



PATIENT

Gretta Mayehschein

SPECIES

Canine

BREED

Dobie X

SEX

Spayed Female

AGE

13 Years

WEIGHT

32.2 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Christa Williams
DVM, DABVP

HOSPITAL NAME

Caravan Vet

REFERRING VET

Dr. Christa Williams
DVM, DABVP

INVOICE

12190

DATE

11/10/25

PRESENTING CLINICAL SIGNS

History of progressively increasing ALP since last January. She also has mild, stable, hypoalbuminemia. Clients think she may be drinking a bit more water than usual. She has lost 4 pounds in the last month; current BCS 3/9. She has a previous history of severe peri-vulvar dermatitis that responded to hypoallergenic diet and probiotics.

Abnormal PE/Chem/CBC/UA Results: ALP 226 (5-160), ALB 2.4 (2.7-3.9) UPC pending, FNA of spleen and Liver collected today.

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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.2 cm in length. The right kidney measured 5.0 cm in length.

Adrenal Glands

The left adrenal gland was mildly enlarged at the caudal pole. The right 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 0.94 cm width in the caudal pole. The right adrenal gland measured 0.60 cm width in the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver presented mild to moderately 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. Ventral liver lobar hypoechoic parenchyma to homogenous mildly hypoechoic macronodule visualized measuring 5.1 cm in diameter

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



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Gastrointestinal

The stomach presented normal intact gastric wall. The stomach was overall nondistended containing a mild amount of echogenic fluid and lumen gas as well as an area of progressive to strongly shadowing nonspecific nonobstructive ingesta measuring approximately 3.0 cm in diameter.

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 semi formed fecal matter in lumen.

Pancreas

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

Free Abdomen

Mild primarily per-intestinal hyperechoic omentum and focal to intermittent scant pockets of peri-intestinal free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly with lobar mildly hypoechoic parenchyma to nondisruptive macronodules.
- Nonorganized gallbladder debris (non-mucocele).
- Structurally unremarkable gastrointestinal tract with mild retained regional progressive to strongly shadowing gastric ingesta.
- Pancreatic remodeling.
- Sonographically normal spleen.
- Mild peri-intestinal hyperechoic/reactive omentum and scant free fluid.
- Mild chronic renal changes.
- Age-related adrenal glands with mildly enlarged caudal left adrenal gland.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with pending hepatosplenic FNA cytology is recommended with no overt evidence of splenic pathology and with benign hepatopathy criteria suspected i.e. vacuolar hepatopathy, hyperplasia, hematopoiesis, potential inflammation with hepatic neoplasia thought less likely. Adrenal work up is indicated if clinical signs are consistent with Cushing's syndrome and concurrent decreased urine specific gravity. A GI panel to include PLI, TLI, cobalamin and folate and correlation with pending UPC given hypoalbuminemia weight loss is recommended. Three view chest radiographs are suggested if not recently done. Hepatogastrointestinal support is recommended pending additional diagnostics with clinical monitoring and sonographic reassessment if progressive hepatopathy, gastrointestinal signs or weight loss.



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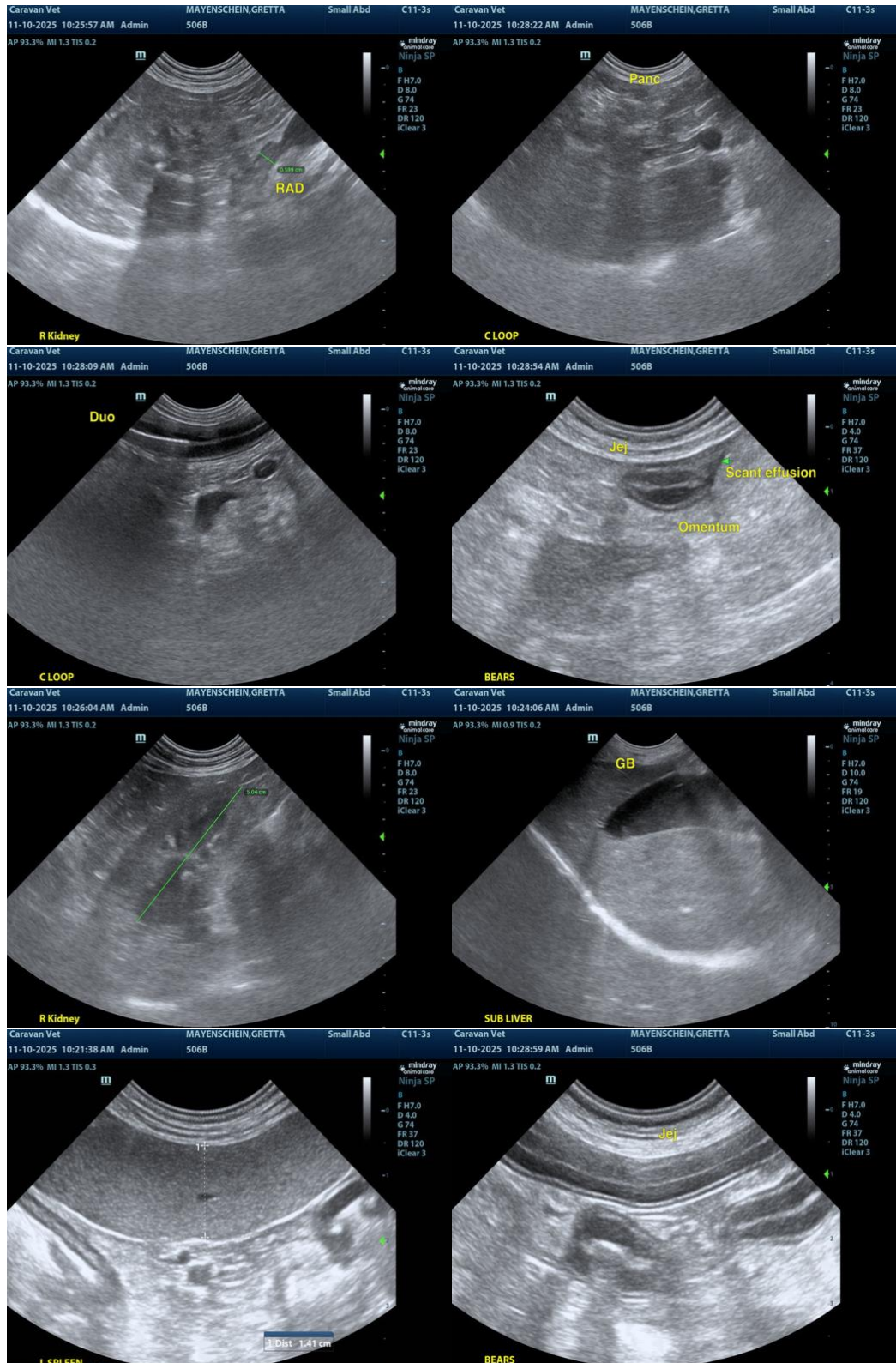
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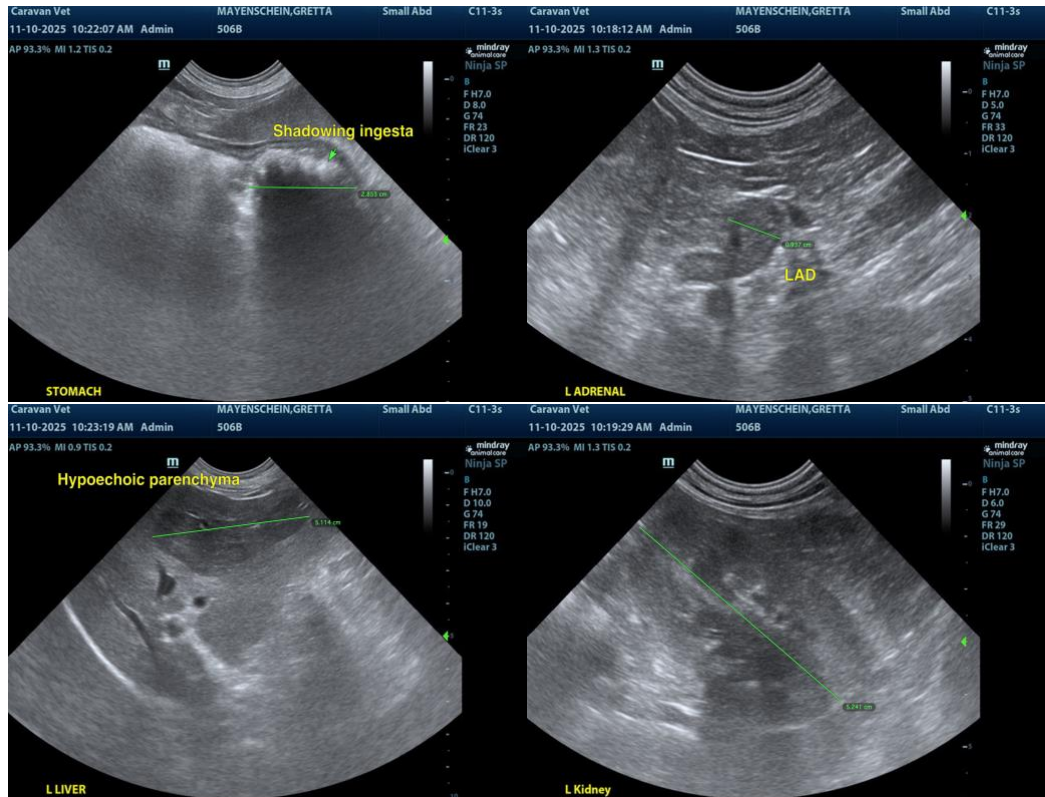
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com