



PATIENT

Maia Lin Nunez

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

5 years

WEIGHT

41.2 lbs

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons),
DACVECC

IMAGING PERFORMED BY

Dr. Gabriel Ferrer

HOSPITAL NAME

Pulse Pet Ultrasound
Services

REFERRING VET

Dr. Maria Isabel Cueto

INVOICE

11484

DATE

3/13/2026

PRESENTING CLINICAL SIGNS

- Px presented as a referral for an abdominal ultrasound due to presenting with elevated hepatic enzymes.
- Px originally visited rDVM a month ago due to vomiting.
- Px was inappetent and presented with nausea to rDVM, but after Cerenia was administered, Px presents with inappetence and nausea less frequently.
- Px is BAR, no diarrhea, and no coughing reported.

Abnormal PE/Chem/CBC/UA Results: Bloodwork attached below for your reference.

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. Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present.

Left kidney measures 6.69 cm in length, and the right kidney measures 6.36 cm in length.

Adrenal Glands

The areas of the adrenal glands were well visualized and structures suspected to represent adrenal glands were measured and seen on cine loops. These structures were small for patient's size.

Left adrenal measures 1.16 cm in length, 0.31 cm at the caudal pole and 0.26 cm at the cranial pole. Right adrenal measures 1.67 cm in length, 0.35 cm at the caudal pole and 0.42 cm at the cranial pole.

Spleen

The spleen is prominent with a slightly mottled echotexture.

Liver

The liver is diffusely enlarged with a heterogenous echotexture with multifocal generally small hypoechoic nodules noted throughout. In the caudate lobe, there is a poorly defined ovoid, heterogenous structure which may represent a developing mass measuring 1.43 cm x 2.54 cm. Some perihepatic lymph nodes are enlarged.

subjectively normal in size with normal contours and structure. There is age appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is moderately distended with anechoic fluid, with hyperechoic non-shadowing gravity dependent debris present. There is no surrounding free fluid or signs of active inflammation.

Gastrointestinal



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

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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. There were no focal lesions consistent with obstruction or a mass effect observed.

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The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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.

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Pancreas

In the right limb of the pancreas there is an anechoic, roughly spherical structure, most consistent with a pancreatic cyst measuring 0.67 cm x 0.86 cm.

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Lymph Nodes

Perihepatic lymph nodes are noted to be mildly enlarged.

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ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly with diffuse nodules and possible developing mass in caudate lobe.
- Mild splenomegaly with mottled parenchyma.
- Bilaterally small/difficult to identify adrenal glands.
- Ovoid structure near right pancreas suspected to represent pancreatic cyst.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Liver changes may represent reactive, regenerative or inflammatory changes, or infiltrative disease (lymphoma, MCT, other). Evaluation of a bile acid profile is recommended to further define the degree of liver dysfunction. Liver FNA was appropriate. Ultimately liver biopsy is often required for more definitive diagnosis. Leptospirosis testing is recommended if regionally appropriate. 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.

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Splenic changes may represent a reactive inflammatory or neoplastic change. Splenic aspirate was appropriate to further define.

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Adrenal gland size is variable. This patient's adrenal glands appear small for the patient's size. Adrenal gland function testing is recommended to further define. The most recent blood work shows a sodium potassium ratio of 36 which makes typical hypoadrenocorticism less likely. It is possible that the structure suspected to represent perihepatic lymph nodes actually represent an enlarged right adrenal gland. Either way, adrenal gland function testing is appropriate (ACTH stimulation test versus low dose dexamethasone suppression test.)

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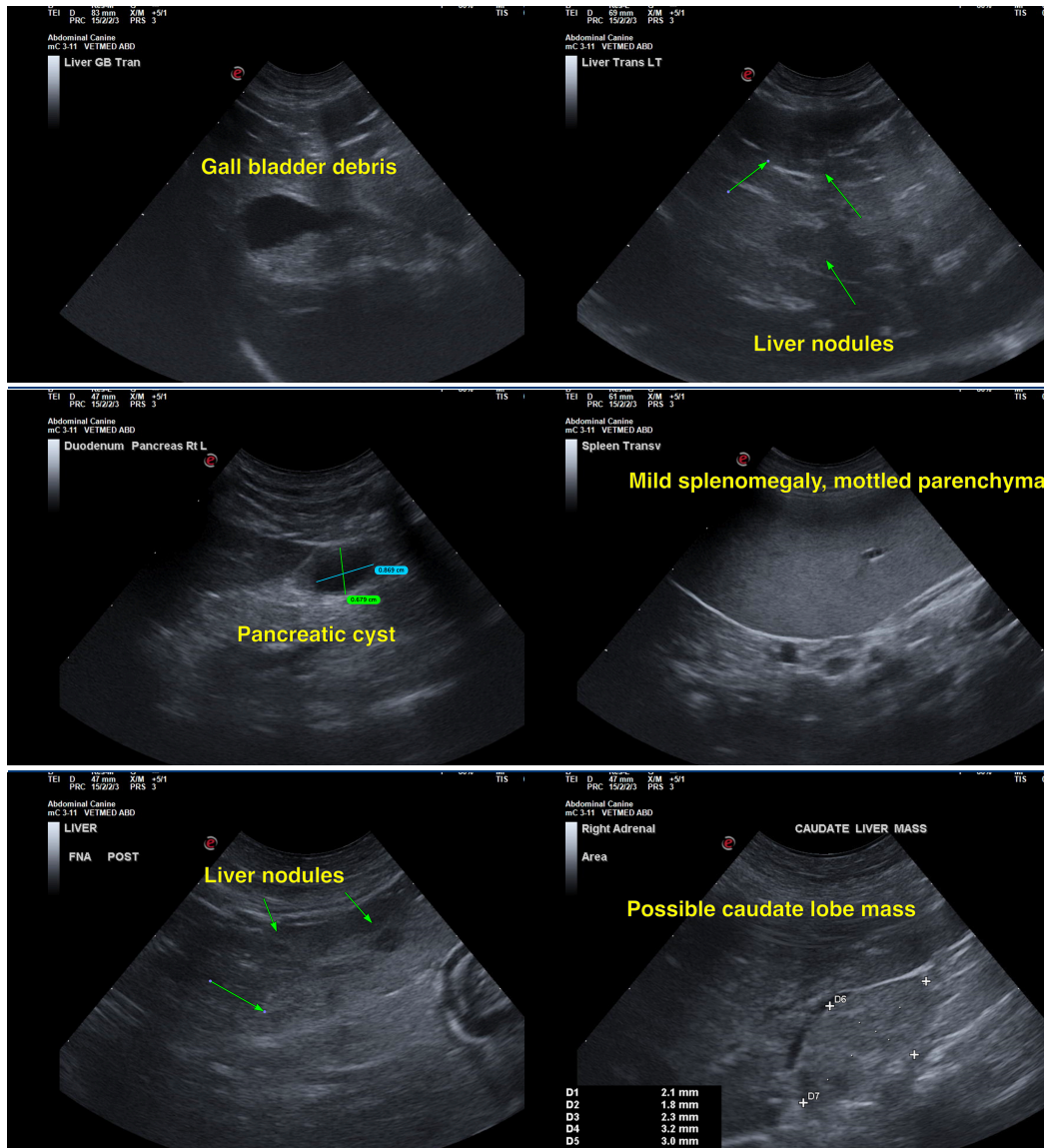
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The anechoic spherical structure noted near the duodenum is suspected to represent a pancreatic or peripancreatic cyst. FNA could be attempted, though this risks rupturing of cyst and potentially causing pancreatitis. Given the resolution of GI signs, continued monitoring is reasonable.



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

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