



## PATIENT

Nila Wilson

## SPECIES

Canine

## BREED

Papillon Mix

## SEX

Female Spayed

## AGE

11 yrs

## WEIGHT

8.4 kgs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Patti Mayfield, DVM

## HOSPITAL NAME

Broken Top VH

## REFERRING VET

Terra McSwain, DVM

## INVOICE

12954

## DATE

12/16/25

## PRESENTING CLINICAL SIGNS

History: Elevated liver enzymes and weight gain are primary complaints - Unknown if PU/PD/PP

Abnormal PE/Chem/CBC/UA Results: 9/30/25: - ALT: 133 (H) - ALP: 258 (H) - Lipase: 313 (L)  
10/31/25: - ALT: 148 (H) - ALP: 302 (H) - Lipase: wnl 12/3/25 - ALT: 129 (H) - ALP: 479 (H) LDDST  
pending UA: NA Fecal: NEG

## 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 changes 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. Mild medullary mineral was present. The left kidney exhibited cortical infarcts. The left kidney measured 4.3 cm in length. The right kidney measured 4.6 cm in length.

### Adrenal Glands

The bilateral adrenal glands were mildly enlarged in size based on caudal pole width and in light of body weight. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.82 cm width in the caudal pole. The right adrenal gland measured 0.73 cm width in the caudal pole.

### Spleen

The spleen exhibited an ~3.2 cm non-uniform, hyperechoic mass lesion with mild distal acoustic shadowing. The remainder of the spleen exhibited overall normal size with areas of mild asymmetrical lateral and medial capsule contour. Intermittent, separate, non-capsule deforming medial parenchyma to perihilar hyperechoic nodules were present most suggestive of myelolipomas criteria.

### Liver

The liver presented enlarged in size. Lobar and indistinctly marginated, non-homogeneous, hyperechoic hepatic parenchyma. 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. Solitary visualized, isoechoic, mild, non-homogeneous, non-capsule deforming hepatic nodule was present mid ventral liver measuring 1.8 cm in diameter. The gallbladder was non distended in size with moderate, primarily peripheral lumen to non-dependent, non-organized, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.



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## 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 exhibiting indistinct lobar non-homogeneous parenchyma and no-disruptive intraabdominal nodule
- Non-organized gallbladder debris (non-mucocele)
- Hyperechoic splenic mass lesion with suspect concurrent separate myelolipomas
- Mild chronic renal changes
- Bilateral mildly enlarged non-homogeneous adrenal glands
- Remodeled pancreas
- Sonographically normal gastrointestinal tract

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with pending adrenal testing is recommended. The splenic mass and hepatic lobar parenchymal changes/nodule are nonspecific. It may indicate benign processes, i.e. large splenic myelolipoma or hyperplasia, granuloma, parenchymal remodeling, vacuolar changes or inflammation. Splenic neoplastic mass and hepatic metastasis thought less likely yet not excluded. Further assessment may include, assuming normal clotting status and using 25-gauge needle, splenic mass lesion and hepatic parenchymal nodule FNA cytology could be considered. Pending additional diagnostics and if no pathology on 3-view chest radiographs, diagnostic and prophylactic splenectomy as well as hepatic biopsied could be considered. Hepato-supportive medications including Denamarin and Ursodiol may prove beneficial.



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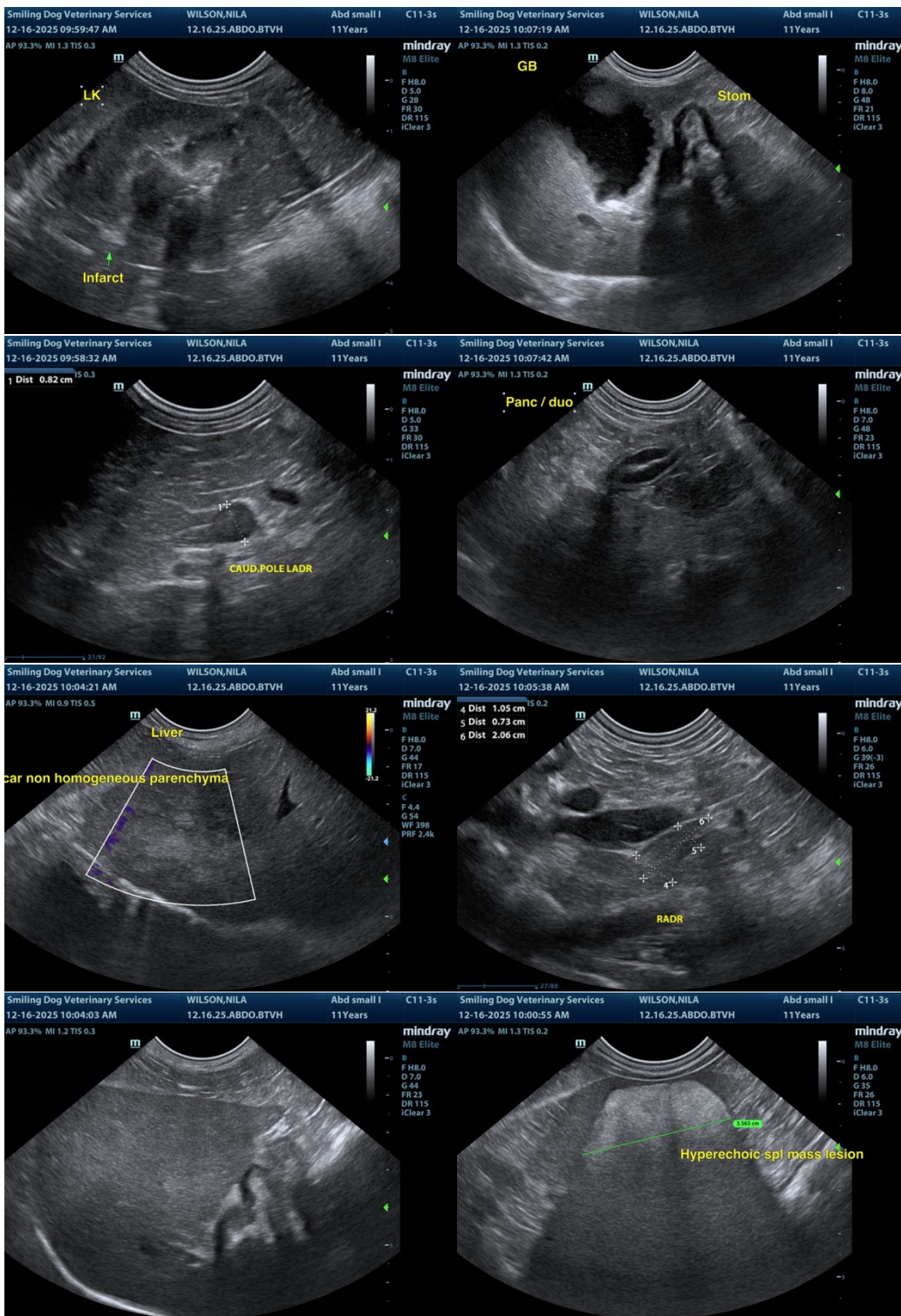
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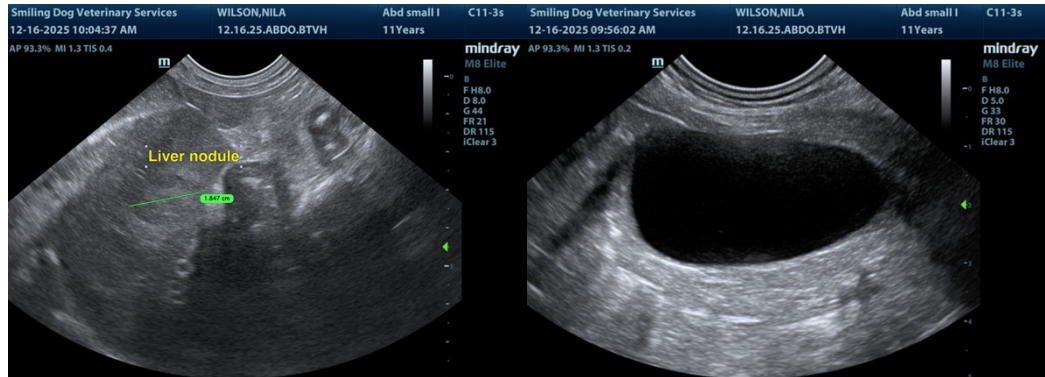
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)