



## PATIENT

Roxy Muzyka

## SPECIES

Canine

## BREED

Staffordshire Bull Terrier

## SEX

Spayed Female

## AGE

8 Years 10 Months

## WEIGHT

27.4 kg

## INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

## IMAGING PERFORMED BY

Dr. Jill Rankin

## HOSPITAL NAME

Beddington Trail Vet

## REFERRING VET

Dr. Kaur

## INVOICE

12853

## DATE

12/29/25

## PRESENTING CLINICAL SIGNS

Beddington presents with a recent history of a pot-bellied appearance, spinal muscle loss, weight loss, and increased thirst and urination (PUPD), with initial diagnostics revealing mild splenomegaly of undetermined cause. For the past couple of weeks, the patient has exhibited clinical signs including a pot belly, weight loss, and muscle wasting over the spine. Radiographs taken to investigate these signs revealed mild splenomegaly and a gastrointestinal tract containing food. The radiologist noted that these findings could explain the abdominal distension, but the presence of a mass could not be excluded. The splenomegaly was considered potentially associated with benign processes like congestion or hyperplasia, but infiltrative neoplasia remained a possibility. Based on the radiographic findings, the radiologist recommended further evaluation. An abdominal ultrasound was suggested to better visualize the abdominal organs, specifically to rule out an obscured mass.

## 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 urine mineral or calculi. 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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex. Areas of mild medullary mineral were present without evidence of pyelectasia. The left kidney measured 7.2 cm in length. The right kidney measured 6.7 cm in length.

### Adrenal Glands

The left adrenal gland was borderline enlarged in size with symmetrical contour and mild nonhomogenous nonmineralized parenchyma. The left adrenal gland measured 0.81 cm width at the caudal pole and 0.89 cm width at the cranial pole.

The right adrenal gland was mildly enlarged at the cranial pole with symmetrical contour and mild heterogeneous nonmineralized parenchyma. The right adrenal gland measured 1.1 cm width at the cranial pole and 0.69 cm width at the caudal pole.

### Spleen

The spleen presented with possible borderline enlargement with potential areas of mild medial parenchyma expansion and symmetrical medial splenic capsule contour. Multifocal pinpoint to focal hyperechoic parenchymal foci. No mass or nodules were evident. Normal splenic vascularity was maintained. No evidence of splenic vein thrombus.

### Liver

The liver revealed generalized hepatomegaly with mild nonhomogenous hypoechoic hepatic parenchyma exhibiting subtle areas of hyperechoic lobar parenchymal to discrete hypoechoic nodules



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with an example measuring 1.5 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size. The gallbladder lumen was primarily occupied by nondependent overall nonorganized to regionally mineralized gallbladder debris. The common bile duct was not visualized.

### ***Gastrointestinal***

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained progressively shadowing ingesta (consistent with food echogenicity) without signs of obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild segmental nonshadowing ingesta was present.

Normal visible colon wall layers were present with apparent formed feces in lumen.

### ***Pancreas***

The area of the pancreas was sonographically normal.

### ***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

## **ULTRASONOGRAPHIC FINDINGS**

- Nonhomogenous hyperechoic hepatomegaly exhibiting subtle intraparenchymal nodules- chronic vacuolar hepatopathy, inflammatory disease, hyperplasia, hematopoiesis, cholestasis, lipidosis, neoplasia are all possible.
- Early immature gallbladder mucocele with mild mineralized gallbladder debris.
- Borderline asymmetrical splenomegaly exhibiting hyperechoic parenchymal foci and possible medial parenchymal expansion- pinpoint areas of splenic microinfarction, fibrosis or mineralization, hyperplasia, hematopoiesis, inflammation, emerging splenic neoplasia thought less likely.
- Borderline/mild adrenomegaly.
- Bilateral mild medullary mineral.
- Normal gastrointestinal tract with gastrointestinal ingesta- most consistent with probable food echogenicity/postprandial presentation.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Assuming normal clotting status and using a 25-gauge needle, hepatosplenic FNA cytology is warranted for further clarification. Adrenal work up with LDDST is warranted given the current clinical signs and hepatoadrenal presentation. A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss.



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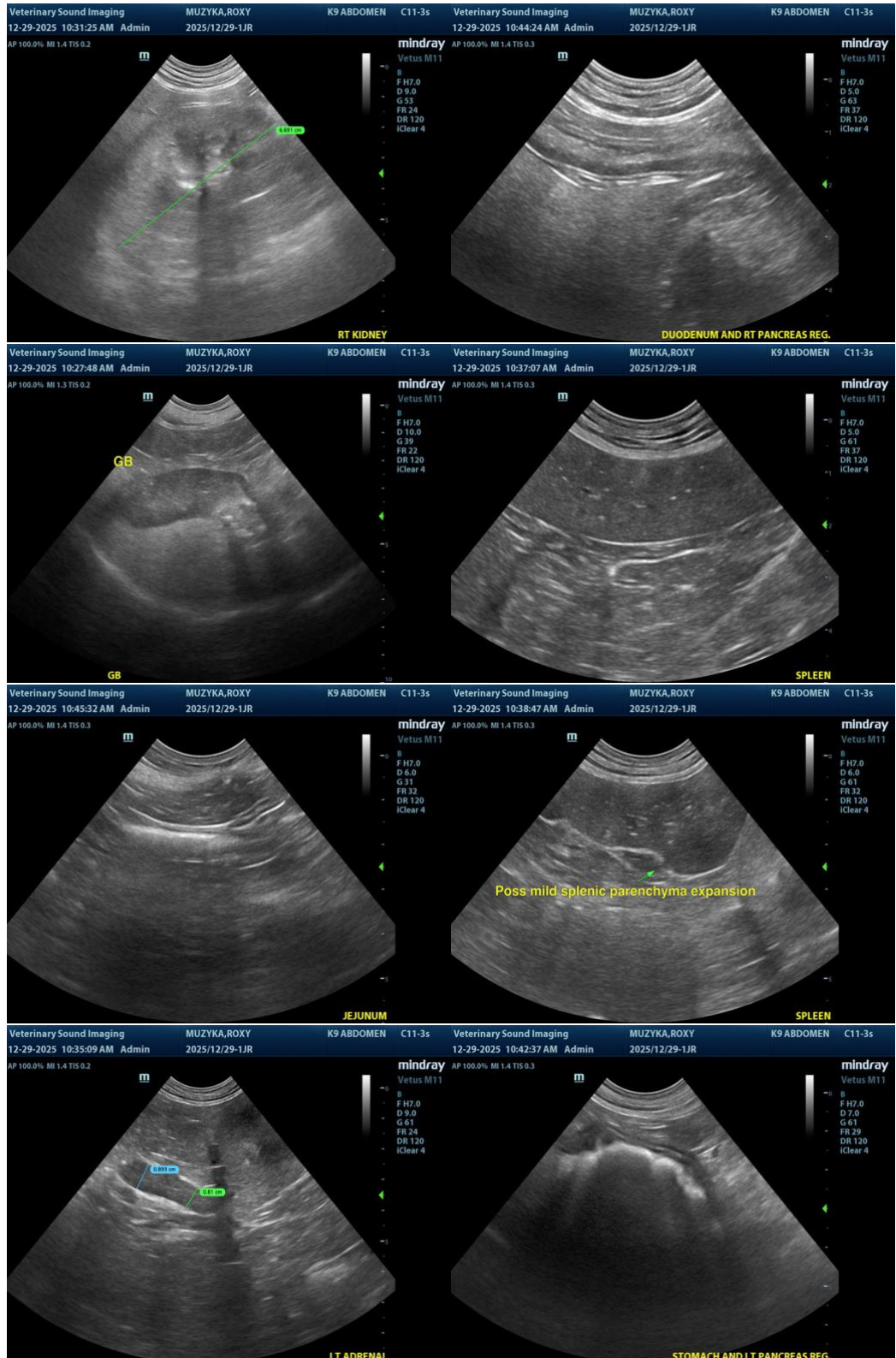
Dr. Kaur

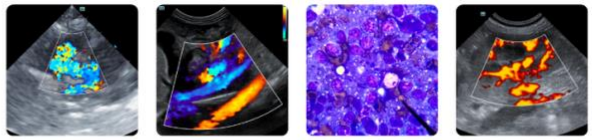
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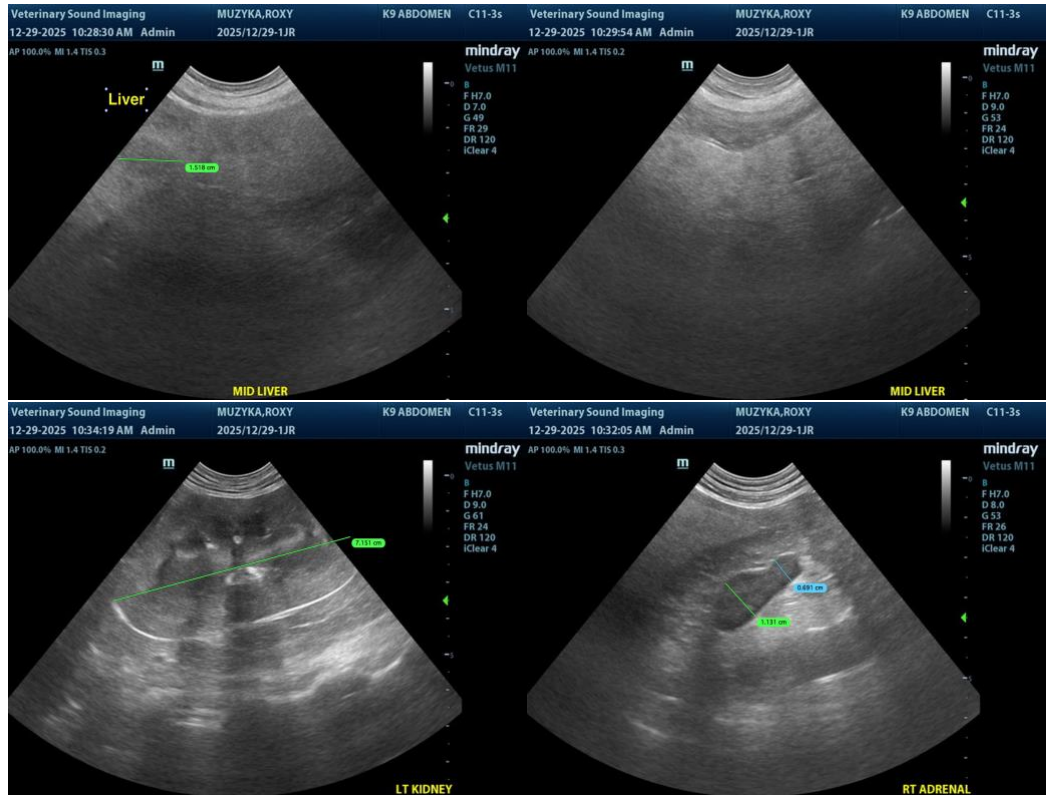
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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