



PATIENT

Angus Spring

SPECIES

Canine

BREED

Maltese

SEX

Neutered male

AGE

9 years

WEIGHT

18.5 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Shauna Gross

HOSPITAL NAME

TotalBond VH Paw
Creek

REFERRING VET

Dr. Gross

INVOICE

75364

DATE

5/12/26

PRESENTING CLINICAL SIGNS

History of PU/PD, decrease appetite (some days doesn't eat), and weight loss. BW showed elevated liver enzymes (BW attached).

Appetite improved with entyce

Also has history of skin disease and recently treated in April for pyoderma with convenia and depo (O unable to give oral medications).

Abnormal PE/Chem/CBC/UA Results: PE: patchy focal alopecia with erythema that resolved with convenia and depo-medrol within 2 weeks abdomen soft, comfortable maintaining weight Normal CBC, mildly low T4 (0.9), elevated ALT (278), elevated ALP (2670), and elevated GGT (35) History of living in Florida prior to moving here USG: 1.040

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended, and the wall of the urinary bladder appears thin and smooth. The urine is anechoic. Normal appearance of the bladder neck and proximal urethra. No calculi are identified, and there is no ultrasonographic evidence of inflammatory or neoplastic change.

The left kidney is normal in shape and size, measuring 4.55×2.43 cm, with a cortical thickness of 0.46 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 3.94×2.67 cm, with a cortical thickness of 0.40 cm in the sagittal plane. Both kidneys demonstrate mildly increased cortical echogenicity compared to the hepatic parenchyma. The corticomedullary ratio and corticomedullary definition are preserved bilaterally. No evidence of pyelectasia, nephrolithiasis, or hydronephrosis is identified. Color Doppler demonstrates a normal vascular pattern.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.42 cm at the cranial pole and 0.41 cm at the caudal pole. The right adrenal gland measures 0.41 cm at the cranial pole and 0.44 cm at the caudal pole.

Spleen

Splenic thickness measures 1.71 cm. The splenic parenchyma demonstrates otherwise normal echogenicity and a fine homogeneous echotexture. A small hyperechoic focus measuring approximately 2.91×3.06 mm, compatible with a myelolipoma-like lesion, is identified. Additionally, along the ventral splenic extremity there is an irregular heterogeneous hypoechoic nodule measuring approximately 1.91×2.07 cm (maximal dimensions obtained from three measurements), extending beyond and deforming the splenic capsule.



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Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The liver parenchyma looks uniform and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The wall is thin and the contents are primarily anechoic. No evident dilation of the cystic duct or common bile duct is observed.

Gastrointestinal Tract

The stomach is empty and folded, with mural thickness measuring 2.26 mm and preserved wall layering. The duodenum measures 3.80 mm in thickness. The jejunum measures approximately 2.74-2.98 mm in thickness, with preserved wall layering. No ultrasonographic evidence of gastrointestinal inflammation, ileus, or foreign material is identified. The colon measures approximately 1.03-1.27 mm in thickness and contains scant fecal material.

Pancreas

The evaluated pancreatic regions do not show evidence of overt inflammation or neoplastic disease.

Free Abdomen

No sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly is identified. The iliac trifurcation is normal.

PRIMARY FINDINGS

- Irregular heterogeneous hypoechoic splenic nodule/mass arising from the ventral splenic extremity

SECONDARY FINDINGS

- Very mild bilateral renal cortical hyperechogenicity
- Small incidental myelolipoma-like splenic focus.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most clinically significant finding is an irregular heterogeneous hypoechoic splenic nodule/mass arising from the ventral splenic extremity and extending beyond/deforming the splenic capsule. The appearance is nonspecific but concerning for a clinically significant splenic lesion. Differential considerations include nodular hyperplasia, hematoma, and splenic neoplasia, including stromal/sarcomatous lesions.



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There is currently no sonographic evidence of hemoperitoneum, metastatic abdominal disease, or abdominal lymphadenopathy.

The remaining abdominal findings are relatively mild and nonspecific. Mild bilateral renal cortical hyperechogenicity may reflect mild chronic or age-related renal change.

Despite the marked liver enzyme elevations and clinical suspicion for endocrinopathic disease, there is currently no convincing ultrasonographic evidence of hyperadrenocorticism, adrenal enlargement, severe steroid hepatopathy, or gallbladder mucocele formation.

Importantly, normal adrenal size and relatively unremarkable hepatic ultrasonographic appearance do not exclude functional hyperadrenocorticism or early endocrinopathic hepatopathy. The recent administration of depo-medrol may also contribute to the marked ALP elevation.

Overall, the primary ultrasonographic concern is the focal splenic lesion, while the hepatobiliary and endocrinopathic abnormalities remain more biochemical/functional than structurally apparent on imaging at this stage.

Recommendations

- Cytologic sampling of the splenic nodule, although some splenic lesions may remain nondiagnostic cytologically.
- Short-term ultrasonographic monitoring of the splenic lesion may also be reasonable if conservative management is preferred initially.
- Continued investigation for hyperadrenocorticism/endocrinopathic disease may still be warranted if clinically desired by the attending veterinarian, despite the relatively unremarkable adrenal appearance, particularly given the marked ALP elevation, PU/PD history, dermatologic disease, and elevated GGT.
- Serial monitoring of liver enzymes and gallbladder appearance is recommended.
- Correlation with blood pressure and urine protein monitoring may also be beneficial given the mild renal cortical changes and PU/PD history.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status.





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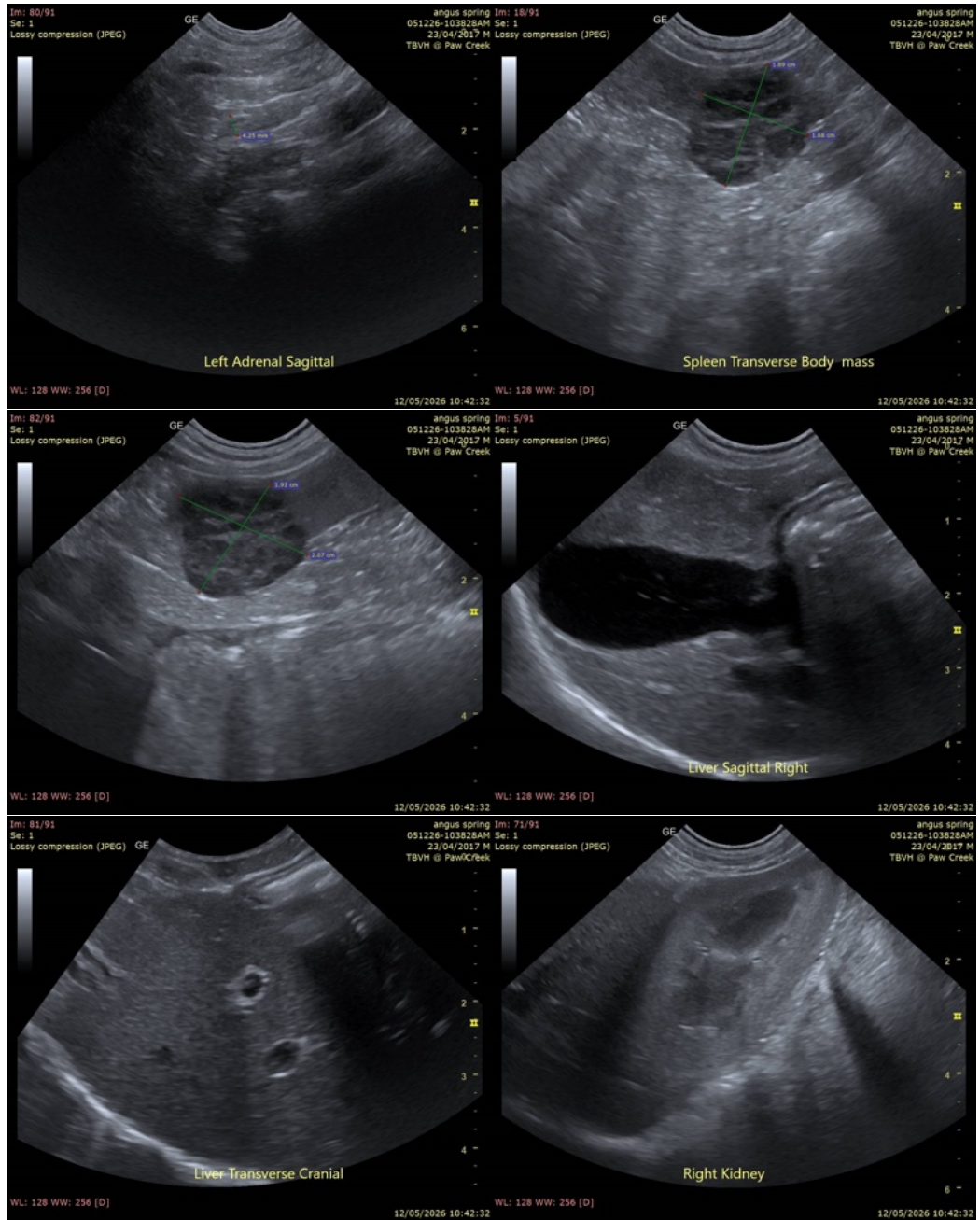
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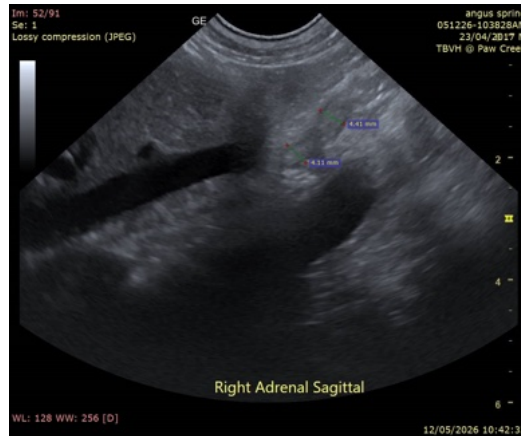
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

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