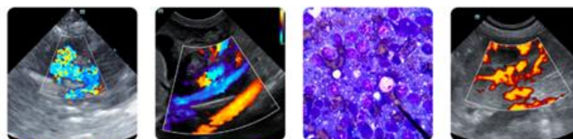


PATIENT
Juliet Sprouts

SPECIES
Canine

BREED
Cocker Spaniel

SEX
FS

AGE
11yr

WEIGHT
6.56kg

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

IMAGING PERFORMED BY
Lindsay Powell, CVT

HOSPITAL NAME
Hershey Animal Emergency Center

REFERRING VET
Dr. Brian Jacobs

INVOICE
24381

DATE
04/02/2026

PRESENTING CLINICAL SIGNS

P was seen yesterday by rDVM for dermatologic issues and anal gland infection. O reported this morning that p was restless all night last night. RDVM prescribed gabapentin this morning and it was administered around 12:00 PM. P had seizure around 4:30 pm - lasted about 90 seconds. P has history of intermittent seizure activity, last seizure 6 months ago. One seizure upon presentation. Hx of hepatomegaly.

Abnormal PE/Chem/CBC/UA Results: Ears: bilateral otitis externa Cardiovascular: muffled heart sounds, BP mildly elevated, HR 100–110 bpm, holding steady, pulses strong/synchronous Respiratory: tachypnea, marked increased effort, bilateral wheezing, tremoring, pulse oximetry 95–96% Abdominal: Hepatomegaly on palpation of abdomen Integument: localized infection left front limb, perianal infection Nervous system: mentation obtunded, post-ictal, currently non-alert, lateral recumbency Diagnostics @ rDVM on 4/1: CBC: Lym 0.85 (L), Baso 0.13 (H) Chem: BUN 28 (H), ALT 140 (H), ALP 342 (H), Amyl 1691 (H) Diagnostics @ HAEC on 4/2: EPOC: pO2 59.1 (H), Na 156 (H), K 2.7 (L), Lac 4.72 (H), BUN 29 (H), Glu 249 (H)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Bilateral non-obstructive small medullary renoliths were present. The left kidney measured 4.4 cm in length. The right kidney measured 4.4 cm in length.

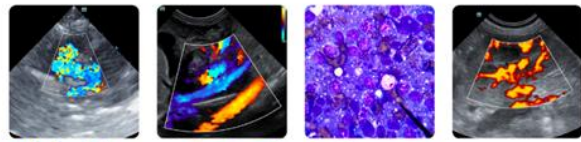
The area of the aortic trifurcation was free of pathology.

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 0.49 cm width in the caudal pole. The right adrenal gland measured 0.64 cm width in the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.



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Liver/Gallbladder

Generalized hepatomegaly with symmetrical rounded hepatic capsule contour. Lobar indistinctly marginated heterogeneous parenchyma without evidence of definitive mass. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with echogenic, nonmineralized, nondependent biliary sludge. The biliary sludge was non organized with a hypoechoic to anechoic, irregular to interrupted rim visible between the nondependent sludge and inner wall. No signs of peripheral inflammation.

Gastrointestinal

The stomach presented mild thickened wall. Intact wall layering was maintained and distinct. The stomach contained a mild amount of anechoic fluid.

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 mechanical/metabolic 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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Chronic hepatopathy pattern with lobar heterogeneous parenchyma
- Non-inflamed gallbladder mucocele
- Hypomotile gastritis, sonographically normally empty small intestine
- Chronic pancreatitis pattern with remodeling
- Chronic renal changes with non-obstructive mild renolithiasis
- Age-related adrenal glands, no evidence of adrenal tumor

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of abdominal neoplastic criteria or intrahepatic /extrahepatic macroscopic shunt. Lobar parenchymal remodeling, hyperplasia, fibrosis or other benign etiology suspected. Assuming normal clotting status an FNA cytology of lobar heterogeneous hepatic parenchyma could be considered for further clarification. Correlation with UA is recommended. An overall definitive intra-abdominal cause of the seizure activity was not obvious.

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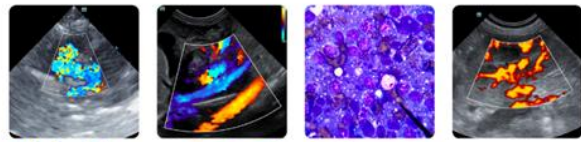

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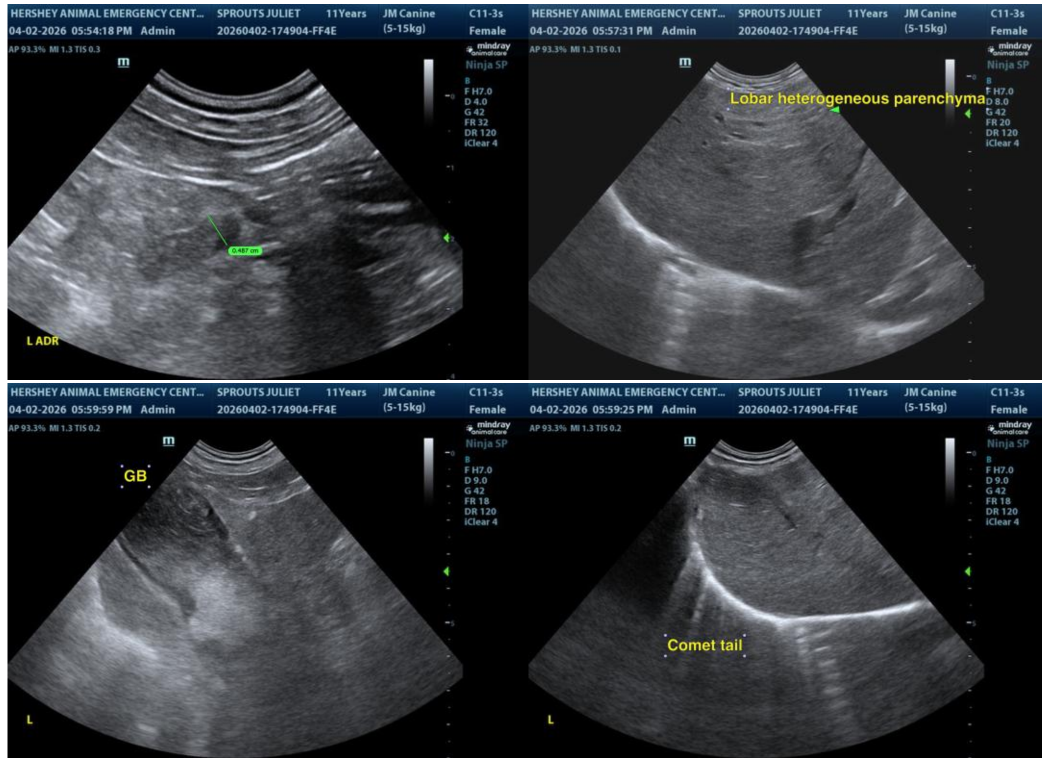

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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