age-related remodeling/Chronic pancreatitis – Mild irregularities are consistent with benign age-related change. Low-grade smoldering chronic pancreatitis cannot be ruled out and should be suspected in the face of appropriate clinical signs.
- The colonic wall thickening described in the proximal colon is very mild/subtle and could be in large part normal patient variant but should be interpreted in combination with any clinical history that could suspect colitis or other infiltrative disease.

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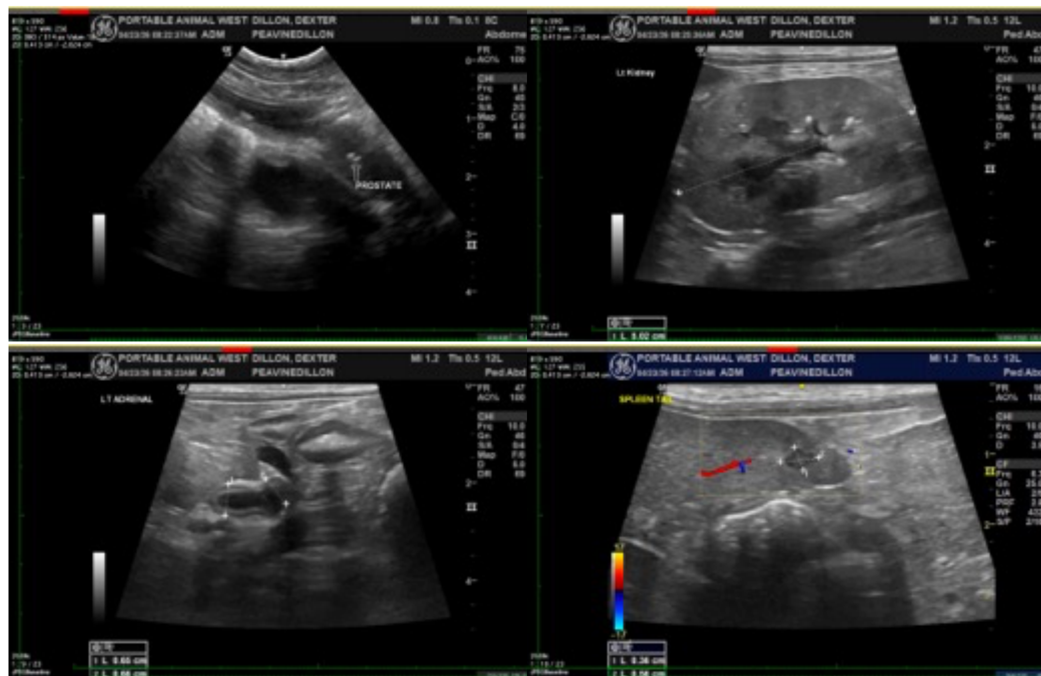
SECONDARY FINDINGS

- Moderate age-related kidney changes with trace bilateral pyelectasia and punctate non-obstructive nephroliths.
- Small cystoliths and urethroliths with no visible evidence of obstruction.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Differentials for a primary cholestatic liver enzyme pattern (increased ALP) are vast and non-specific. Differentials include, but are not limited to, benign nodular hyperplasia which occurs in 70% of older dogs and often does not result in an abnormal ultrasound, reactive or idiopathic/vacuolar hepatopathy, cholestasis and/or hyperadrenocorticism as well as many chronic non-hepatobiliary diseases such as chronic infections/inflammation from dental disease, IBD, neoplasia, hyperlipidemia, hypothyroidism, chronic pancreatitis, chronic stress, etc.

- Adrenocortical testing such as a low dose dexamethasone suppression test could be considered if clinical signs of hyperadrenocorticism are present.
- Given the gallbladder debris noted above, empirical hepatic nutraceuticals including ursodiol could be considered while monitoring for improvement.
- A fine needle aspirate of the liver could be considered if patient's coagulation status is appropriate.
- Otherwise, recommendations include addressing any other concurrent disease and monitoring. If values are progressive, recheck imaging is recommended.



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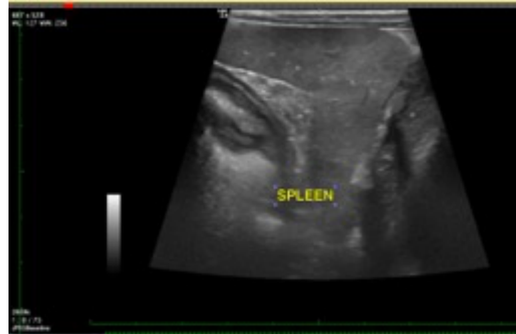

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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