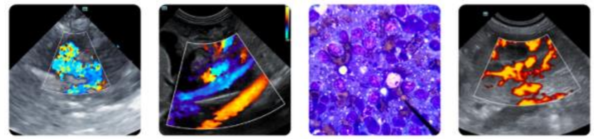


PATIENT

Luke Sioma

SPECIES

Canine

BREED

Australian Shepherd X

SEX

Neutered Male

AGE

10 Years

WEIGHT

35 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Dr. Rodriguez

HOSPITAL NAME

Foxfield Veterinary Services

REFERRING VET

Dr. Rodriguez

INVOICE

12169

DATE

11/10/25

PRESENTING CLINICAL SIGNS

Presented for suspected UTI? Vomited yesterday. PU/PD, diarrhea. On presentation the pet was jaundice. Febrile

Abnormal PE/Chem/CBC/UA Results: ALT: 1900 .ALK: >>2000, GGT 45, Tbili: 28, Chol: 451. WBC: 20.2, neut: 16.9, lymph: 1.55, Mono: 1.51

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone and cystourethral junction 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.

No obvious pathology in the area of the residual prostate or visible proximal urethra.

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 5.9 cm in length. The right kidney measured 5.7 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.80 cm width at the caudal pole.

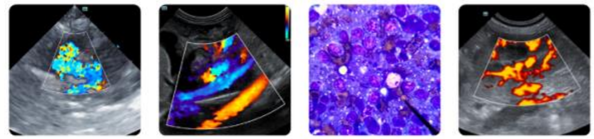
A well-demarcated, hyperechoic nonmineralized nodule was present in the cranial right adrenal gland with mild associated cranial right adrenomegaly. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 0.93 cm x 0.72 cm in diameter. The right adrenal gland measured 0.58 cm width at 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 subjective mildly enlarged in size. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance.



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The definitive gallbladder was not visualized.

Gastrointestinal

The stomach presented intact borderline prominent wall with empty lumen.

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 to soft fecal matter in lumen, consistent with patient's history.

Pancreas

The right pancreas presented with normal size and mild nonhomogenous hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

Intermittent mildly enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of the lymph nodes measured 2.2 cm x 1.0 cm. No evidence of peritoneal effusion.

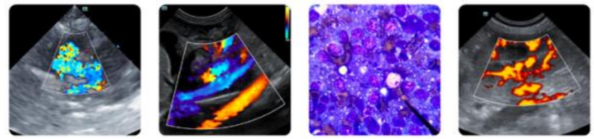
ULTRASONOGRAPHIC FINDINGS

- Acute hepatopathy.
- Normal urinary bladder.
- Age-related renal changes.
- Right adrenal nodule.
- Subjective mild gastritis with soft to nonformed fecal matter in the colon.
- Mildly hypoechoic right pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the acute hepatopathy may include nonspecific acute hepatitis (viral, bacterial, leptospirosis, toxin), vacuolar/cholestatic hepatopathy, hepatotoxicosis i.e. copper, noncardiogenic congestion or occult neoplasia.

Further assessment may include (assuming normal clotting status) hepatic FNA cytology and leptospirosis titers/PCR. The right adrenal nodule may indicate hyperplasia, adenoma, lipogranuloma or emerging, primary or metastatic tumor. Adrenal work up is indicated if clinical signs are consistent with Cushing's syndrome as well as serial monitoring of systemic BP for evidence of hypertension, which may allude to right pheochromocytoma as well as sonographic monitoring of the adrenal nodule is indicated. The nonvisualized gallbladder is of unclear clinical significance. Sonographic reassessment is indicated if progressive hepatopathy. Empirical therapy for nonspecific acute hepatitis with concurrent gastrointestinal support is recommended. Spec cPL is suggested to assess for concurrent low-grade pancreatitis.



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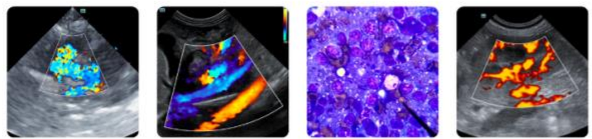

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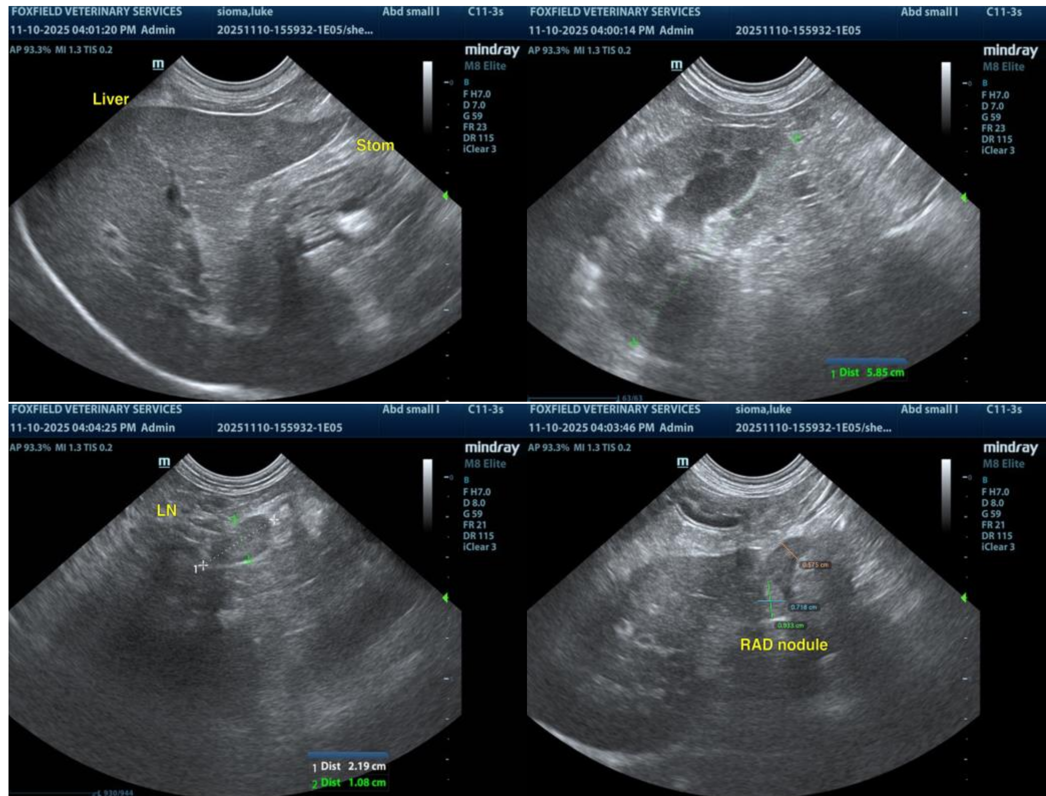

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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