PATIENT

Abigail Croyle

SPECIES

Canine

BREED

Scottish Terrier

SEX

FS

AGE

10yr

WEIGHT

23lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Mountain View Animal Hospital

REFERRING VET

Dr Rachel Hill

INVOICE
24623

DATE
04/27/2026

PRESENTING CLINICAL SIGNS

chronic ALP progression w/ acute and severe progression
recently noted LH lameness (primary r/o is ACL/stifle disease)
Relevant Medical History and Physical Exam Findings: mild periodontal disease LH toe touching lameness otherwise no noted PE findings
MEDS_ Gabapentin BID
Abnormal PE/Chem/CBC/UA Results: total WBC mild decrease (5.6) hyperalbuminemia (4.4) ALT 190 ALP 3522 lipase 301 UPC 2.2 (USG 1.021), mild hematuria

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 primarily dependent lumen to mild non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible, which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were 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 6.0 cm in length. The right kidney measured 5.5 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 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 0.50 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.

Liver/Gallbladder

Generalized hepatomegaly. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. Indistinct portal vascular borders. Mild expansive non-homogenous ventrocaudal hepatic intraparenchymal mass was present measuring 3.5 centimeters in diameter. A separate similar appearing to similar sized mass was present in the right caudal liver measuring 3.4 cm in diameter. The gallbladder was non-distended in size with thin walls and mild, primarily peripheral lumen, non-organized debris. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta, sonographically suggestive of food echogenicity and lumen gas with no signs of 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 mechanical/metabolic 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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

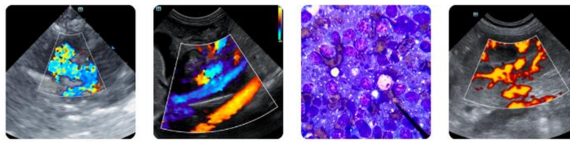
- Urinary bladder sediment
- Bilateral mild chronic renal changes
- Normal adrenal glands
- Hepatomegaly exhibiting non-homogenous parenchyma, mildly expansive ventrocaudal and right lateral liver masses
- Non-organized gallbladder debris (non-mucocele)
- Sonographically normal spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Breed associated or idiopathic chronic vacuolar, cholestatic or inflammatory hepatopathy, ventrocaudal to right lateral nodular hyperplasia or regeneration granulomas, neoplasia or combination possible. Further assessment may include assuming normal clotting status, hepatic parenchyma and mass FNA cytology warranted for further clarification. Biopsy is required for definitive diagnosis via histopathology. No overt adrenal pathology as a contributing factor. Hepatosupportive medications with serial sonographic monitoring of the liver for evidence of progressive masses or parenchymal changes with clinical monitoring would be more conservative. A urine C/S on a sterile urine sample is recommended.

Imaging performed by

pawsonography@gmail.com
530-786-8340



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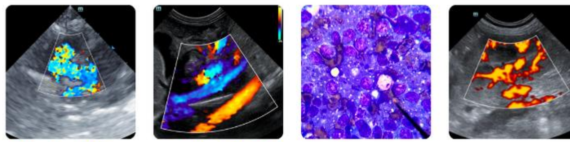

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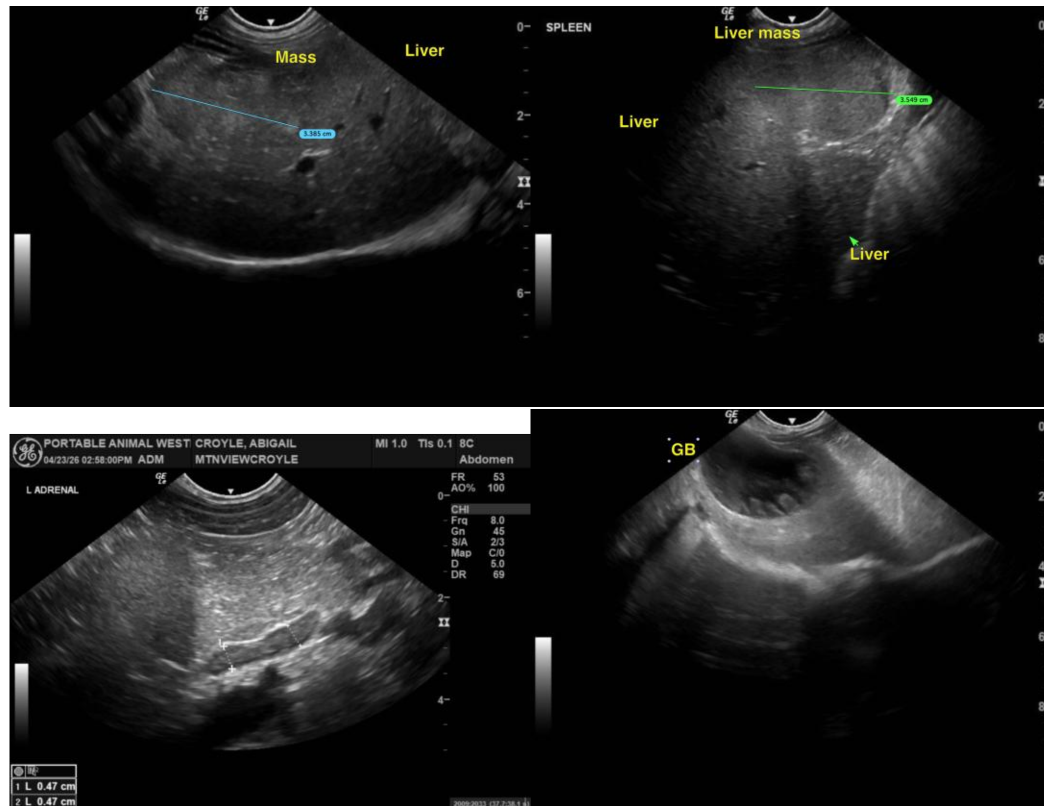

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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