PATIENT

Wonderpickles Taustine

SPECIES

Canine

BREED

Havanese

SEX

Female, spayed

AGE

7 Yrs.

WEIGHT

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Vetco Kinnelon

REFERRING VET

Dr. McConnell

INVOICE

13386

DATE

1/13/26

PRESENTING CLINICAL SIGNS

History: Distended abd/ wt gain/ lethargic

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is moderately distended. The walls are normal in thickness with a smooth mucosal surface. A few cystic calculi are observed within the lumen, one of the stones measuring 0.64 cm in diameter. The region of the trigone and the proximal urethra, visible to a depth of 2.5 cm, are normal.

The left kidney is normal in size (4.06 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Several non-obstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.32 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Several non-obstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.39 cm at cranial pole) (0.49 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.59 cm at cranial pole) (0.42 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.20 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 1.39 x 1.06 cm irregular, hypoechoic nodule is observed at the lateral aspect approximately mid-body. Splenic vasculature is normal.

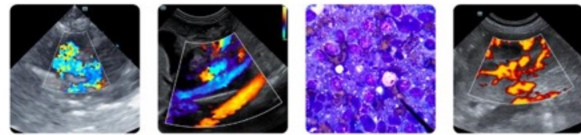
Liver

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is normal in thickness. A few polypoid like lesions are arising from the mucosal surface. A small amount of partially dependent echogenic to mineralized debris +/- distinct choleliths are observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly distended with ingesta. A small amount of shadowing material is also observed within the lumen. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural



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detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas
The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is isoechoic to slightly hyperechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Lymph nodes
The abdominal lymph nodes are normal/not visible.

Free Abdomen
There is no obvious evidence of free fluid.

Other
A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

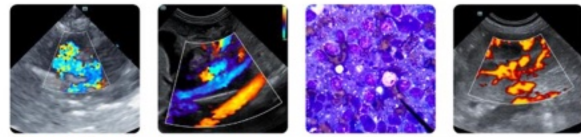
- The hepatic changes are nonspecific and could be secondary to inflammatory disease (i.e., cholangiohepatitis, chronic hepatitis), Leptospirosis, hepatotoxicosis, infiltrative neoplasia (i.e., lymphoma), vacuolar hepatopathy, regenerative nodular hyperplasia, other hepatopathy, or some combination thereof.
- Gallbladder debris/sand +/- distinct choleliths
- Cystic calculi
- The splenic nodule could be consistent with a benign focus (i.e., lymphoid hyperplasia or similar). Alternatively, an emerging tumor (i.e., round cell, other) is possible.

Secondary Findings:

- Mild bilateral nonspecific, age-related renal changes with non-obstructive nephrolithiasis
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Minor retained gastric ingesta. The shadowing material within the gastric lumen may represent normal ingesta, medication or foreign material. It appears non-obstructive at the time of this study.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. A minimum database including a CBC chemistry panel, urinalysis and T4 is recommended to assess overall metabolic function. Depending on results, further testing for Cushing's (i.e., low-dose dexamethasone suppression test) may be warranted.
2. Regarding the splenic nodule, consider fine needle aspiration (assuming normal clotting status). A 25-gauge needle should be used. If tissue sampling is not pursued at this time, consider a recheck ultrasound in 4-6 weeks to assess for growth of the lesion.



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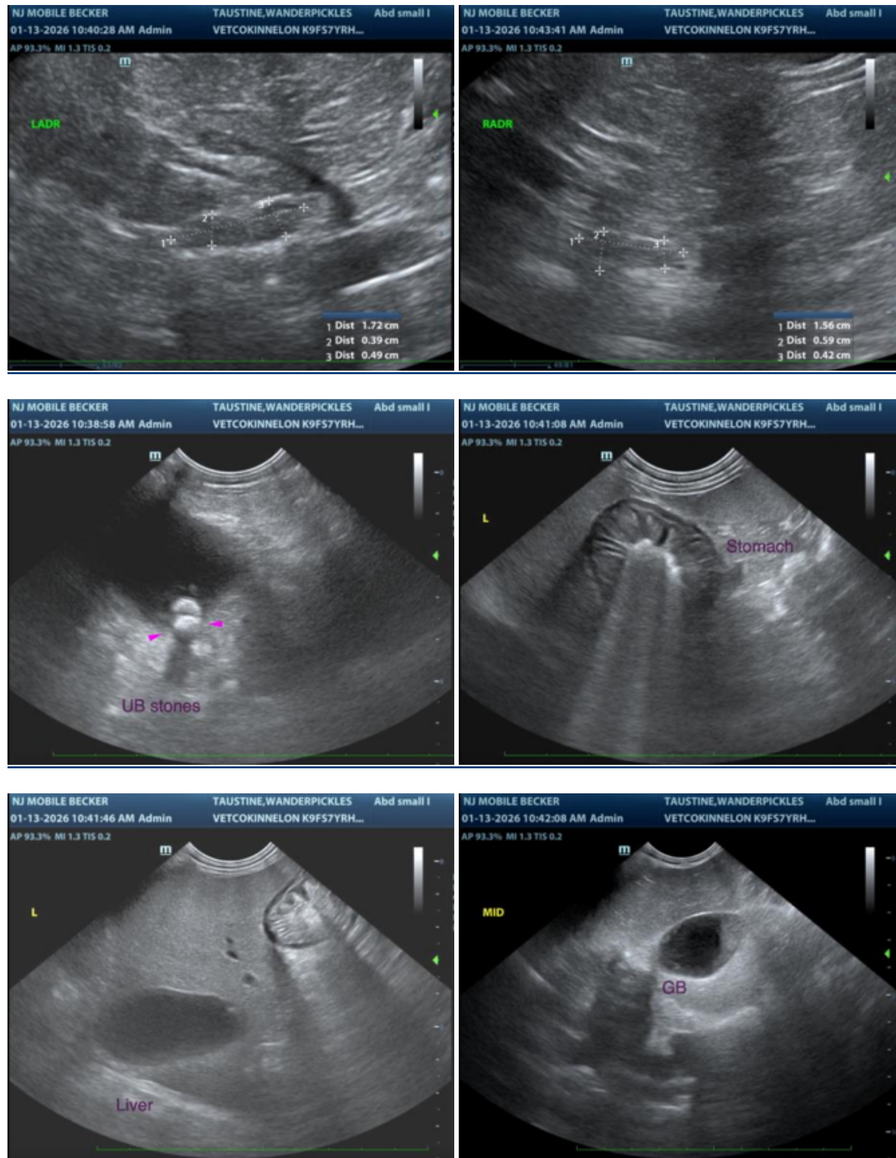
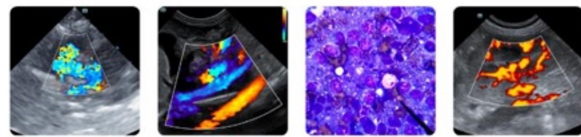
3. Regarding the cystic calculi, consider a cystotomy with stone removal, analysis and culture. Alternatively, an attempt at medical dissolution can be considered.





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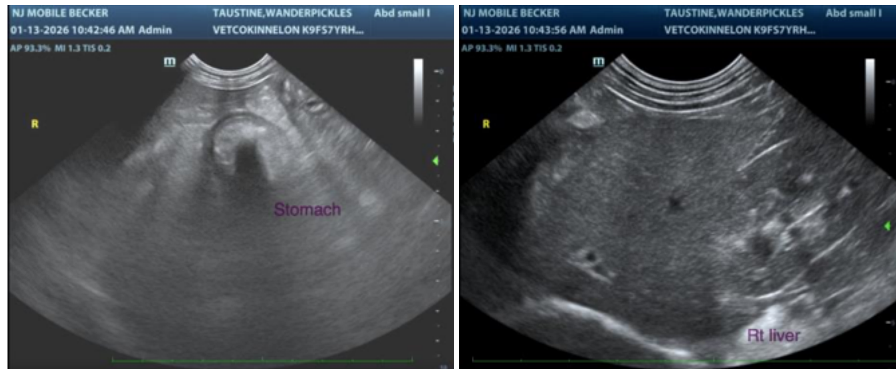

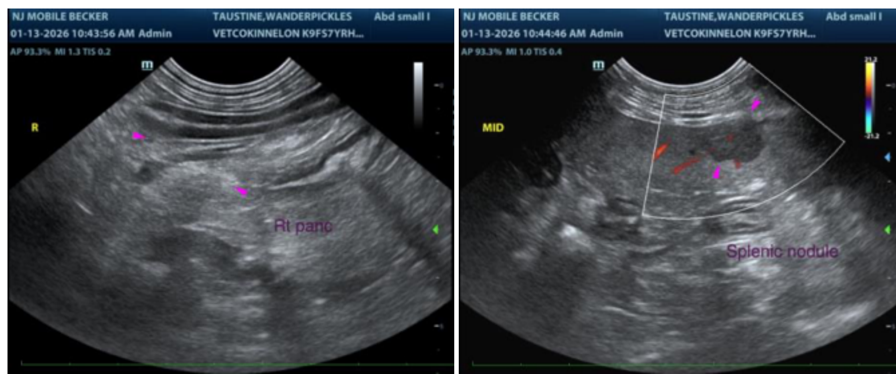

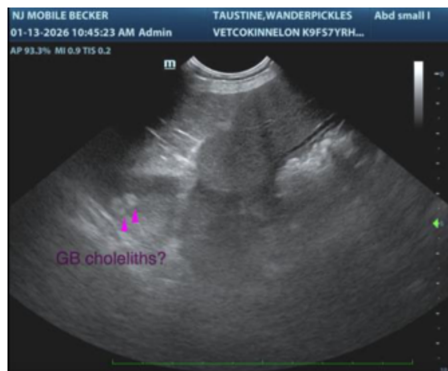

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com