



**PATIENT PRESENTING CLINICAL SIGNS**

Bella Diltz Asymptomatic hepatomegaly on physical exam.

**SPECIES** ALP 1355 (previous 565).

Canine

**BREED** *Urinary System*

Pug X 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 changes were noted.

**SEX**

Spayed Female The area of the aortic trifurcation was free of pathology.

**AGE**

2008 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.6 cm. The right kidney measured 5.2 cm.

**WEIGHT**

29.3

**Adrenal Glands**

Both adrenal glands exhibited mild cranial pole enlargement. Normal caudal pole widths in light of body weight. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.1 cm length x 0.77 cm at the cranial pole and 0.42 cm at the caudal pole. The right adrenal gland measured 2.4 cm length x 0.81 cm at the cranial pole and 0.42 cm at the caudal pole. No adrenal tumors.

**INTERPRETED BY**

R. McKenzie Daniel,  
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(Canine and Feline)

**Spleen**

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal, well-defined, symmetrical, echogenic nodules were present in the medial parenchyma. Perihilar nodules noted, example measured 1.1 cm diameter. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

**IMAGING PERFORMED BY**

RJ

**HOSPITAL NAME**

Alburtis AH

**REFERRING VET**

Dr. Simth

**Liver**

The liver presented mild to possible moderate enlargement with areas of minor capsule asymmetry. Generalized heterogeneous parenchyma exhibiting multifocal variably sized yet discrete hypoechoic intraparenchymal nodules. Example measured 1.7 cm diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. Mild non-organized hyperechoic gallbladder debris present. No evidence of gallbladder or peripheral gallbladder inflammatory criteria. The cystic and common bile ducts were normal.

**INVOICE**

47045

**DATE**

5/2/23

**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.



**PATIENT**

Normal visible colon wall layers were present with apparent formed feces in lumen.

Bella Diltz

**Pancreas**

**SPECIES**

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.

Canine

**BREED**

**Free Abdomen**

Pug X

No overt lymphadenopathy or peritoneal effusion was present.

**SEX**

Spayed Female

- Hepatomegaly exhibiting non-homogeneous to discretely nodular parenchyma – probable vacuolar hepatopathy, minor potential for inflammatory criteria (i.e., cholangiohepatitis) with infiltrative hepatic neoplasia thought less likely.

**AGE**

2008

- Mild gallbladder debris (non-mucocele).
- Bilateral mild cranial adrenomegaly – no evidence of adrenal tumors.

**WEIGHT**

29.3

- Chronic renal changes
- Benign splenic nodules – consistent with benign myelolipomas or splenic mineralization.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The LDDST in this patient may be considered equivocal, given 8 hour post >0.40 cm. However, given that the patient is asymptomatic without reported PU/PD, polyphagia, etc., continued monitoring for clinical signs suggestive of Cushing's syndrome with hepatosupportive medications including Denamarin and Ursodiol is recommended. Assuming normal clotting status and using 25-gauge needle, screening hepatic FNA cytology could be considered for further clarification, primarily to assess for evidence of inflammatory criteria and to rule out less likely infiltrative neoplasia.

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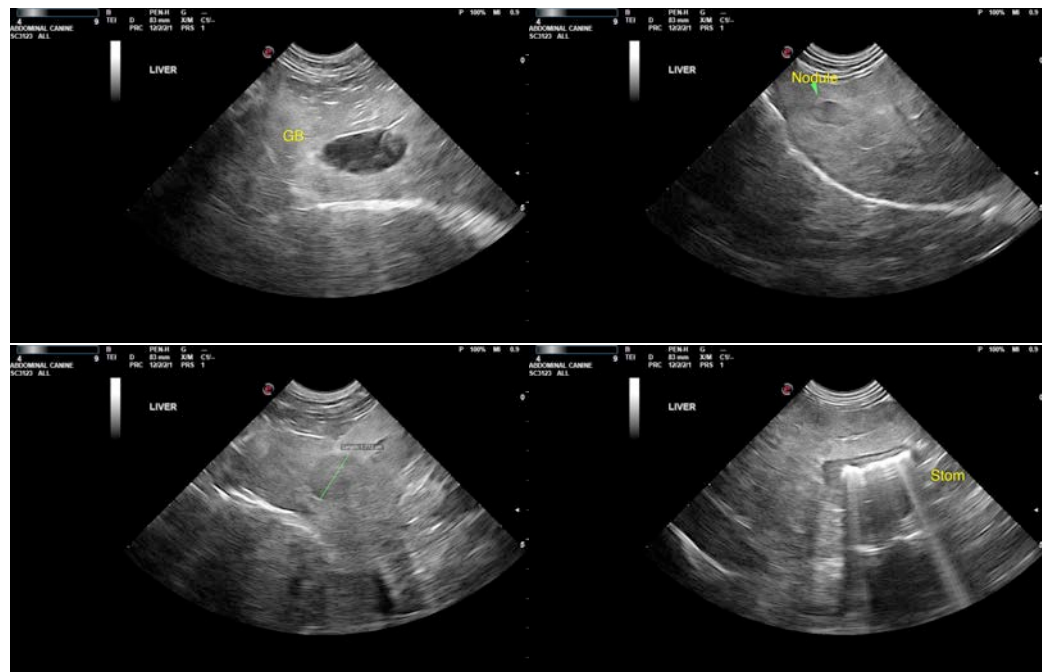
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**PATIENT**

Bella Diltz

**SPECIES**

Canine

**BREED**

Pug X

**SEX**

Spayed Female

**AGE**

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**WEIGHT**

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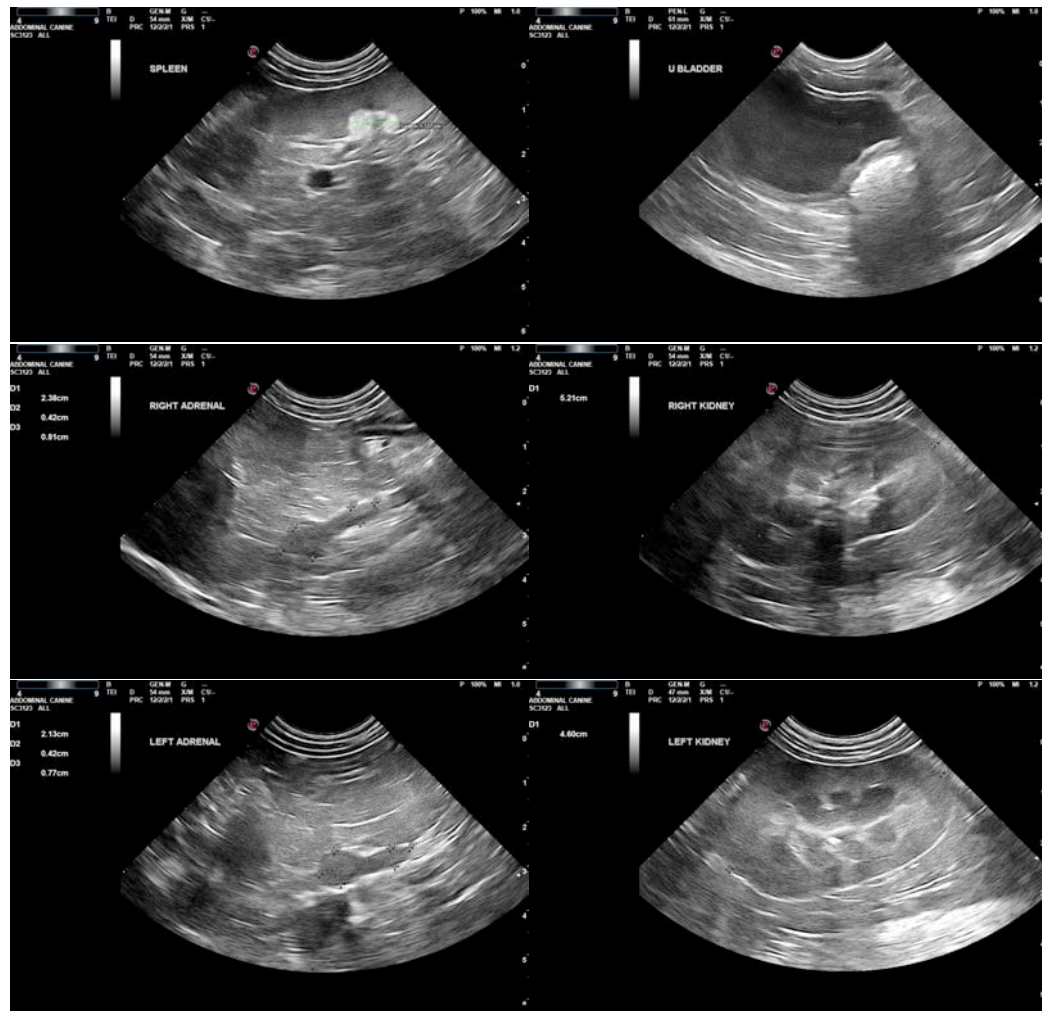
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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