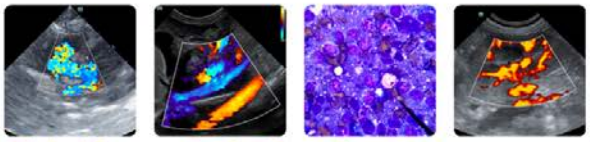


PATIENT

Lily Park

SPECIES

Canine

BREED

Australian Shepherd x Corgi

SEX

Spayed Female

AGE

10.5

WEIGHT

31.2 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Betsy LaCroix

HOSPITAL NAME

Inspire Animal Hospital (Highlands Ranch)

REFERRING VET

Dr. Brooke Jones

INVOICE

75483

DATE

5/27/26

PRESENTING CLINICAL SIGNS

Patient has hx of splenic changes on u/s and historically elevated liver values. Attached u/s form from previous u/s.

Abnormal PE/Chem/CBC/UA Results: High FAS, overweight, multiple lipomas, ALKP 595, neutrophilia 14685

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 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. Left kidney measured 5.28 cm. Right kidney measured 5.47 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.66 cm at cranial pole and 0.71 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.57 cm at cranial pole and 0.41 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 swollen and scalloped/undulating capsular contour. Multifocal coalescing nodules are noted throughout the parenchyma. Splenic vasculature appears normal. Enhanced hyperechoic surrounding fat is noted.

Liver

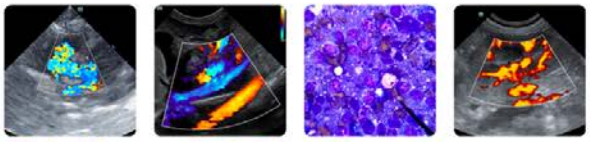
Liver is subjectively enlarged with mildly irregular margins. Parenchyma is mildly heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion.

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.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic shadowing contents that could represent normal ingesta with gas, although non-obstructive foreign material, while thought less likely can't be definitively ruled out.

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.



PATIENT

Lily Park

SPECIES

Canine

BREED

Australian Shepherd x Corgi

SEX

Spayed Female

AGE

10.5

WEIGHT

31.2 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Betsy LaCroix

HOSPITAL NAME

Inspire Animal Hospital (Highlands Ranch)

REFERRING VET

Dr. Brooke Jones

INVOICE

75483

DATE

5/27/26

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.

PRIMARY FINDINGS

- The splenic changes could represent a benign process such as extramedullary hematopoiesis, nodular hyperplasia, other, although infiltrative neoplasia such as round cell neoplasia, metastatic disease, etc. can't be ruled out without tissue sampling.
- 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.
- The gastric contents should be interpreted in combination with when patient last ate as well as clinical signs, because normal ingesta is possible, but not non-obstructive foreign material cannot be ruled out. Reevaluation following an additional 12-24 hours of fasting could be considered.

SECONDARY FINDINGS

- Mild to moderate age related kidney changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes described above are consistent with the previously reported nodular changes in the spleen and subtle liver changes, although images are not available for comparison. Further recommendations depend in part on previous diagnostics, etc., but could include:

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 spleen +/- liver could be considered if patient's coagulation status is appropriate.

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™

SonoPath.com info@sonopath.com 1.800.838.4268

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Lily Park

SPECIES

Canine

BREED

Australian Shepherd x Corgi

SEX

Spayed Female

AGE

10.5

WEIGHT

31.2 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Betsy LaCroix

HOSPITAL NAME

Inspire Animal Hospital (Highlands Ranch)

REFERRING VET

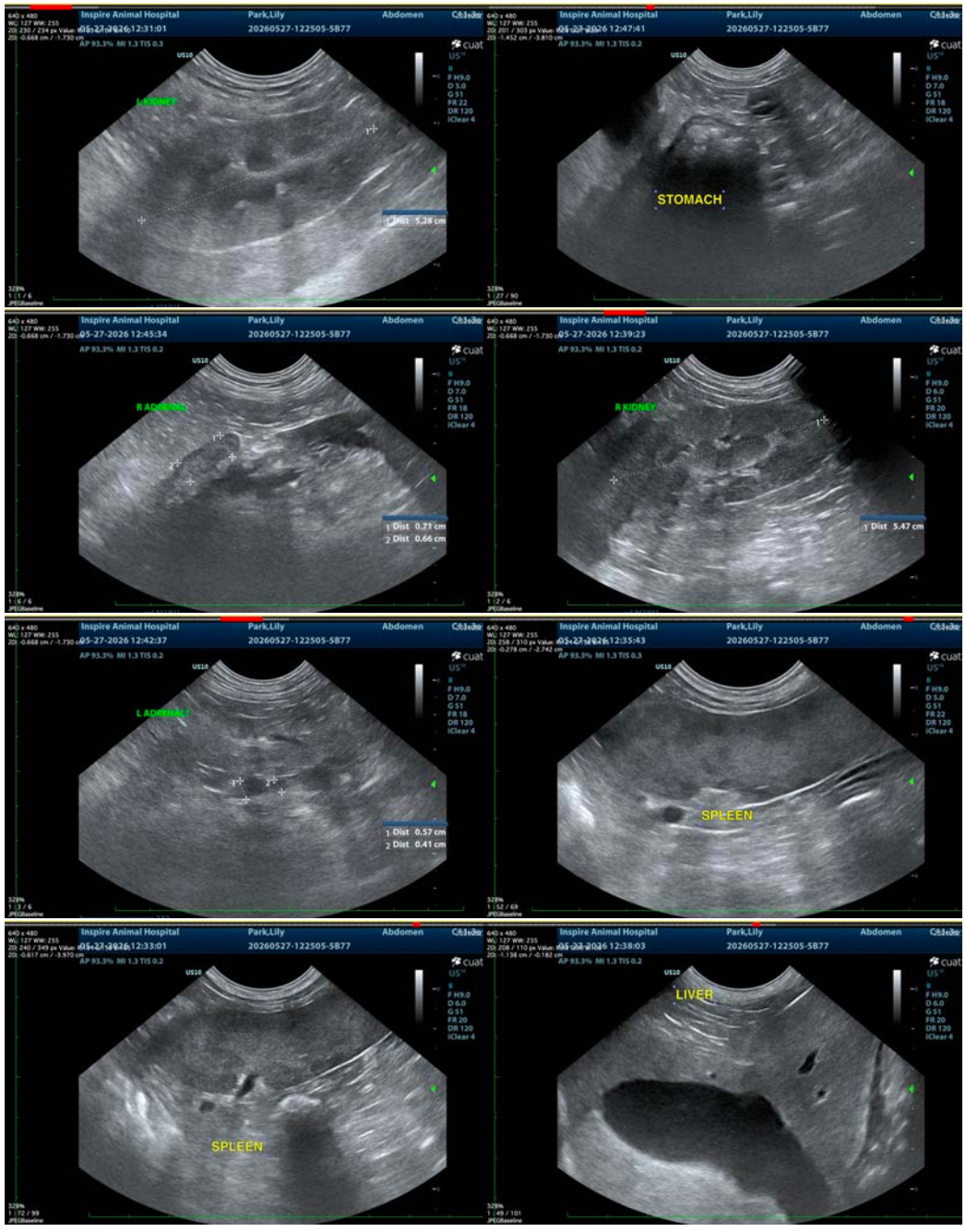
Dr. Brooke Jones

INVOICE

75483

DATE

5/27/26



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