



**PATIENT**

Holly Faust

**SPECIES**

Canine

**BREED**

Pitbull

**SEX**

Spayed Female

**AGE**

2012

**WEIGHT**

48.5

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Rebekah Jakum, CVT,  
ARDMS/RVT

**HOSPITAL NAME**

Lehigh Valley Animal  
Hospital

**REFERRING VET**

Dr. Hersh

**INVOICE**

12668

**DATE**

12/11/25

**PRESENTING CLINICAL SIGNS**

History of UTI's, hepatomegaly Medication: Denamarin, ursodiol, Cosequin, pred, gabapentin.

**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. Areas of medullary mineral were visualized with no evidence of pyelectasia. The left kidney measured 6.7 cm in length. The right kidney measured 6.5 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 0.51 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.48 cm width at the caudal pole.

**Spleen**

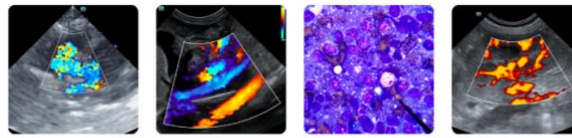
The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multiple noncapsule deforming to consolidating hyperechoic nodules were present throughout the cranial to caudal parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory or neoplastic changes were not noted. The hyperechoic nodules tend to trend benign and are most consistent with benign myelolipomas, possible hyperplasia, previous infarct or mineralization. An example of nodules measured 1.37 cm in diameter. Concurrent multicentric pinpoint hyperechoic splenic parenchyma foci which may indicate areas of splenic microinfarction, fibrosis or mineralization.

**Liver**

The liver revealed subjective mild hepatomegaly with areas of mild asymmetrical hepatic capsule contour and variable heterogeneous remodeled parenchyma exhibiting variable coarse echotexture. Indistinct portal vascular borders. A solitary caudal nonhomogenous focally cystic liver mass was visualized measuring 4.0 cm in diameter with mild associated caudal hepatic capsule distortion.

The gallbladder was non distended in size with moderate variably congealed debris with concurrent nonobstructive choleolith. No evidence of gallbladder or pericholecystic inflammation. The common bile duct was not visualized.

**Gastrointestinal**



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The stomach contained strongly shadowing mild irregular content with mild retained fluid. Overtly normal intact visible wall. Example of shadowing gastric content measured 2.7 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 formed fecal matter in lumen.

**Pancreas**

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

**Free Abdomen**

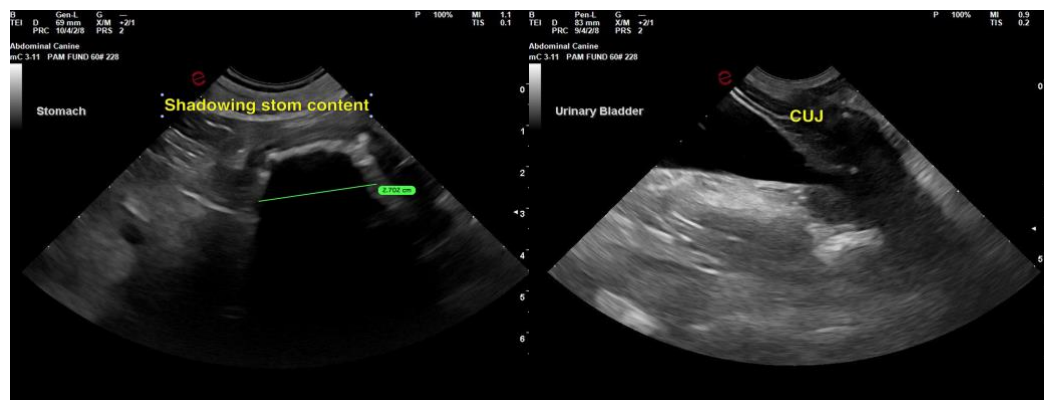
No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Normal urinary bladder and visible proximal urethra.
- Chronic renal changes with medullary mineral.
- Multiple to coalescing hyperechoic splenic nodules and parenchyma foci.
- Chronic hepatopathy with caudal intraparenchymal mass.
- Congealed gallbladder debris with nonobstructive choleolith.
- Strongly shadowing gastric content.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Assuming normal clotting status, hepatic parenchyma and of accessible, hepatic mass FNA cytology is warranted for further clarification. Continued hepatosupportive medications with sonographic monitoring of the liver as well as the gallbladder for evidence of progressive mass or if progressive cholestasis would be a more conservative approach. The strongly shadowing gastric content may indicate dense ingesta, treat or medication with concern for gastric foreign material if documented NPO. Correlation with most recent meal ingestion is recommended. Documented 12-hour fast and sonographic reassessment of the stomach is recommended if clinically applicable.





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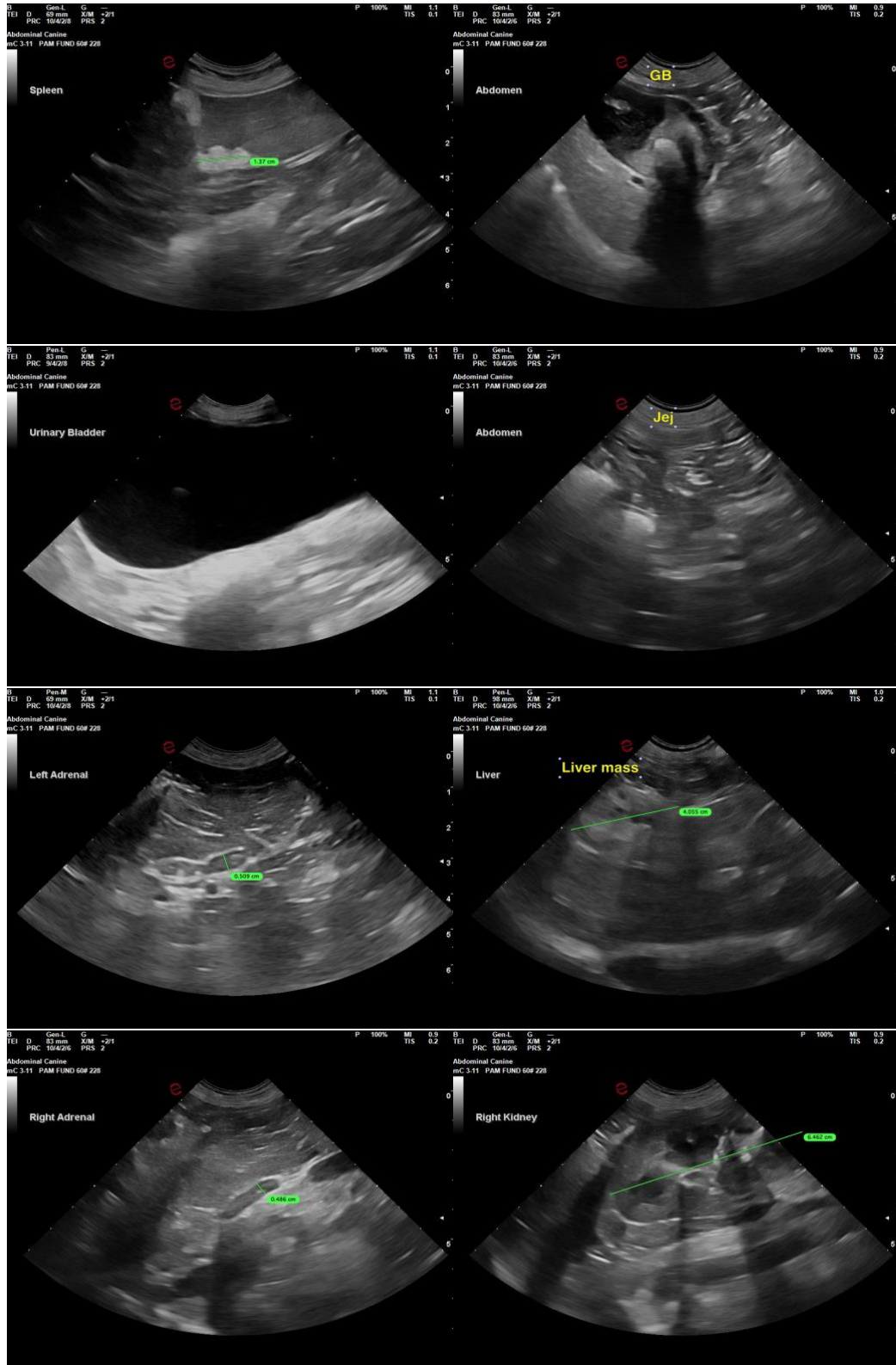
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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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