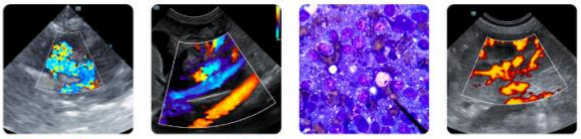



**PATIENT**

Petey Adams

**SPECIES**

Canine

**BREED**

Puggle

**SEX**

Male

**AGE**

11 Years

**WEIGHT**

33.6 pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Brian Hougentogler

**HOSPITAL NAME**

K-Vet Animal Care

**REFERRING VET**

Dr. Amy Wong

**INVOICE**

15071

**DATE**

04/13/26

## PRESENTING CLINICAL SIGNS

exam-_BAR; missing OS; OD is buphthalmic, has chemosis and scleral injection; underbite; multi-focal subcutaneous growths; moderate dental calculus; degenerative hepatopathy; neoplasia; nodular hyperplasia?

Abnormal PE/Chem/CBC/UA Results: ALP > 2000

## 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.

No evidence of pathology in the area of the prostate gland.

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 5.7 cm in length. The right kidney measured 6.1 cm in length.

### *Adrenal Glands*

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.67 cm width in the caudal pole. The right adrenal gland measured 0.65 cm width in 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 & Gallbladder*

The liver revealed subjective mild to possible moderate hepatomegaly. The liver parenchyma was mild / moderate nonuniform and hypoechoic to the spleen with a mild/ moderate coarse echotexture and subjective mild parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Intermittent discrete isoechoic mildly nonhomogenous intraparenchymal nodules were present with an example measuring 2.0 cm to 2.2 cm in diameter.

The gallbladder was non distended in size with mild biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

### *Gastrointestinal*

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild lumen gas and with no signs of ileus, obstruction or foreign material.

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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.

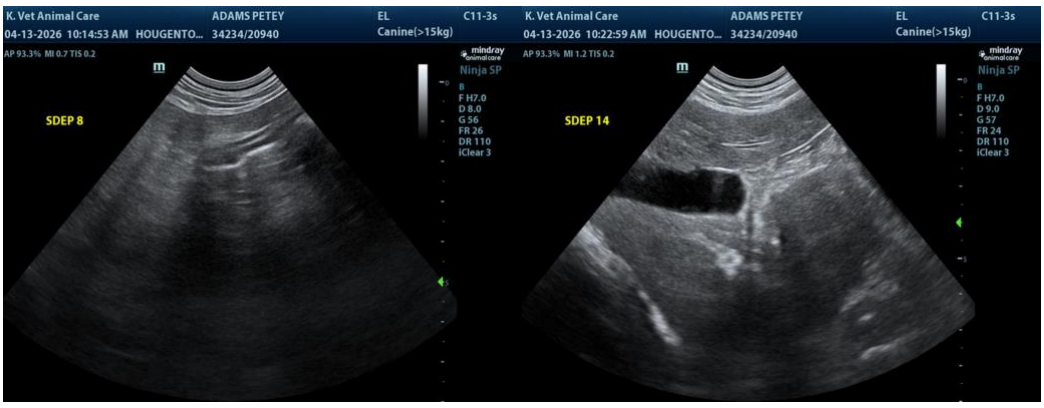
## ULTRASONOGRAPHIC FINDINGS

- Chronic hepatopathy pattern exhibiting discrete intraparenchymal nodules.
- Mild gallbladder debris (non-mucocele).
- Age-related renal/adrenal changes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Vacuolar/non-obstructive cholestatic hepatopathy, inflammatory disease, discrete areas of hyperplasia, hematopoiesis, ill-defined granulomas, emerging neoplasia thought less likely yet cannot be definitively excluded. Assuming normal clotting status, hepatic FNA cytology is warranted for further clarification.

No overt adrenal pathology as a contributing factor. Adrenal screening could be considered if clinical signs consistent with Cushing's syndrome are non-reported or arise. Hepatosupportive medications including Denamarin and ursodiol with clinical and sonographic monitoring of the liver with initial recheck in six to eight weeks would be reasonable.



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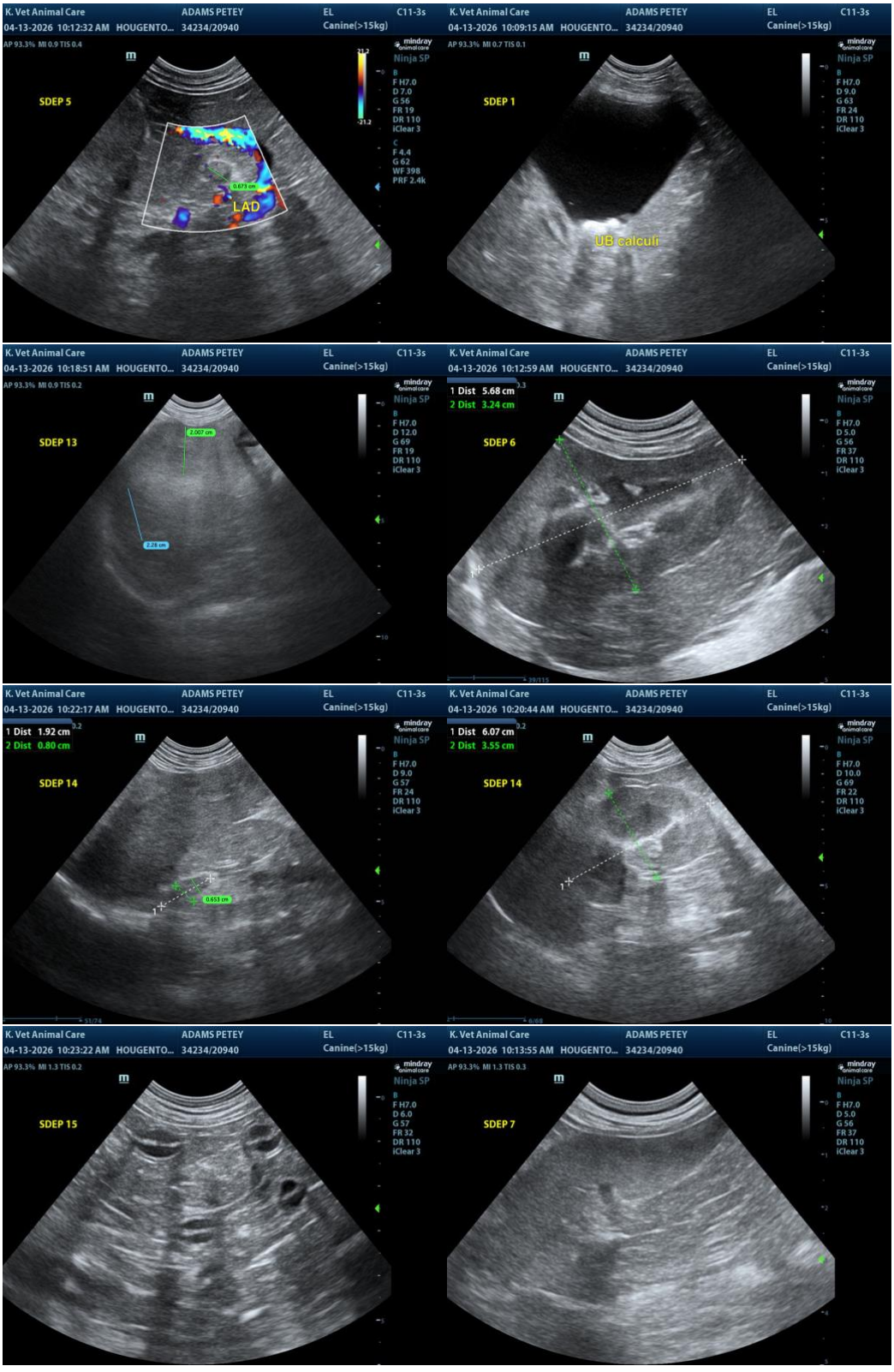

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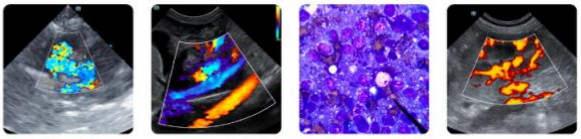

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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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