



## PATIENT

Baxter Stuart

## SPECIES

Canine

## BREED

Mini Schnauzer

## SEX

Neutered Male

## AGE

10 Years

## WEIGHT

15 lbs

## INTERPRETED BY

Beth Johnson, DVM  
DACVIM

## IMAGING PERFORMED BY

Jessica Milligan, DVM

## HOSPITAL NAME

Dockside Veterinary  
Imaging

## REFERRING VET

Dawn Morgan-Winter,  
DVM

## INVOICE

74784

## DATE

4/28/26

## PRESENTING CLINICAL SIGNS

Chronic liver enzyme elevations. Also hx of mitral and tricuspid degenerative valve disease with severe left-sided cardiomegaly; ACVIM stage BII (last echo Dec 2025). Meds include pimobendan, spironolactone, and enalapril.

Abnormal PE/Chem/CBC/UA Results: No records attached.

## 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.

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 pyelectasia or infarcts observed. Left kidney measured 4.18 cm. Right kidney measured 3.78 cm. Punctate non-obstructive mineral densities are noted bilaterally.

### *Adrenal Glands*

The caudal pole of the right adrenal gland is normal in size (0.50 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal. The cranial pole is unable to be well visualized in these images.

The left adrenal gland is normal in size (0.54 cm at cranial pole and 0.53 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

### *Spleen*

The 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. Splenic vasculature appears normal.

### *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.

\*See other.



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## *Gastrointestinal*

The visible stomach wall is normal in thickness and layering. The lumen 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.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta/chyme. There is no evidence of obstruction, foreign material or infiltrative disease.

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

## *Pancreas*

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.

## *Free Abdomen*

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

There is no apparent pathologic lymphadenopathy noted in these images.

In the right cranial abdomen, there is an approximately 2.3 cm in diameter anechoic/suspect fluid filled density that I believe represents a hepatic cyst in the right caudal liver, although pancreas versus other can't be ruled out.

## PRIMARY FINDINGS

- The markedly heterogeneous liver could represent a benign process such as nodular hyperplasia, steroid or vacuolar hepatopathy, extramedullary hematopoiesis, or chronic inflammatory disease. However, given the degree of heterogeneity, infiltrative neoplasia such as round cell neoplasia, metastatic disease, etc. can't be ruled out without tissue sampling.
- As described above, the anechoic cyst in the right cranial abdomen appears to be a hepatic cyst, with other differentials including hematoma and/or even pancreatic, lymph node, bowel origin. Infiltrative neoplasia causing the change is considered less likely.
- 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

- Moderate age related kidney changes with punctate non-obstructive nephroliths bilaterally.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Specific recommendations are largely dependent on the degree of liver enzyme increase as well as the pattern i.e., primarily hepatocellular injury versus cholestatic, etc., as well as patient's clinical history. Having said that, given the changes described above, 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.

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





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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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