



**PATIENT**

Diesel Kulikowski

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

Neutered Male

**AGE**

15 Years

**WEIGHT**

7.3 kg

**INTERPRETED BY**

Dr Brittany Sinclair,  
 BVSc(hons),  
 DACVECC

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Gagemount Animal  
 Hospital

**REFERRING VET**

Dr. Song

**INVOICE**

75132

**DATE**

5/14/26

**PRESENTING CLINICAL SIGNS**

QAR but ambulatory and reportedly still interested in walks. Mild pallor of MM with slightly delayed CRT (~2 sec) despite reported PU/PD. Rounded abdomen noted chronically, raspy upper airway/laryngeal sounds appreciated today; lungs clear, no murmur auscultated. Mild discomfort with sitting, possibly OA. 1 week history of decreased appetite/inappetence in a normally very food-motivated dog. History of elevated liver enzymes (since 2024).

**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 have a smooth capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. No evidence of pelvic dilation was present. Spherical anechoic fluid accumulations are noted consistent with cortical cysts. Left kidney measures 4.73 cm. Right kidney measures 4.83 cm.

**Adrenal Glands**

Both adrenal glands were visualized and recognized. Both were subjectively prominent and hypoechoic and measured enlarged. No specific masses or nodules seen. The phrenic vasculature was unremarkable. Left measures 1.99 cm in length x 0.61 cm at the caudal pole and 0.47 cm at the cranial pole. Right measures 2.17 cm in length x 0.81 cm at the caudal pole and 1.0 cm at the cranial pole.

**Spleen**

The spleen contains a hypoechoic, somewhat irregular capsular distending mass measuring approximately 2.4 cm x 2.4 cm.

**Liver**

The liver is enlarged with rounded margins. Parenchyma is diffusely heterogeneous to hyperechoic with a coarse appearance. There is an anechoic cyst noted in the left liver.

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

**Gastrointestinal**

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.

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.

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**

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

**Other**

No clinically significant lymphadenopathy or abnormalities noted. No free fluid noted.

The right auricle and pericardium were unremarkable. No obvious pathology. If cardiac function evaluation is desired a full echocardiogram is warranted.

**ULTRASONOGRAPHIC FINDINGS**

- Splenic mass.
- Hepatomegaly with coarse echotexture.
- Solitary small liver cyst.
- Bilateral adrenomegaly.
- Degenerative renal changes with bilateral cortical cysts.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Mass in the spleen is concerning for neoplasia which may be benign or malignant. Splenic aspirate is recommended to further characterize. Whether benign or malignant, all splenic masses are at risk of rupture and if no signs of metastasis are present in the chest and abdomen, splenectomy with histopathology is recommended. While there are changes in the liver, these are not suspected to represent metastasis.

Liver changes are a common benign age related change or may represent endocrine hepatopathy, but infiltrative disease (lymphoma, MCT, other) cannot be definitively ruled out. In the face of elevated liver enzymes, fine needle aspirate is recommended to further characterize parenchymal changes, and bile acid profile to assess liver function, especially if any weight loss is noted or for baseline cytological assessment. Ultimately liver biopsy is often required for more definitive diagnosis. Empiric treatments (SAM-E, milk thistle, Vitamin E, ursodiol if bilirubin elevated or gallbladder sludge) could be tried and liver enzymes re-evaluated, especially if liver FNA does not show significant pathology before more invasive liver sampling is pursued.

Renal changes are likely age related degeneration. Correlate clinical significance with semi-annual blood work/urinalysis findings and clinical signs.

Adrenomegaly is bilateral and may represent stressful illness or hormonal stimulation as is seen with pituitary dependent hyperadrenocorticism. Given that corresponding clinical signs are present, a urine cortisol creatinine ratio could be used as a screening test, and subsequent testing for hyperadrenocorticism should be considered (ACTH stimulation test vs LDDST).



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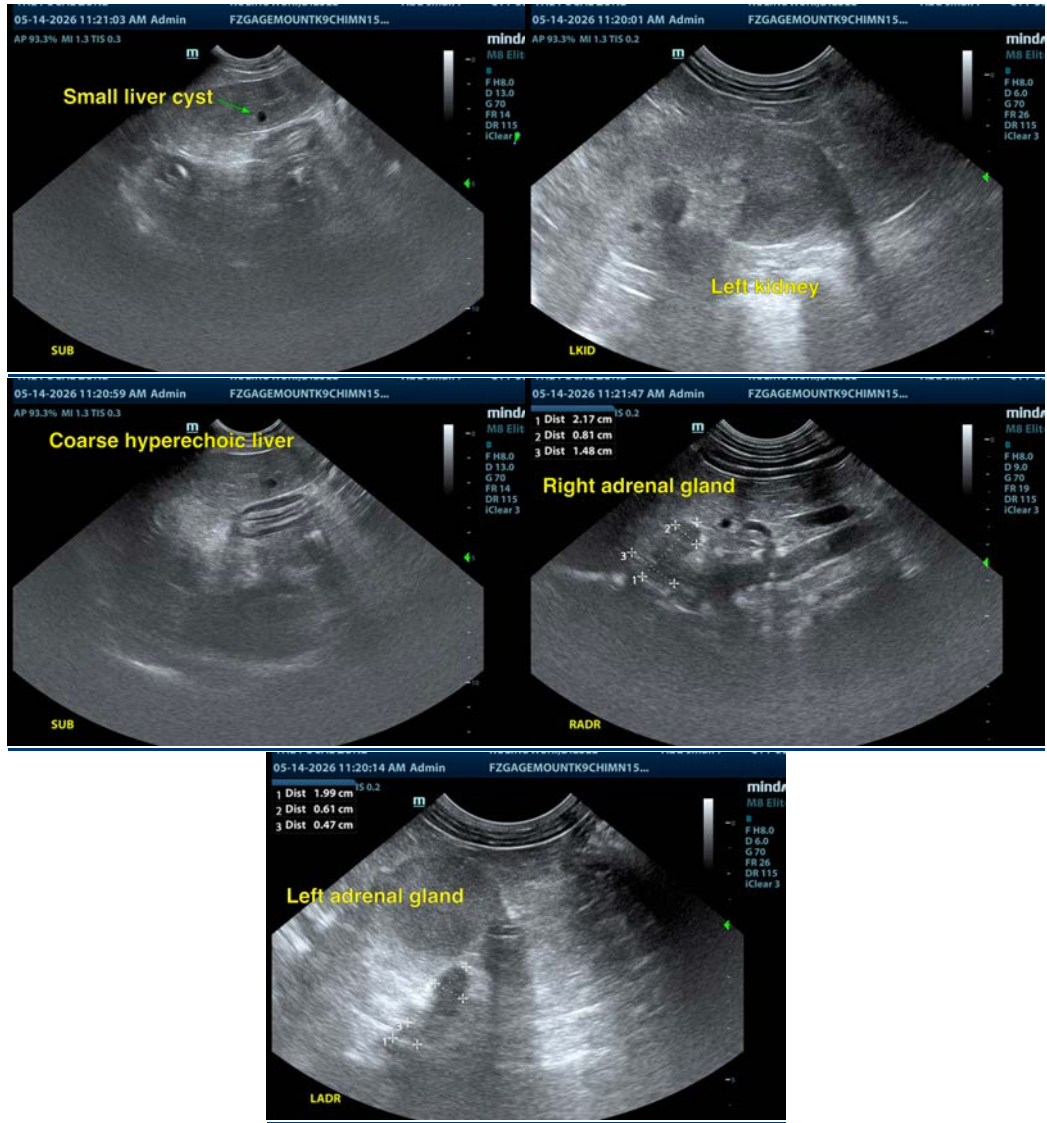
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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