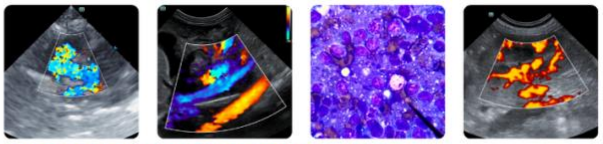




**PATIENT**

Piper Zinsmeyer

**SPECIES**

Canine

**BREED**

French Bulldog

**SEX**

Spayed Female

**AGE**

8 Years

**WEIGHT**

33 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Anshu Gupta

**HOSPITAL NAME**

Liverpool Village Animal Hospital

**REFERRING VET**

Dr. Anshu Gupta

**INVOICE**

16507

**DATE**

05/26/26

## PRESENTING CLINICAL SIGNS

Presented for lethargy, acting off. Owner was away for 8 days, came home and patient has been quiet, not playing with other dog, PUPD. still eating normally. No significant medical history before this event

PE: Lethargic, delayed CRT, est 5-6% dehydration CBC: NSF Chem: ALB 2.0, ALT484, BUN 32, Creat 1.7 UA: USG: 1.006, otherwise NSF

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.5 cm in length. The right kidney measured 4.4 cm in length.

### *Adrenal Glands*

The adrenal glands were overtly normal in size, position and shape with indistinct right adrenal gland visualization. The left adrenal gland measured 0.70 cm width at the caudal pole. The right adrenal gland subjectively measured 0.54 cm width.

### *Spleen*

The spleen exhibited mildly expansive mixed echogenic to nodular mid splenic mass with mild associated asymmetrical medial capsule distortion. No evidence of capsular escape or rupture, measuring approximately 3.0 cm in diameter. An example of associated intra-mass or separate peripheral hypoechoic splenic nodule measured 1.1 cm in diameter.

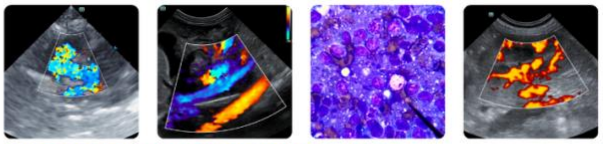
### *Liver & Gallbladder*

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture exhibiting subjective mild prominent portal vascular borders and adequate vascular volume.

The gallbladder was non-distended in size with normal walls without evidence of inflammation or edema. Anechoic bile with accumulated to dependent shadowing mineralized sediment to multiple small choleoliths were present. The common bile duct was not visualized.

### *Gastrointestinal*

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild hyperechoic nonshadowing ingesta without signs of obstruction or foreign material. Subjective mildly thickened pylorus to pyloroduodenal junction wall measuring approximately 1.1 cm





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wall width. By comparison, normal intact non-thickened ventral gastric body wall measured 0.35 cm wall width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained generalized primarily mild non-shadowing ingesta to level the colon.

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

***Pancreas***

The pancreas was normal in size and contour with mildly isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Hepatopathy.
- Non-obstructive cholelithiasis.
- Mildly expansive nodular splenic mass with possible concurrent separate splenic nodules.
- Normal bilateral kidney/adrenal glands.
- Subjective mildly thickened pylorus/pyloroduodenal junction wall with generalized gastrointestinal ingesta.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further assessment of the liver and splenic mass in conjunction with PU/PD may include hepatic parenchymal and splenic mass FNA cytology using a 25-gauge needle and assuming normal clotting status +/- leptospirosis titers/PCR if considered clinically applicable given elevated ALT and mild azotemia.

The subjective mildly thickened pylorus/pyloroduodenal junction wall is nonspecific and of unclear clinical significance given no reported vomiting. Correlation with most recent meal ingestion is recommended.

No evidence of adrenal pathology as a contributing factor yet adrenal screening could be considered if clinical signs are consistent with adrenal disease. Empirical therapy for nonspecific hepatitis with concurrent gastrointestinal and renal support with close clinical monitoring for evidence of progressive hepatopathy or azotemia would be reasonable.

If patient stable, assuming normal clotting status and no pathology on three view chest radiographs, splenectomy with concurrent hepatic biopsies and gross inspection of the pyloroduodenal junction may be considered.

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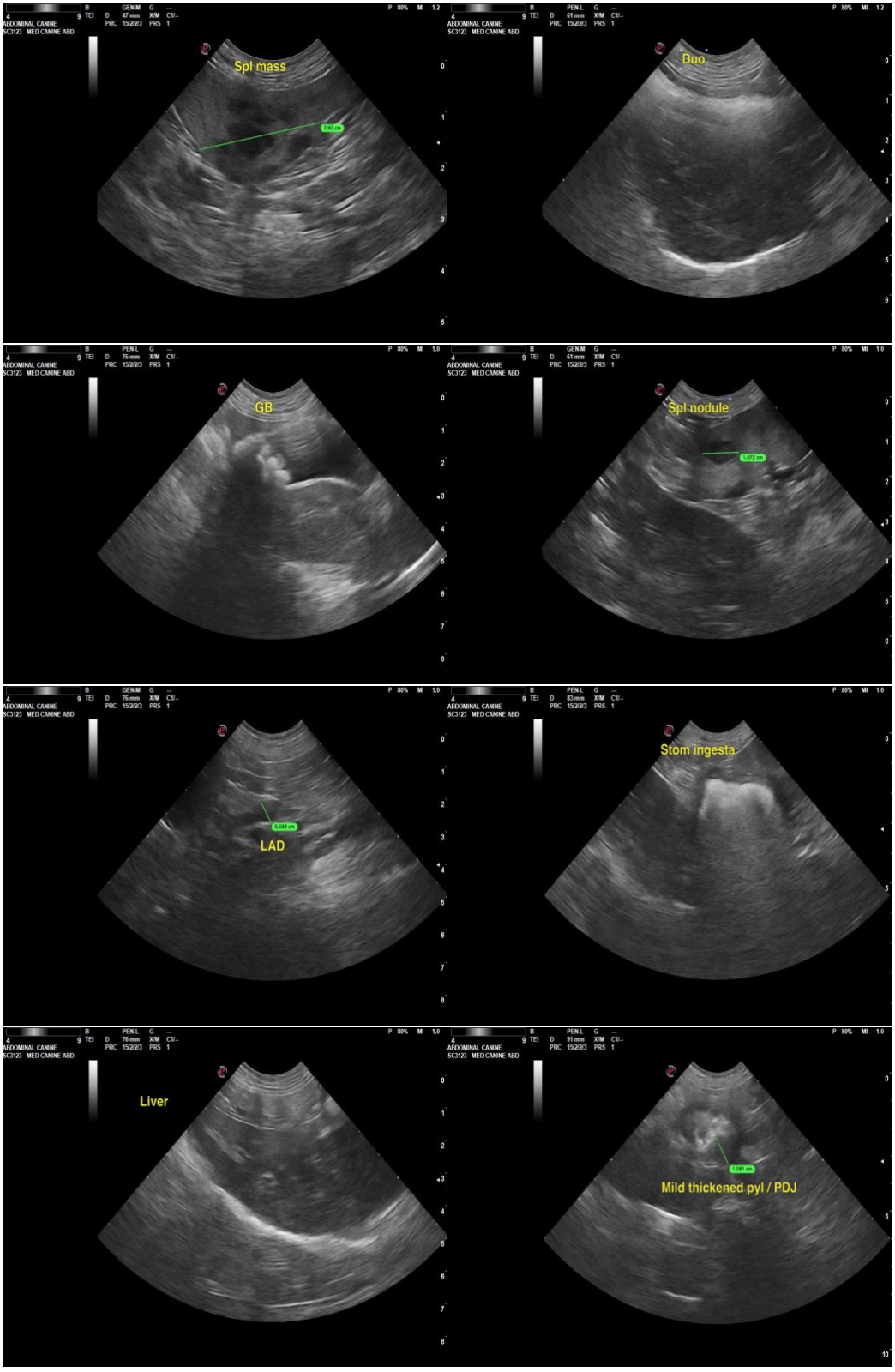

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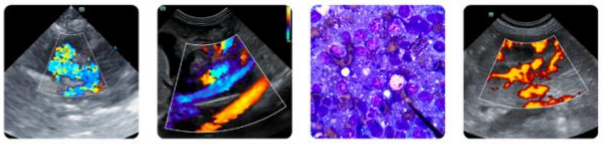

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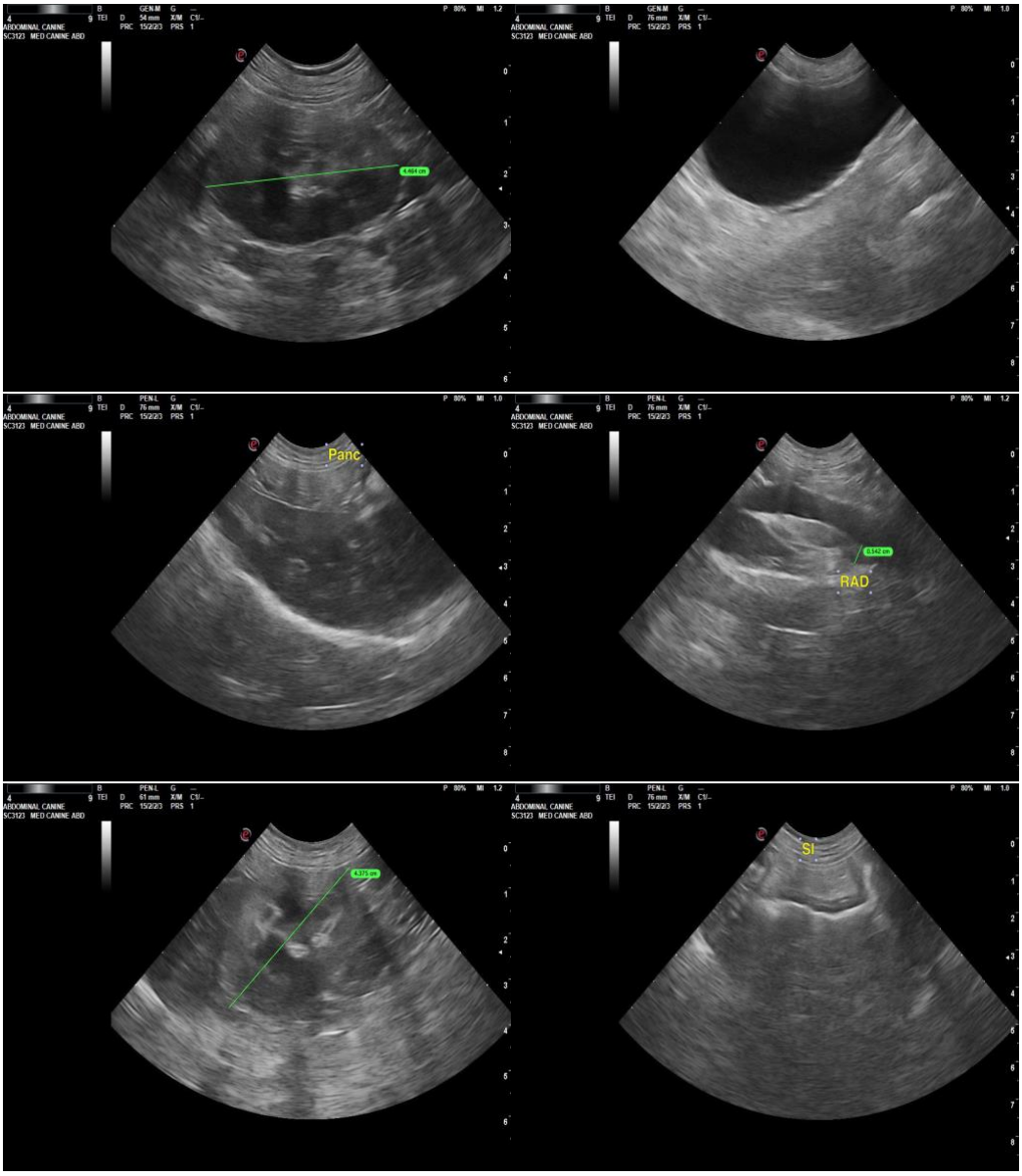


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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