

**PATIENT**

Milo Ecker

**SPECIES**

Canine

**BREED**

Maltese

**SEX**

Neutered Male

**AGE**

10 Years

**WEIGHT**

15 Pounds

**INTERPRETED BY**

Dr Brittany Sinclair,  
 BVSc(hons), DACVECC

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Fairview AC

**REFERRING VET**

Dr. Combe

**INVOICE**

35631

**DATE**

11/24/25

**PRESENTING CLINICAL SIGNS**

History: tense on abdominal palpation, firm mass/organomegaly palpated radiograph- r/o enlarges liver lobe vs spleen no evidence free fluid Mast cell tumor caudal right thigh.

Abnormal PE/Chem/CBC/UA Results: Mild non regenerative anemia Increased cholesterol.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The left kidney has a smooth capsule and with mild hazing of corticomedullary definition. No evidence of pelvic dilation was present. The left kidney measured 4.71 cm in length. Hyperechoic, shadowing foci present in renal parenchyma and calyces consistent with nephrocalcinosis.

The right kidney has a smooth capsule and with mild hazing of corticomedullary definition. No evidence of pelvic dilation was present. The right kidney measured 4.2 cm in length. Hyperechoic, shadowing foci present in renal parenchyma and calyces consistent with nephrocalcinosis.

**Adrenal Glands**

The left adrenal gland was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 1.5 cm in length and 0.47 cm at the cranial pole and 0.58 cm at the caudal pole.

The right adrenal gland is visualized and measured on still images only. Resolution is inadequate to assess glandular detail or confirm measurement. The right adrenal gland measured 1.29 cm in length and 1.20 cm at the cranial pole and 0.52 cm at the caudal pole.

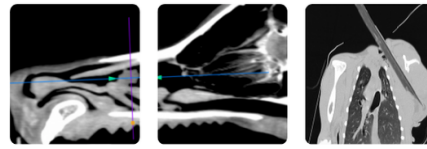
**Spleen**

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.

**Liver**

The liver is subjectively enlarged in size with slight rounding of lobes and homogenous hyperechoic parenchyma with no specific nodules or masses. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

The gall bladder contains organized, hyperechoic, non-gravity dependent, non-shadowing debris with a stellate appearance in some areas most consistent with a developing mucocele. There is area of the lumen with normal anechoic gall bladder contents most consistent with normal bile.



**PATIENT**

Milo Ecker

**SPECIES**

Canine

**BREED**

Maltese

**SEX**

Neutered Male

**AGE**

10 Years

**WEIGHT**

15 Pounds

**INTERPRETED BY**

Dr Brittany Sinclair,  
 BVSc(hons), DACVECC

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Fairview AC

**REFERRING VET**

Dr. Combe

**INVOICE**

35631

**DATE**

11/24/25

***Gastrointestinal***

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.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. 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.

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.

***Pancreas***

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***

No clinically significant lymphadenopathy or abnormalities noted.

**ULTRASONOGRAPHIC FINDINGS**

- Hyperechoic hepatomegaly
- Developing gallbladder mucocele- likely incidental
- Aging renal changes with nephrocalcinosis

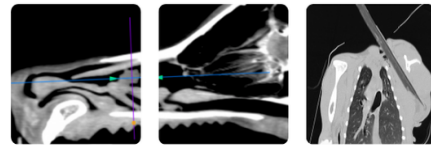
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Hepatic parenchymal changes are a common finding in the face of endocrinopathies, infectious or inflammatory hepatitis (bacterial, viral, auto-immune other), and neoplasia among other things. Fine needle aspirate is recommended to further define. Ultimately liver biopsy may be required for more definitive diagnosis.

Gall bladder debris is most consistent with a developing mucocele. It does not appear to be causing an active problem but can contribute to elevated liver values.

Surgical removal could be considered to prevent gall bladder rupture and subsequent bile peritonitis. Cholecystectomy surgery is not without risk, and an alternative reasonable strategy is medical management and monitoring.

Medical management includes ursodiol, routine bloodwork and ultrasound monitoring (every 3-6 months). Mucocele is a common finding in dogs with endocrine disease such as hyperadrenocorticism and hypothyroidism and investigation for underlying endocrine disease should be considered.



**PATIENT**

Milo Ecker

**SPECIES**

Canine

**BREED**

Maltese

**SEX**

Neutered Male

**AGE**

10 Years

**WEIGHT**

15 Pounds

**INTERPRETED BY**

Dr Brittany Sinclair,  
 BVSc(hons), DACVECC

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Fairview AC

**REFERRING VET**

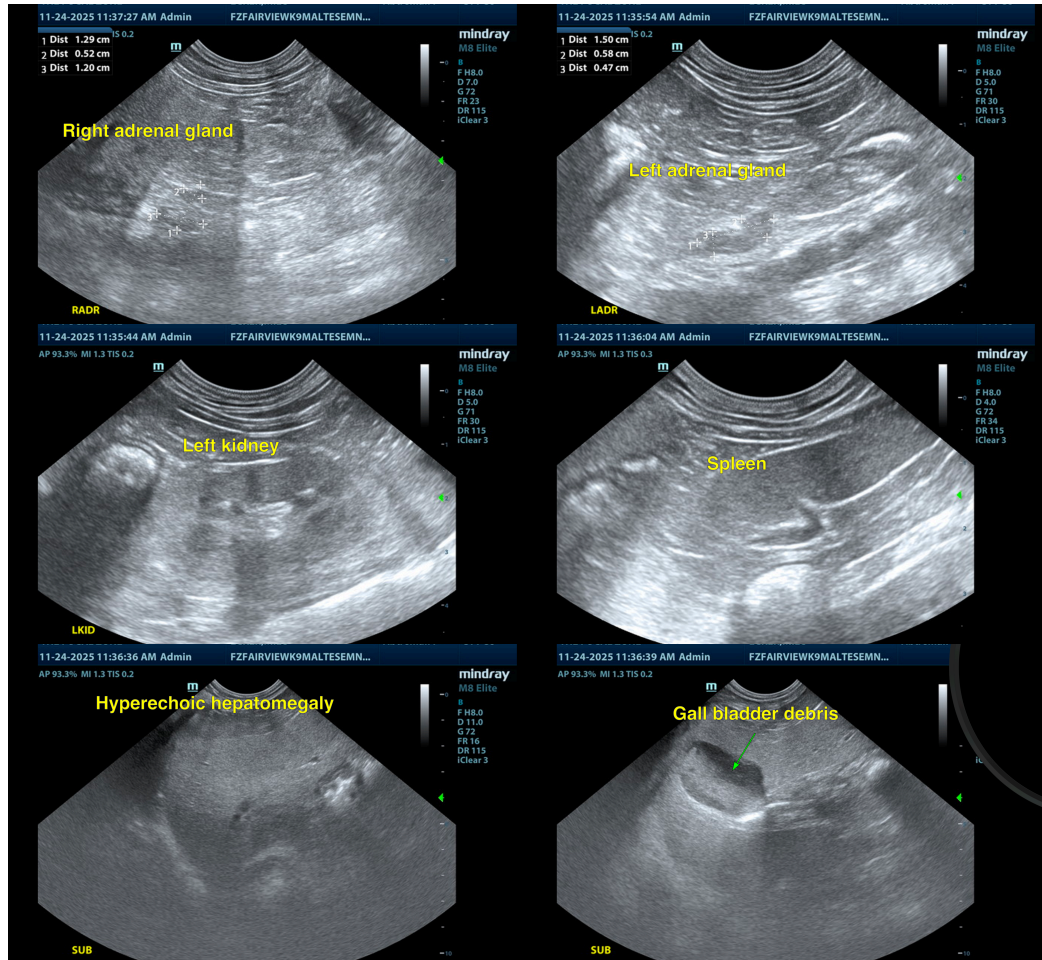
Dr. Combe

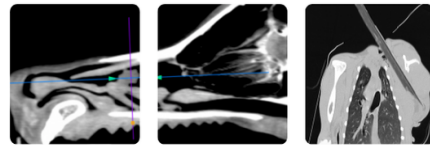
**INVOICE**

35631

**DATE**

11/24/25





**PATIENT**

Milo Ecker

**SPECIES**

Canine

**BREED**

Maltese

**SEX**

Neutered Male

**AGE**

10 Years

**WEIGHT**

15 Pounds

**INTERPRETED BY**

Dr Brittany Sinclair,  
 BVSc(hons), DACVECC

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Fairview AC

**REFERRING VET**

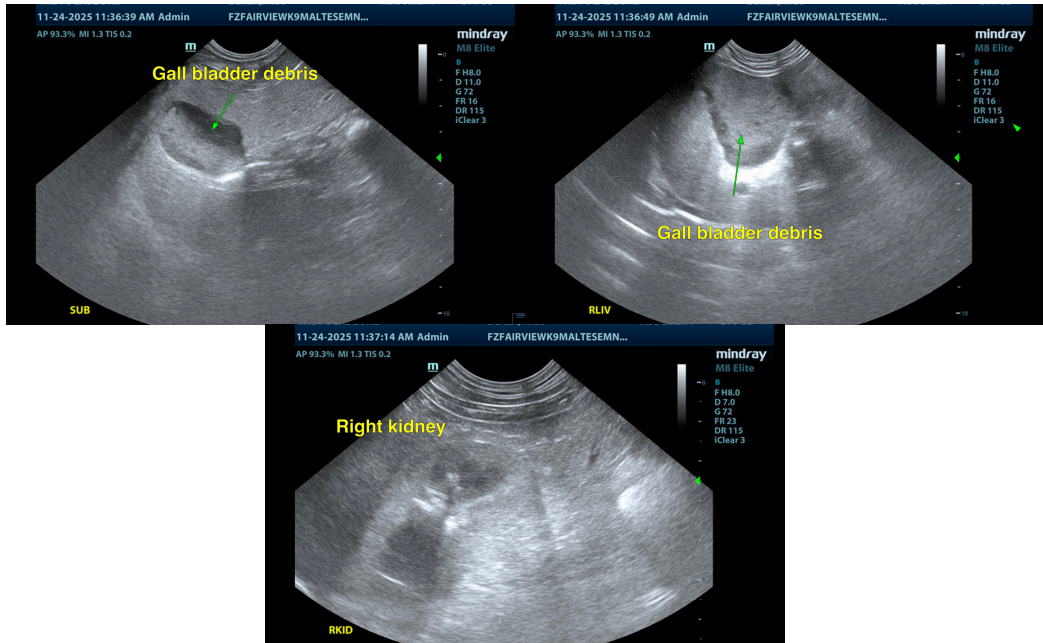
Dr. Combe

**INVOICE**

35631

**DATE**

11/24/25



**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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

info@SonoPath.com