



## PATIENT

Keiko Herbert

## SPECIES

Canine

## BREED

Husky Mix

## SEX

Spayed Female

## AGE

11 Years 3 Months

## WEIGHT

63.5 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Celia Galanti, DVM

## HOSPITAL NAME

Craig Road Animal  
Hospital

## REFERRING VET

Wylee Cooper, DVM

## INVOICE

16245

## DATE

05/14/26

## PRESENTING CLINICAL SIGNS

Presenting Complaint: Keiko presents for low dose dexamethasone suppression test and abdominal ultrasound for elevated ALP (600) on routine bloodwork. History of recurrent UTI's Just finished recent course of amoxicillin. No other medications.

Abnormal PE/Chem/CBC/UA Results: Recurrent UTIs cocci and rods. 4+ proteinuria

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 cm 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. No evidence of pelvic dilation was present. The left kidney measured 6.8 cm in length. The right kidney measured 7.4 cm in length.

### Adrenal Glands

The bilateral adrenal glands were mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.78 cm width in the caudal pole. The right adrenal gland was indistinctly visualized and subjectively measured 1.0 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. Intermittent to multiple pinpoint hyperechoic splenic parenchyma foci which may indicate pinpoint areas of microinfarction, fibrosis, or mineralization.

### Liver & Gallbladder

The liver revealed generalized hepatomegaly with maintained symmetrical contour, nonhomogenous, hyperechoic hepatic parenchyma and variable coarse echotexture. Multifocal, variably sized, hypoechoic to nonhomogenous, intraparenchymal nodules were visualized with an example measuring 2.4 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with moderate congealed emerging mineralized biliary sludge. The common bile duct was not visualized.

### Gastrointestinal



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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**

- Normal urinary bladder and visible proximal urethra.
- Non-specific mild chronic renal changes.
- Bilateral mild adrenomegaly.
- Non-homogenous hyperechoic liver with multifocal intraparenchymal nodules.
- Congealed emerging mineralized gallbladder debris- not consistent with mature mucocele.
- Age-related splenic changes.

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

Chronic vacuolar hepatopathy with multifocal areas of nodular hyperplasia, hematopoiesis, fibrosis, chronic hepatitis/cholangiohepatitis, lipidosis, primary or metastatic hepatic neoplasia are all potentials. Correlation with pending adrenal workup is recommended if clinical signs are consistent with Cushing's syndrome.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. If documented recurrent UTI and without evidence of overt upper or lower urinary tract pathology as a contributing factor, assessment of the vulva or vaginal vault for evidence of structural abnormality which may predispose to ascending infection may be considered. Hepatosupportive medications may prove beneficial. Pending adrenal workup, screening hepatic FNA cytology (assuming normal clotting status) could be considered, primarily to assess for occult disease or evidence of inflammation.



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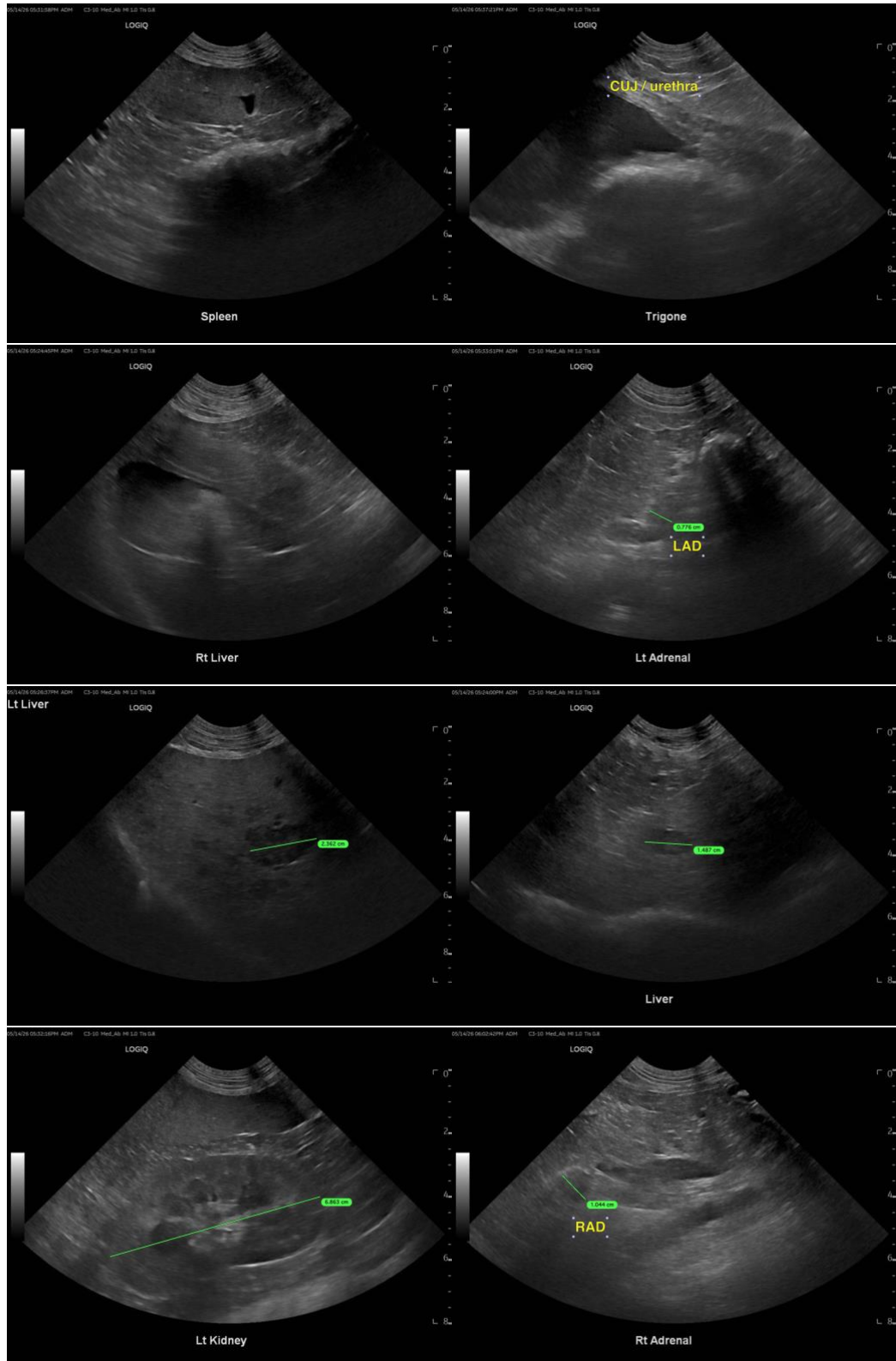
Wylee Cooper, DVM

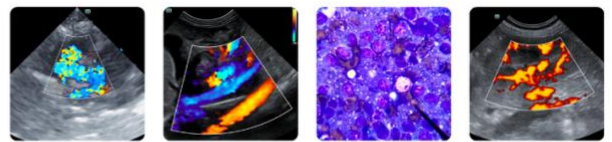
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)