



PATIENT

Marley Williams

SPECIES

Canine

BREED

Dachshund Mix

SEX

Neutered Male

AGE

12 Years

WEIGHT

30.9 pounds

INTERPRETED BY

Kim Radway, DVM,
DABVP (Canine/
Feline)

IMAGING PERFORMED BY

Dr. Brooke Cory

HOSPITAL NAME

Cold Lake Veterinary
Clinic

REFERRING VET

Dr. Brooke Cory

INVOICE

12981

DATE

01/05/2026

PRESENTING CLINICAL SIGNS

History of PUPD past 4-6 weeks. Owner noticed blood in urine. Bloodwork abnormal.

Abnormal PE/Chem/CBC/UA Results: CBC showed no signs of anemia, inflammation or infection. possibly slightly low platelets. Chemistry showed elevated ALKP, ALT, and globulins USG 1.026 Completed SDEP Protocol under sedation. images of note - Hyperechoic, shadowing, bulging mass in spleen opposite the hilus, - Heterogenous echogenicity throughout the liver - Enlarge caudal pole on left adrenal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone and pelvic urethra presented with normal wall thicknesses with anechoic urine and normal tone. No uroliths or masses were noted in the lumen of the bladder. No evidence of inflammatory or neoplastic changes were noted. The ureters were not visible and considered normal.

The prostate was identified and found to be of homogeneous echogenicity with the width measuring 0.70 cm.

The **kidneys** revealed normal size, corticomedullary definition and ratio with the cortex being 1/3 of medulla. Medullary echogenicity differed distinctly from that of the cortex and no evidence of dilation could be seen. The renal pelvic diverticuli were distinct in character. The capsules were acceptably uniform without dramatic irregularities. The left kidney measured 5.0 cm in length. The right kidney measured 5.1 cm in length.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were acceptable. The left adrenal gland measured 1.89 cm x 0.59 cm x 0.46 cm. The right adrenal gland measured 2.47 cm x 0.65 cm x 0.60 cm.

Spleen

The generalized appearance of the **spleen** remained homogeneous, however, there was a small focal hypoechoic splenic nodule with distal acoustic shadowing present measuring 1.49 cm x 1.12 cm in size.

Liver

The **liver** presented with a dramatically abnormal appearance with a generalized heterogeneous appearance throughout the liver parenchyma. There were too numerous to count ill-defined small hypoechoic nodules in patches throughout. There were no discrete masses present. There was trace effusion noted around the cranial border of the liver lobes.

There was a anechoic background of gallbladder contents with a small amount of hypoechoic suspended nonshadowing debris.

Gastrointestinal



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The **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. There was a small amount of gas in the lumen of the stomach. No obstructive or overt infiltrative disease was noted. No abnormal lymphatic activity was noted, and the abdomen was free of gastrointestinal masses and pathological fluid.

Pancreas

The right and left limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic capsular contour was acceptably normal. No overt evidence of active inflammatory or neoplastic disease was noted.

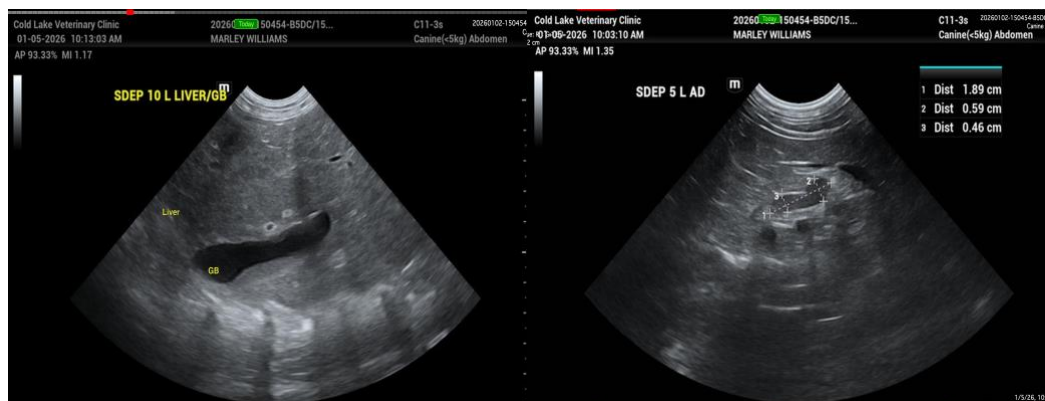
ULTRASONOGRAPHIC FINDINGS

- Heterogeneous liver parenchyma with an ill-defined nodular appearance.
- Hypoechoic distal shadowing discrete splenic nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient was found to have an abnormal heterogeneous appearance throughout the liver with potential differentials including chronic hepatitis, severe regenerative hyperplastic nodules, vacuolar hepatopathy or infiltrative neoplasia. Based on the dramatic degree of hepatic change, it is recommended to consider liver sampling with a biopsy for histopathology. Copper quantification should also be performed on any biopsy samples that are obtained. If this is declined, then a fine needle aspirate of the liver for cytology should be considered in this patient although this may not be as diagnostic as a biopsy sample.

There was a single discrete distal shadowing hypoechoic nodule within the spleen which is likely representing mineralization of a benign splenic nodule and an incidental finding. Differentials would include originating from an old hematoma or infarct, healed trauma, fibrosis with dystrophic calcification or benign nodular hyperplasia which has become mineralized. This can be carefully monitored over time with repeat abdominal ultrasound samples. If a laparoscopic or surgical liver biopsy sample is elected, then splenectomy for further evaluation of the splenic nodule could be considered at the same time.





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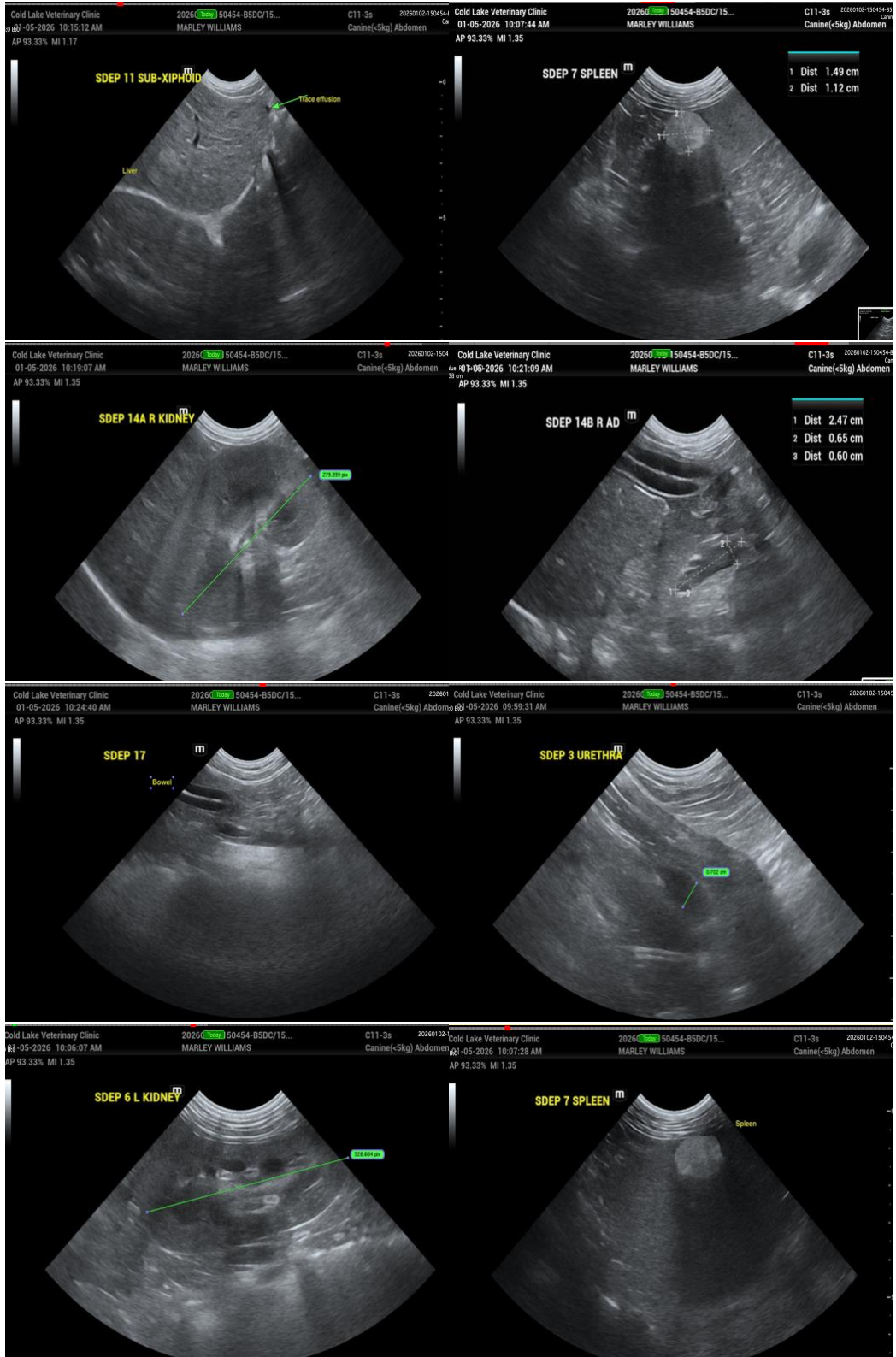
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kim Radway, DVM, DABVP (Canine/ Feline)

info@SonoPath.com