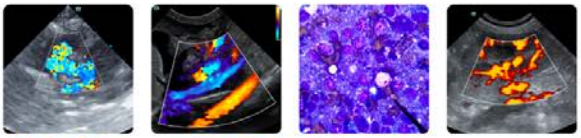

PATIENT

Maddie McKenna

SPECIES

Canine

BREED

Australian Shepherd

SEX

Spayed Female

AGE

11 Years

WEIGHT

45 lbs

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Meghan Morse, LVT, CVT

HOSPITAL NAME

Wyckoff Veterinary Hospital

REFERRING VET

Dr. Eisenberg

INVOICE

72774

DATE

12/26/25

PRESENTING CLINICAL SIGNS

Hx of multiple myeloma- in bone marrow, probably liver also, ADR Current meds: Mycophenolate, prednisone.

Abnormal PE/Chem/CBC/UA Results: Tbili 0.4, ALT 180, ALP 850

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra (visible to 3.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). Left measures 6.1 cm. Right measures 6.0 cm.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. Left measures 5.1 mm at the cranial pole and 5.8 mm at the caudal pole. Right measures 6.7 mm at the cranial pole and 4.4 mm at the caudal pole.

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

Liver

The liver is diffusely hyperechoic and subjectively enlarged, with sharp borders and a homogenous echotexture. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents and a small amount of freely-moveable echogenic sludge. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is moderately distended with gas and ingesta. The gastric wall is 4.0 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness (1.2 mm) with intact wall layering. The ileocecal junction is normal.

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Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

Free Abdomen

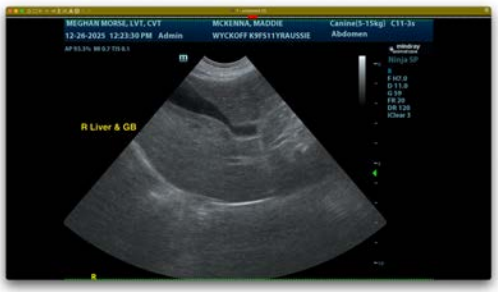
There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

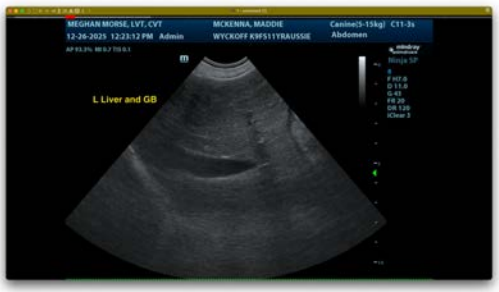
PRIMARY FINDINGS

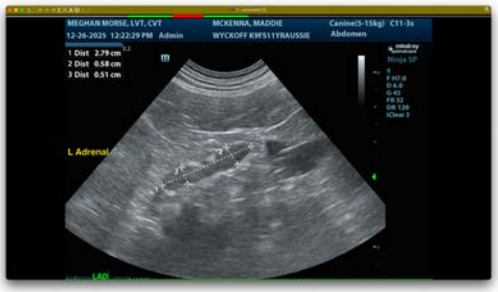
- Diffusely hyperechoic liver – consistent with non-specific hepatopathy.

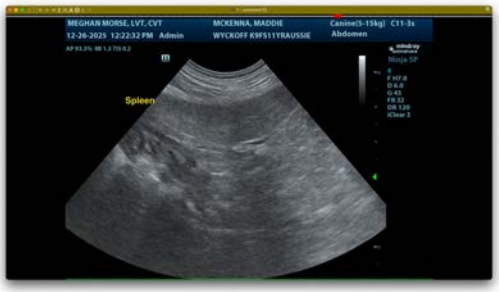
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the liver is more typical of a benign etiology, which would include the chronic Prednisone treatment, as well as vacuolar hepatopathies, storage hepatopathies, chronic infection or inflammation, endocrine disease, or less likely neoplasia. Fine needle aspiration of the liver could be considered to rule out the possibility of multipole myeloma, provided coagulation parameters are normal. However, this is deemed unlikely due to the lack of associated inflammation.









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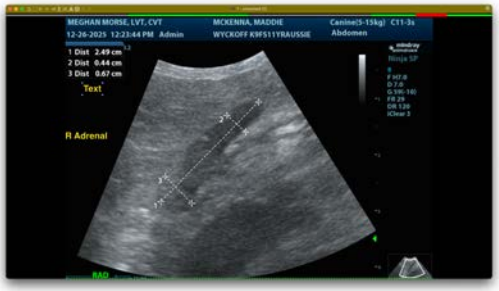

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice)

info@SonoPath.com