



**PATIENT PRESENTING CLINICAL SIGNS**

**Nikita Manley** Presented for decreased appetite and weight loss (10 kg) over the past 3 months, most notable to the owner this month -abdominal tensing/vocalizing during exam, unable to palpate a specific abnormality -remainder of exam largely unremarkable Current Medications Trilostane

**SPECIES**

**Canine** Abnormal PE/Chem/CBC/UA Results: BG 7.4 mmol/L on 12/29/2025 full bloodwork from 9/17/2025: Decreased Hg 141 (146-217) Decreased MCH 20.4 (22.1-26.7) Decreased reticulocyte Hg 22.7 (23.8-28.3) Decreased lymphocytes 0.97 (0.98-4.2) Increased ALP 723 (5-160), down from 2359 cPL 148 (0-200)

**BREED**

**Husky**

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX**

**Urinary System**

**Spayed Female** Urinary bladder lumen volume is small and walls are diffusely thickened most consistent with pseudohypertrophy. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal focal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

**AGE**

**11 Years**

The left kidney was normal size and structure, with smooth capsule and normal corticomedullary definition and ratio (cortex 1/3 of medulla). Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. The left kidney measured 5.47 cm in length.

**WEIGHT**

**27.2 kg**

The right kidney was both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio. Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. Visualization and resolution of the right kidney was severely limited making assessment and measurement inaccurate. This is commonly related to breed related anatomical positioning, and patient compliance. The right kidney measured 5.64 cm in length.

**INTERPRETED BY**

**Dr Brittany Sinclair, BVSc(hons), DACVECC**

**Adrenal Glands**

**IMAGING PERFORMED BY**

**Kelly Reschny**

The left adrenal gland is mildly enlarged consistent with reported hypoadrenocorticism. The left adrenal gland measured 2.11 cm in length and 0.92 cm at the cranial pole and 0.62 cm at the caudal pole.

**HOSPITAL NAME**

**Chippawa AH**

The right adrenal gland was visualized and measured on still images only. Resolution is inadequate to assess glandular detail or confirm measurement. The right adrenal gland measured 2.08 cm in length and 1.78 cm at the cranial pole and 0.98 cm at the caudal pole.

**REFERRING VET**

**Dr. Van Leeuwen**

**Spleen**

**INVOICE**

**13062**

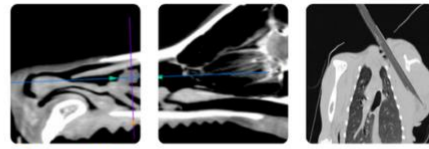
The spleen was normal with a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma and smooth capsule, with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

**DATE**

**01/09/2026**

**Liver**

The liver is enlarged in size with rounded borders but otherwise normal structure. The parenchyma is heterogenous with a coarse appearance. No specific nodules are visualized. Vascular and biliary tracts are of normal volume with no evidence of congestion. Multifocal variably sized hyperechoic and hypoechoic nodules were visualized.



**PATIENT**

Nikita Manley

Gallbladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

**SPECIES**

Canine

The stomach contains minimal luminal contents. It measures at a normal thickness with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

**BREED**

Husky

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with gas throughout with no overt distention. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis: mucosa layer ratio. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

**SEX**

Spayed Female

The ileocecal junction was not visualized. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

**AGE**

11 Years

**Pancreas**

**WEIGHT**

27.2 kg

The area of the pancreas was isoechoic to surrounding tissue with no overt inflammation. Pancreatic tissue was not distinctly visualized which is common.

**Lymph Nodes**

**INTERPRETED BY**

Dr Brittany Sinclair,  
BVSc(hons), DACVECC

No clinically significant lymphadenopathy or abnormalities noted.

**ULTRASONOGRAPHIC FINDINGS**

- Diffusely abnormal liver.
- Adrenomegaly.

**IMAGING PERFORMED BY**

Kelly Reschny

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**HOSPITAL NAME**

Chippawa AH

Liver changes may represent reactive, regenerative or inflammatory changes, or infiltrative disease (lymphoma, MCT, other). They are likely at least partially chronic in nature but may represent an acute on chronic hepatopathy. Evaluation of a bile acid profile is recommended to further define the degree of liver dysfunction. Liver FNA is recommended to further characterize parenchymal changes.

**REFERRING VET**

Dr. Van Leeuwen

Ultimately liver biopsy is often required for more definitive diagnosis. Empiric treatments (SAM-E, milk thistle, Vitamin E, ursodiol) could be tried and liver enzymes re-evaluated, especially if liver FNA does not show significant pathology before more invasive liver sampling is pursued. Empiric antibiotic therapy is not unreasonable given severity of elevations and antibiotics that are effective against gram-negative, aerobic, enteric bacteria and excreted into the bile are recommended. Amoxicillin, amoxicillin-clavulanic acid, cephalosporins, and fluoroquinolones are suggested first choices. Metronidazole (7.5 mg/kg PO, IV q 12 hrs) may be added for extra anaerobe coverage.

**INVOICE**

13062

**DATE**

01/09/2026

There is no other cause of reported abdominal pain and borderline anemia on ultrasound.



**PATIENT**

Nikita Manley

**SPECIES**

Canine

**BREED**

Husky

**SEX**

Spayed Female

**AGE**

11 Years

**WEIGHT**

27.2 kg

**INTERPRETED BY**

Dr Brittany Sinclair,  
 BVSc(hons), DACVECC

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Chippawa AH

**REFERRING VET**

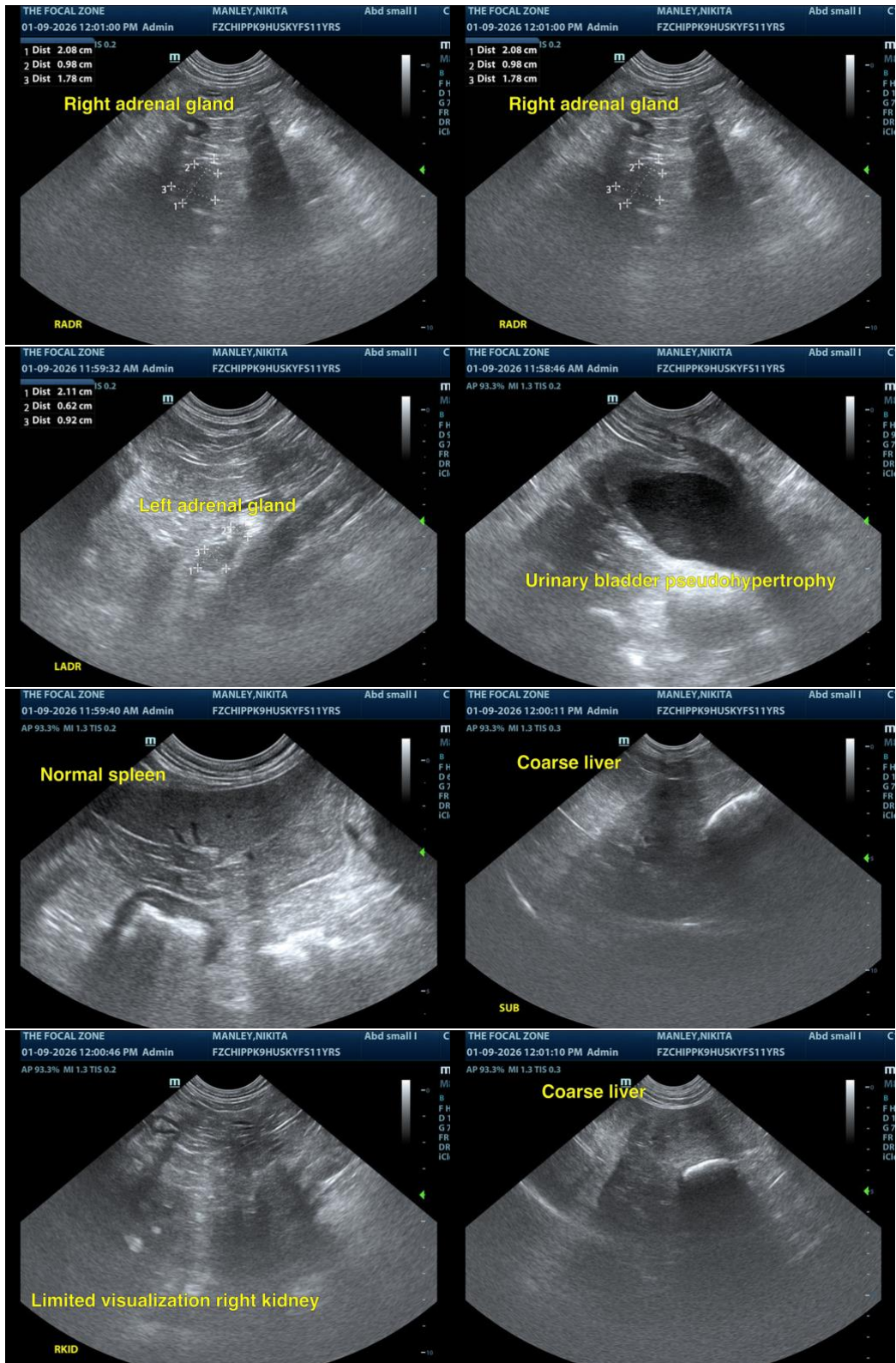
Dr. Van Leeuwen

**INVOICE**

13062

**DATE**

01/09/2026





**PATIENT**

Nikita Manley

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.

**SPECIES**

Canine

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.

**BREED**

Husky

**Dr Brittany Sinclair, BVSc(hons), DACVECC**

[info@SonoPath.com](mailto:info@SonoPath.com)

**SEX**

Spayed Female

**AGE**

11 Years

**WEIGHT**

27.2 kg

**INTERPRETED BY**

Dr Brittany Sinclair,  
BVSc(hons), DACVECC

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Chippawa AH

**REFERRING VET**

Dr. Van Leeuwen

**INVOICE**

13062

**DATE**

01/09/2026