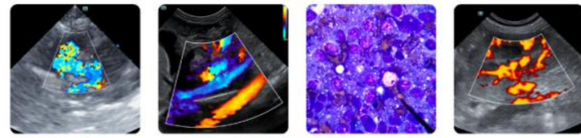


PATIENT

Sophie Nisker

SPECIES

Canine

BREED

Cairn Terrier

SEX

Spayed Female

AGE

13 Years 9 Months

WEIGHT

8.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Britannia Kingsland Veterinary Clinic

REFERRING VET

Dr. Lisa Hamill DVM

INVOICE

14123

DATE

03/06/26

PRESENTING CLINICAL SIGNS

- Sophie is a patient with a history of chronic hepatopathy, now presenting with elevating liver parameters, and a recent history of a rectal spindle cell tumor.
- Sophie has a long-standing history of chronic hepatopathy with cholangiohepatopathy, which required antibiotic therapy in the past and had been stable for many years on Zentonyl and Ursodiol. Recently, her liver parameters have been elevating. Her current ALT is 451, showing a progressive increase from previous values of 192, 113, 163, 179, 272, and 383; it was 587 in 2019. Her AST is 71 and ALP is 190. Bile acid testing on February 27, 2026, showed a pre-prandial level of 8.3 and a post-prandial level of 55.4, an elevation consistent with moderate to severe hepatic dysfunction.
- A spindle cell tumor was recently removed from the rectum, but the margins were incomplete. As of October 2025, there was no evidence of tumor regrowth. During this surgery, the patient developed ventricular premature contractions (VPCs), which resolved and were not reproducible on a subsequent follow-up ECG.
- Other recent diagnostics include a CBC within normal limits, a negative 4DX test, and a total T4 of 15.6. A urinalysis showed a USG of 1.041, pH of 6.0, 1 white blood cell per high power field, 5 red blood cells per high power field, a protein level of 500, and the presence of suspected hyaline casts and greater than one non-hyaline cast per high power field.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

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. Pinpoint hyperechoic medullary foci were present which may indicate pinpoint areas of medullary fibrosis, mineralization or infarcts. The left kidney measured 5.2 cm in length. The right kidney measured 4.9 cm in length.

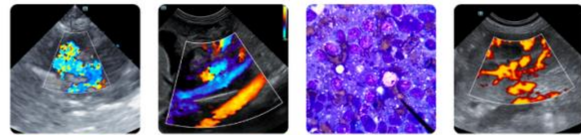
Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.41 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 0.46 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.



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Liver & Gallbladder

The liver revealed mild generalized hepatomegaly. Nonhomogenous mild increased hepatic parenchyma exhibiting variable coarse echotexture and subtle areas of hypoechoic lobar parenchyma. No mass or nodules were evident. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was mildly distended in size with moderate nonorganized debris occupying a majority of the gallbladder lumen extending mildly into the cystic duct. The cystic duct and common bile ducts were normal without evidence of dilation. Normal gallbladder wall without evidence of thickening or edema. No evidence of pericholecystic inflammation.

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 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.

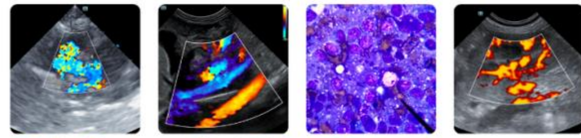
ULTRASONOGRAPHIC FINDINGS

- Chronic hepatopathy exhibiting nonhomogenous parenchyma.
- Mildly distended noninflamed gallbladder with nonorganized bile debris (non-mucocele).
- Age-related renal changes.
- Normal adrenal glands.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is consistent with chronic inflammatory hepatopathy or hepatobiliary disease, i.e. cholangiohepatitis or similar in conjunction with elevated ALT/AST. Hepatic neoplasia is considered unlikely.

Further assessment may include FNA cytology (assuming normal clotting status) to assess for inflammatory cell type. No evidence of intrahepatic or extrahepatic macroscopic shunt. Continued hepatosupportive medications and consideration for empirical cholangiohepatitis therapy protocol with monitoring would be reasonable. No evidence of intraabdominal metastasis from erectile tumor.



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SPLEEN

DUODENUM AND RT PANCREAS REG.

RIGHT LIVER

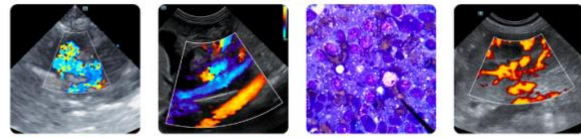
URINARY BLADDER

LT ADRENAL

MID LIVER

LT KIDNEY

RT SUBLUMBAR



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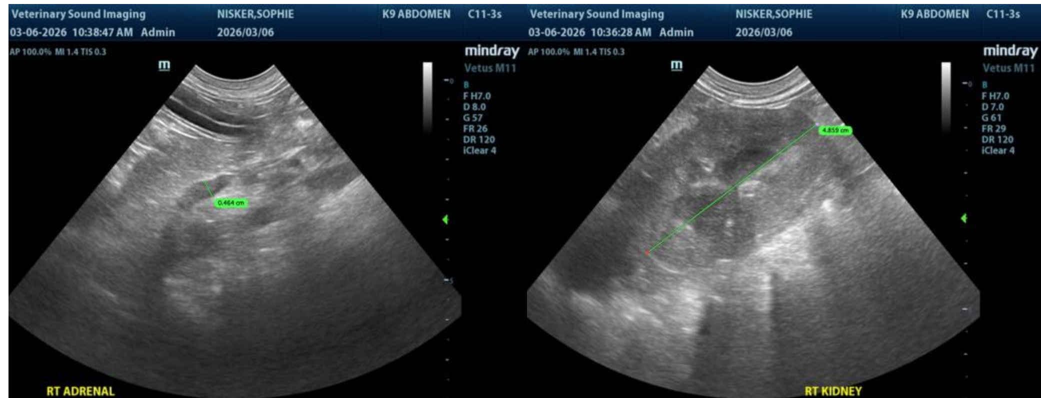

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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