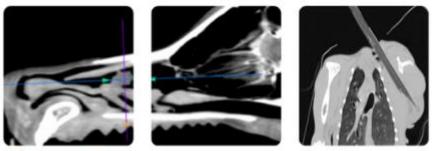



**PATIENT**

Jersey Lancaster

**SPECIES**

Canine

**BREED**

Lab X

**SEX**

Spayed Female

**AGE**

12 Years

**WEIGHT**

68 pounds

**INTERPRETED BY**

Dr Brittany Sinclair, BVSc(hons), DACVECC

**IMAGING PERFORMED BY**

Amanda Stewart

**HOSPITAL NAME**

Tillsonburg Vet Centre

**REFERRING VET**

Dr. Boys

**INVOICE**

12040

**DATE**

11/03/25

## PRESENTING CLINICAL SIGNS

Findings: Anorexic, lethargic and vomiting.

Current Medications NA

Abnormal PE/Chem/CBC/UA Results: See attached rads and BW

## 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 kidneys were both 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. Cortical mineralization was present bilaterally. The right kidney measured 7.41 cm in length. The left kidney measured 7.85 cm in length.

### *Adrenal Glands*

Both adrenal glands were 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 1.97 cm in length and 0.49 cm at the cranial pole and 0.57 cm at the caudal pole. The right adrenal gland measured 1.84 cm in length and 0.66 cm at the cranial pole and 0.57 cm at the caudal pole.

### *Spleen*

The spleen was subjectively normal in size with a smooth capsule. Parenchyma has a diffusely micronodular echotexture with no specific masses visualized within the spleen. There is a prominent lymph node near the spleen.

### *Liver*

In the area of the right liver, there is a complex roughly ovoid mass effect measuring at least 7.1 cm x 5.1 cm. Overall, visualization of the liver is somewhat impeded by overlying gas in the GI tract, likely patient confirmation and lack of abdominal compliance (tense abdomen). The mass effect is in the area of the gallbladder and may represent a gallbladder mucocele. It may also represent a separate complex liver mass within the actual liver parenchyma. Gallbladder aside from this potential mass effect, is not otherwise definitively visualized.

### *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

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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.

### *Pancreas*

The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour and parenchyma were normal. No overt evidence of active inflammatory or neoplastic disease was noted.

### *Lymph Nodes*

There is an enlarged/prominent perisplenic lymph node measuring 1.4 cm x 1.8 cm.

## ULTRASONOGRAPHIC FINDINGS

- Liver/gallbladder mass effect- mass versus mucocele.
- Micronodular spleen.
- Mild aging renal changes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass effect within the liver/gallbladder area is complex. It has the shape and is in the location of the gallbladder and may represent a gallbladder mucocele or statistically, significantly less likely a mass within the gallbladder wall lumen. Because of the challenges in resolution of this patient's liver, a true mass within the liver parenchyma cannot be definitively ruled out. There is no other structure resembling a gallbladder visualized. Additional abdominal imaging, including abdominal CT, may be of use. Ultimately given the appearance, abdominal explore should be considered with plan for potential cholecystectomy if gallbladder mucocele or significant gallbladder disease is discovered.

Splenic parenchymal changes are a common benign age-related change. They are also a common regenerative change seen in the face of anemia. Given the patient's clinical signs, splenic aspirate should be considered to rule out round cell disease.

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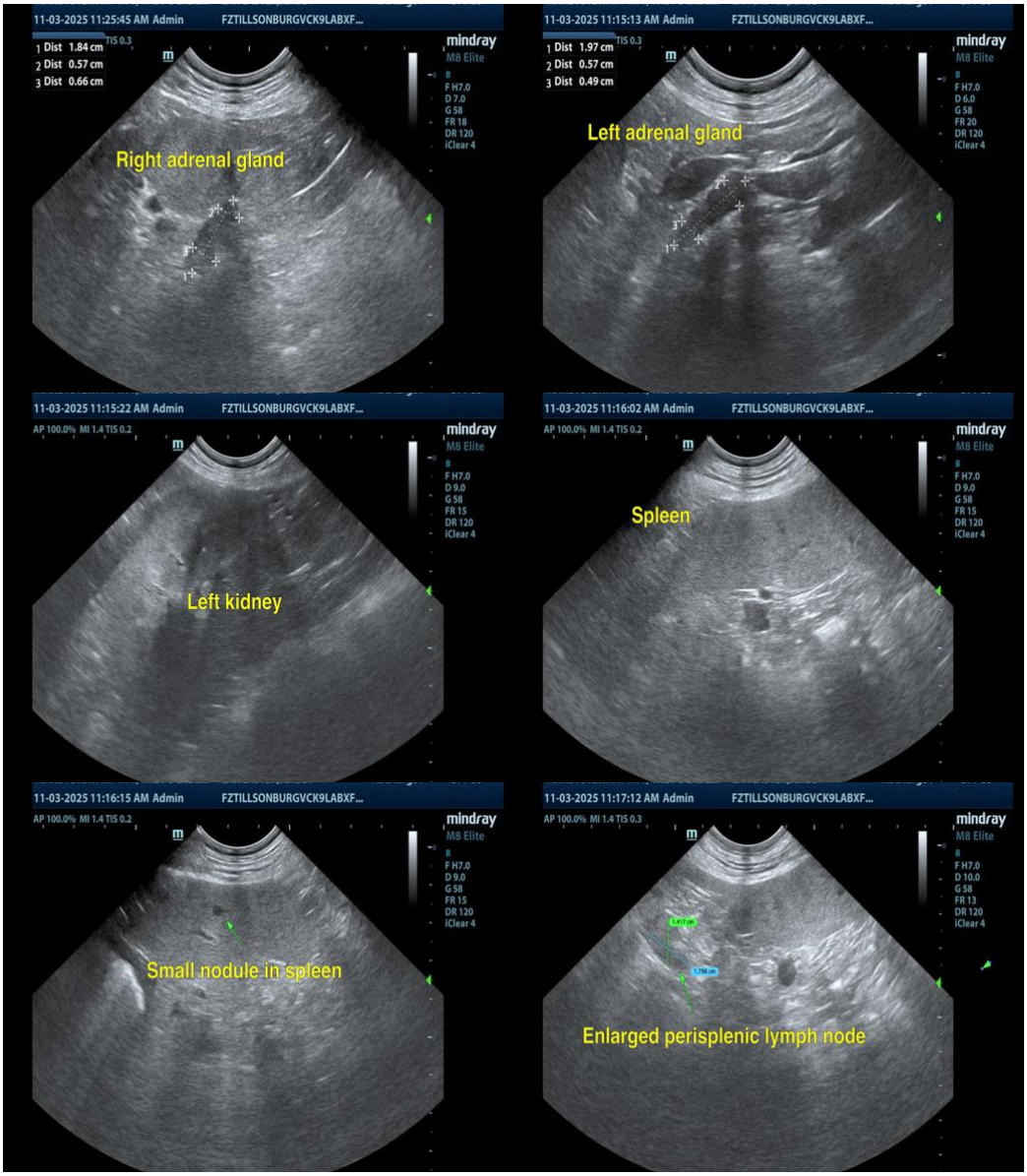

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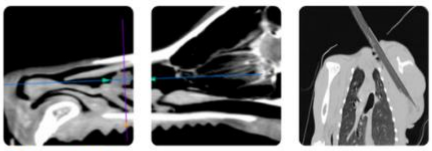

Teleradiology
Educational Teleconsultation Services™

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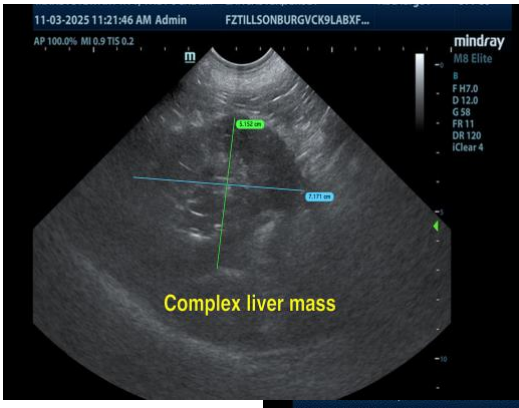


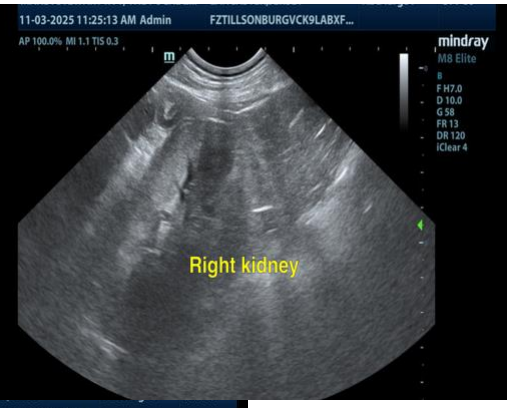



**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

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

info@SonoPath.com