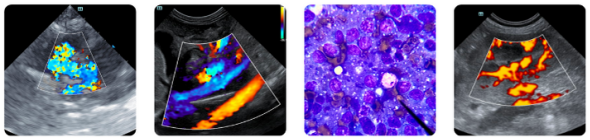



**PATIENT**

Buster Reid

**SPECIES**

Canine

**BREED**

Chihuahua Mix

**SEX**

MN

**AGE**

11 years 4 months

**WEIGHT**

8.4 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Sarah Green

**HOSPITAL NAME**

Healing Spirit Animal Wellness

**REFERRING VET**

Dr. Sarah Green

**INVOICE**

11402

**DATE**

2/27/2026

## PRESENTING CLINICAL SIGNS

- Presented following a suspected seizure episode yesterday evening, is anorexic today. No v/d, No prior history of seizures, no known exposure to toxins.

Abnormal PE/Chem/CBC/UA Results: No significant exam findings. CBC: mild lymphopenia, chemistry: ALP=853 (20.0 -150.0) U/L, ALT= 975 (10.0 -118.0) U/L

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is minimally distended with anechoic urine. While the wall appears thickened, this is likely a normal variation due to lack of distention. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 1.0 cm.

The prostate is of appropriate size for patient age and neutering status, with a homogenous parenchyma and smooth capsule. The prostatic urethra is non-dilated with normal margins.

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). Both left and right kidneys measure 3.7 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 adrenal 4.8 mm at the cranial pole and 5.0 mm at the caudal pole. Right adrenal measures 4.9 mm at the cranial pole and 5.5 mm at the caudal pole.

### *Spleen*

A 1.7 cm x 1.4 cm heterogenous mass is noted in the body of the spleen, which disrupts the splenic capsule. The surrounding omentum is normal. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal

### *Liver*

The liver parenchyma is diffusely heterogeneous and subjectively enlarged, with sharp borders. 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 large amount of hyperechoic 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 empty. The gastric wall is normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

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The stomach is moderately distended with gas. The gastric wall is 2.2 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

The visible portions of the colon are of normal thickness, 1.4 mm, with intact wall layering. The ileocecal junction is not visualized.

### *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*

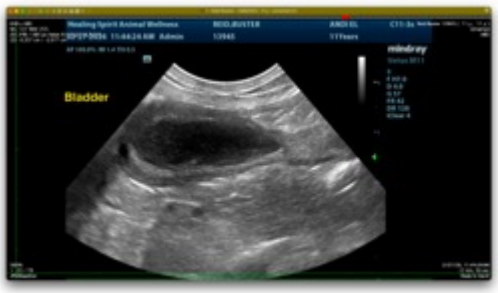
There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

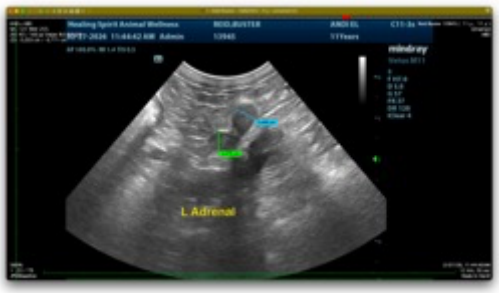
## PRIMARY FINDINGS

- Diffusely hyperechoic, heterogenous liver consistent with non-specific hepatopathy.
- Small, heterogenous splenic mass.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no definitive explanation for the patient's recent seizure today's ultrasound. The changes to the liver are non-specific, but given the elevated liver enzymes, a significant underlying hepatopathy is suspected. Liver biopsy would be needed for definitive diagnosis. The splenic mass is concerning for malignancy, although the possibility of a benign lesion cannot be excluded. The capsular expansion is more typical of a malignant lesion. Thus, splenectomy with concurrent liver biopsy would be a consideration. Bile acid testing would be recommended before any surgical intervention, in case the seizure was in fact due to hepatic encephalopathy. Coagulation testing would also be recommended. Finally, three view chest radiographs would be recommended.



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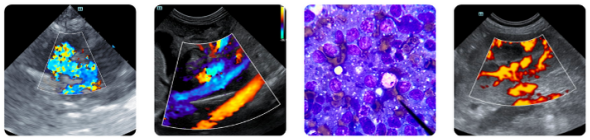

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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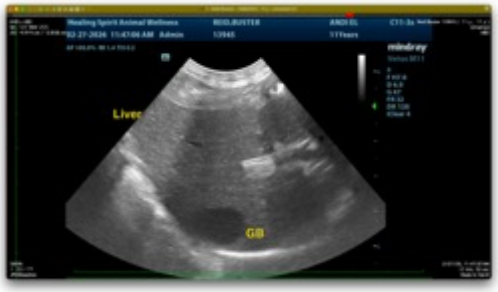


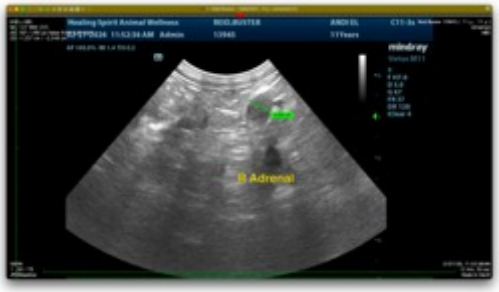


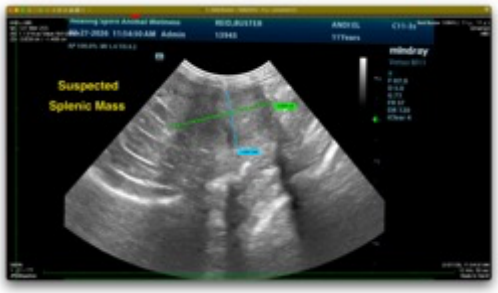


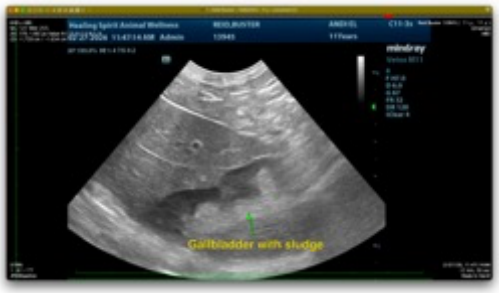


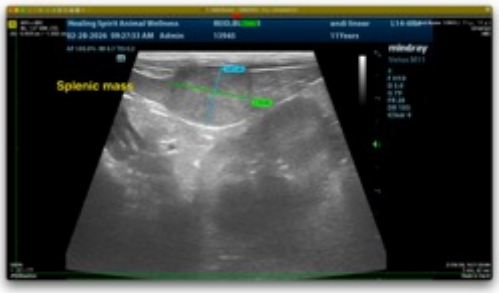


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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