



## PATIENT

Mojo Vasseghi

## SPECIES

Canine

## BREED

Shih Tzu

## SEX

MN

## AGE

15yr

## WEIGHT

7.6kg

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

## IMAGING PERFORMED BY

Dave Stasiuk

## HOSPITAL NAME

Beddington Trail AH

## REFERRING VET

Beddington Trail AH

## INVOICE

23473

## DATE

01/06/2026

## PRESENTING CLINICAL SIGNS

BW revealed elevated post prandial bile acids. Assess for biliary pathology.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Bilateral areas of mild medullary mineral were present. The left kidney measured 3.9 cm in length. The right kidney measured 3.9 cm in length.

The area of the aortic trifurcation was free of pathology.

### Adrenal Glands

Mildly enlarged bilateral caudal adrenal poles. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.69 cm width in the caudal pole. The right adrenal gland measured 0.72 cm width in the caudal pole.

### Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Small intermittent well-defined, symmetrical, echogenic nodules were present throughout the medial parenchyma and perihilar. An example measured 0.56 cm in diameter. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

### Liver/Gallbladder

The liver presented increased in size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. Multiple primarily discrete non-disruptive hypoechoic nodules were present. The capsule of the liver was symmetrical to rounded in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with thin walls and mild gravity dependent non-organized debris. Possible focal adhered gallbladder debris vs small gallbladder polyp. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

### Gastrointestinal



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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 mechanical/metabolic 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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

### **Primary**

- Enlarged non-homogenous hyperechoic liver with discrete intraparenchymal nodules
- Non-organized gallbladder debris (non-mucocele) potential for focal adhered debris vs small gallbladder polyp
- Bilateral chronic renal changes exhibiting mild medullary mineral.
- Bilateral nonspecific caudal adrenomegaly
- Non-disruptive small hyperechoic splenic nodules- consistent with myelolipomas
- Pancreatic remodeling

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the liver may include chronic vacuolar hepatopathy with associated areas of hyperplasia, hematopoiesis and non-obstructive cholestasis, inflammatory disease, lipidosis, fibrosis, hepatic neoplasia or other. No obvious evidence of post-hepatic obstruction or definitive intra-hepatic or extra-hepatic macroscopic shunt.

An adrenal workup is indicated if clinical signs consistent with Cushing syndrome are present.

Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology may be considered for further assessment. Hepatic biopsies with histopathology are required for definitive diagnosis.

If the patient is non-clinical, hepatosupportive medications including Denamarin and if tolerated ursodiol with clinical monitoring would be reasonable.

A spec cPL is recommended if clinical signs consistent with chronic pancreatitis are present.



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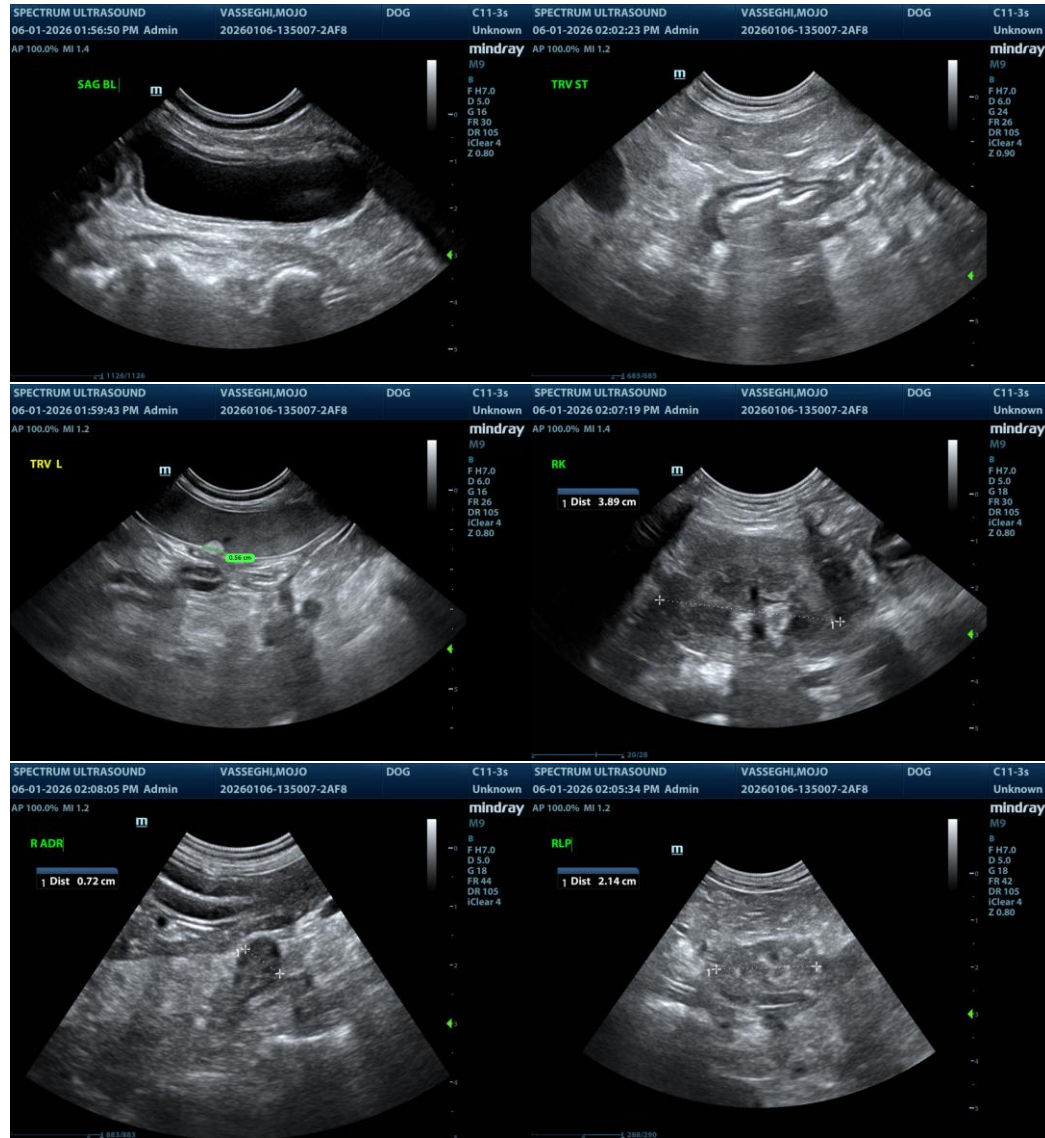
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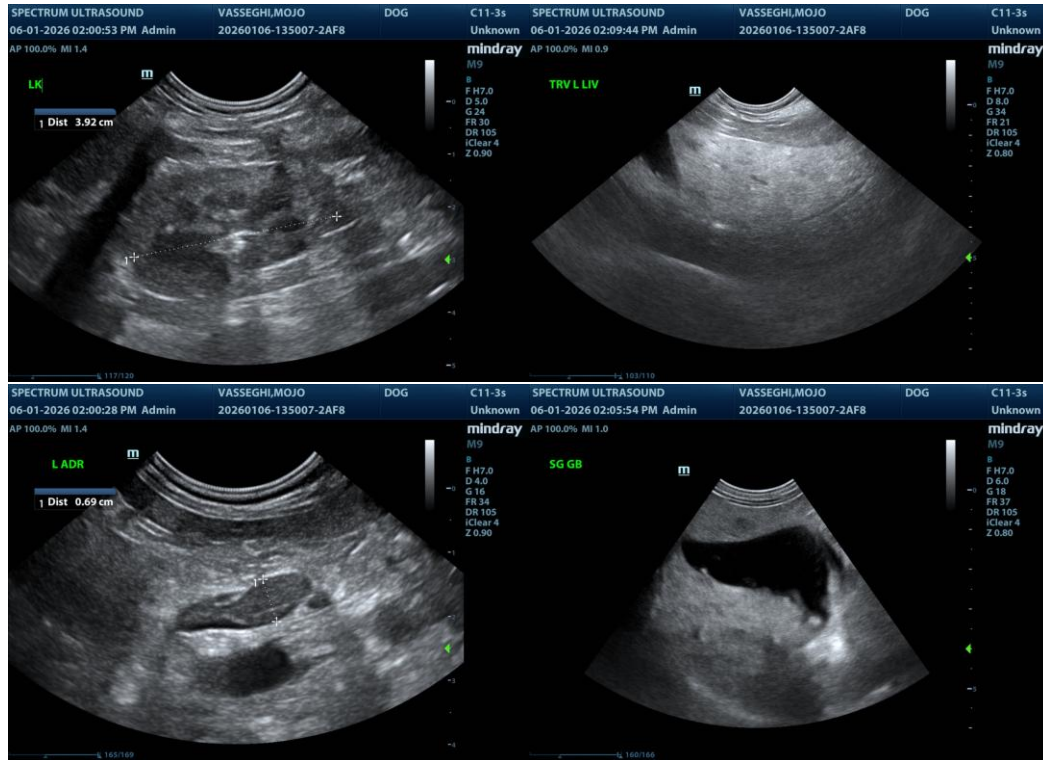
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(Canine and Feline)

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.

**IMAGING PERFORMED BY**

Dave Stasiuk

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