



## PATIENT

Rain Senior Dog Haven

## SPECIES

Canine

## BREED

Mixed Breed

## SEX

Spayed Female

## AGE

8 Years

## WEIGHT

8.3 kg

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## IMAGING PERFORMED BY

Renee Trionfetti VMD

## HOSPITAL NAME

East Bradford  
Veterinary Hospital

## REFERRING VET

Dr. Meghan McGrath  
DVM

## INVOICE

13200

## DATE

01/16/26

## PRESENTING CLINICAL SIGNS

AUS to further evaluate ALP elevation and reported hepatomegaly on radiographs (at the shelter). At time of intake to the shelter, BW has noted hypercalcemia and azotemia which has resolved on recheck BW. Currently residing with a rescue. Abdomen was reported distended on intake to shelter. Low T4 - r/o hypothyroid vs euthyroid. Dental disease.

Abnormal PE/Chem/CBC/UA Results: Jan 2026 (shelter BW ~ 1 -2 weeks prior) - CBC: Hct 41%, Plts 436 H, remainder NSF - Chem: Alb 3.2, AST 25-n, ALT 34-n, ALP 301 H (prev 545 H), normal renal values (prev cr 2.2 H, BUN 34(H), Ca 11-n (prev 12.8 H), Corrected Ca 11.3-n, PercisionPSL 154 H - T4: < 0.5 L - Reported AXR showing hepatomegaly

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex. Areas of mild medullary mineral were present. The left kidney measured 4.1 cm in length. The right kidney measured 4.8 cm in length.

### Adrenal Glands

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.60 cm width in the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.50 cm width at the caudal pole.

### Spleen

The spleen presented normal in size and contour with primarily homogenous parenchyma. A solitary to intermittent discrete noncapsule deforming hypoechoic splenic nodules were visualized with an example measuring 0.26 cm in diameter.

### Liver & Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. A solitary well demarcated hyperechoic caudate liver lobe intraparenchymal nodule was visualized measuring 2.4 cm in diameter.



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The gallbladder was non distended in size with moderate nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

### **Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

### **Pancreas**

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

### **Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

## **ULTRASONOGRAPHIC FINDINGS**

- Hepatopathy with intraparenchymal nodule and cyst- suggestive of overall benign/vacuolar hepatopathy criteria with probable nodular hyperplasia or lipogranuloma.
- Early immature gallbladder mucocele.
- Pancreatic remodeling.
- Discrete splenic nodules- tend to trend benign, discrete lymphoid hyperplasia or hematopoiesis probable.
- Borderline prominent caudal left adrenal gland.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Minor potential for low-grade neoplastic hepatic and emerging splenic nodules felt less likely. Sonographic monitoring of the hepatosplenic nodules for evidence of progression is recommended.

The borderline prominent caudal left adrenal gland is likely incidental if no clinical signs are consistent with Cushing's syndrome. Adrenal workup could be considered if clinical signs are non-reported or arise. Hepatosupportive medications with concurrent monitoring of the gallbladder if evidence of progressive hepatopathy, cholestasis, or cranial abdomen/subxiphoid discomfort on palpation is recommended.



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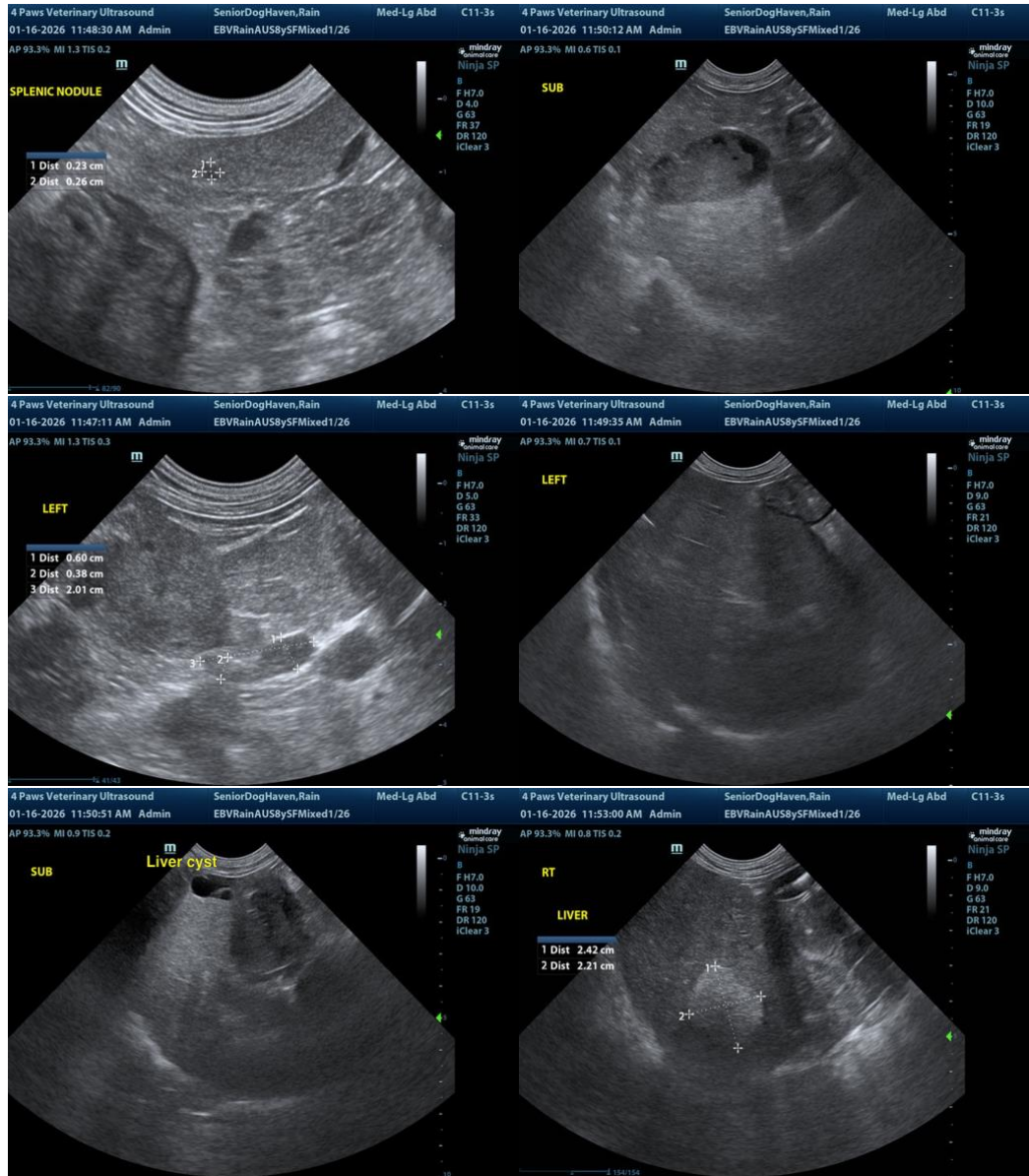
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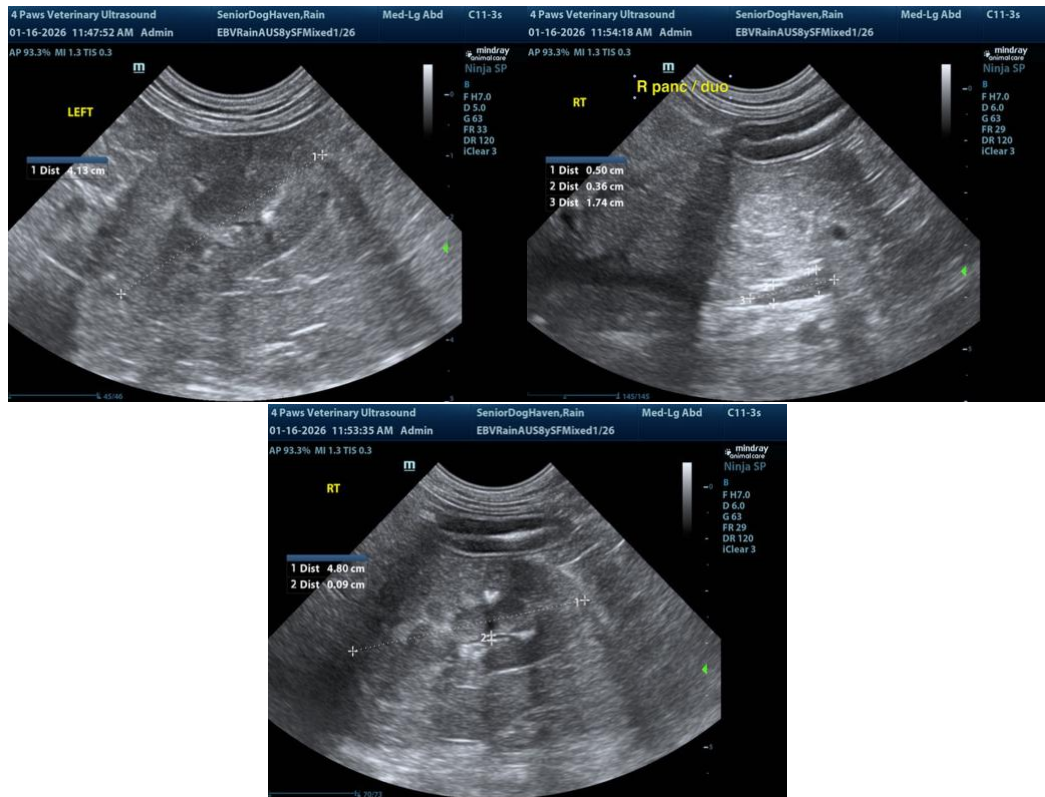
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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