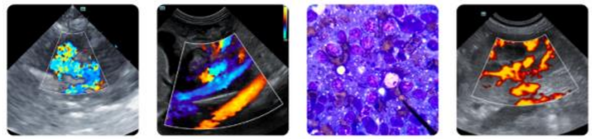


PATIENT

Cami Troy

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

14 Years

WEIGHT

73.6 Pounds

INTERPRETED BY

Brittany Sinclair DVM, DACVECC

IMAGING PERFORMED BY

Nikki Kollman, RVT

HOSPITAL NAME

Airpark AH

REFERRING VET

Dr. Laura Owens

INVOICE

37259

DATE

6/1/26

PRESENTING CLINICAL SIGNS

History: Hyporexia for several weeks, has been getting pickier and now will barely eat. Acute severe diarrhea starting yesterday. PU/PD for several weeks. Hx moderately elevated ALKP and mild ALT elevation on bloodwork 1 year ago, and now severe elevations.

Abnormal PE/Chem/CBC/UA Results: HCT 34% BUN 36 ALKP off chart high ALT 667 GGT 15 Lipase 5500 Brief POCUS- irregular, heterogenous, nodular liver and spleen with scant free fluid UA- Pyuria.

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 right kidney is 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. The right kidney measured 5.15 cm in length.

The left kidney has a smooth capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. The renal pelvis is mildly dilated, measuring approximately 0.37 cm. The left kidney measured 5.81 cm in length.

Adrenal Glands

The left adrenal gland appears symmetrically enlarged. There are no definitive masses or nodules seen, though resolution is somewhat limited. The left adrenal gland measured 2.35 cm in length and 1.1 cm at the caudal pole and 1.0 cm at the cranial pole.

Right adrenal gland is not distinctly visualized.

Spleen

A complex, partially cavitated mass is visible within the splenic body, measuring at least 5.0 cm x 5.5 cm. There is scant surrounding free fluid.

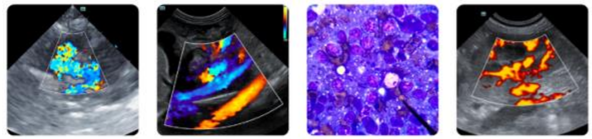
Liver

The liver is subjectively enlarged with a diffusely coarse/heterogeneous echotexture. There is a poorly defined nodular appearance to the parenchyma.

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.



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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.

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 left pancreatic limb is enlarged and irregular.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

No masses were noted.

There is scant free fluid visualized near the splenic mass.

ULTRASONOGRAPHIC FINDINGS

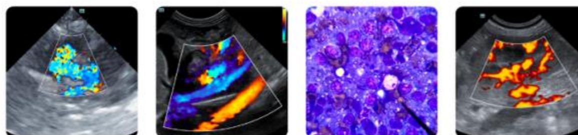
- Splenic mass
- Hepatomegaly with coarse/nodular echotexture
- Left pyelectasia
- Left adrenomegaly
- Prominent left limb pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mass in the spleen is cavitated and concerning for neoplasia with the most concerning differential being hemangiosarcoma, though cavitated nature does not imply malignancy. Splenic aspirate could be done to further characterize, though cavitary masses are at higher risk of bleeding, seeding cancer cells in the abdomen, and being non-diagnostic. Whether benign or malignant, all cavitary splenic masses are at risk of rupture and splenectomy with histopathology should be considered. The diffuse hepatic changes are not pathognomonic for hepatic metastasis, however, given the reported severely elevated liver values, a significant hepatopathy, including metastatic hepatopathy, is possible. As there are no distinct metastatic nodules or masses within the liver, splenectomy with histopathology and plan for liver biopsy remains reasonable, assuming there are no signs of metastasis on thoracic radiographs.

The clinical significance of left adrenomegaly is uncertain. Hormone dysfunction is a possibility, and if clinically relevant, adrenal gland function testing could be considered.

Pyelectasia is concerning for acute pyelonephritis. It can also represent obstructive ureterolithiasis, either present or resolved, leptospirosis, toxin exposure, increased urine production from fluid diuresis, or other causes of polyuria/polydipsia. Correlate clinical significance of renal changes with blood work/urinalysis findings and clinical signs. Urine culture is recommended given reported pyuria.



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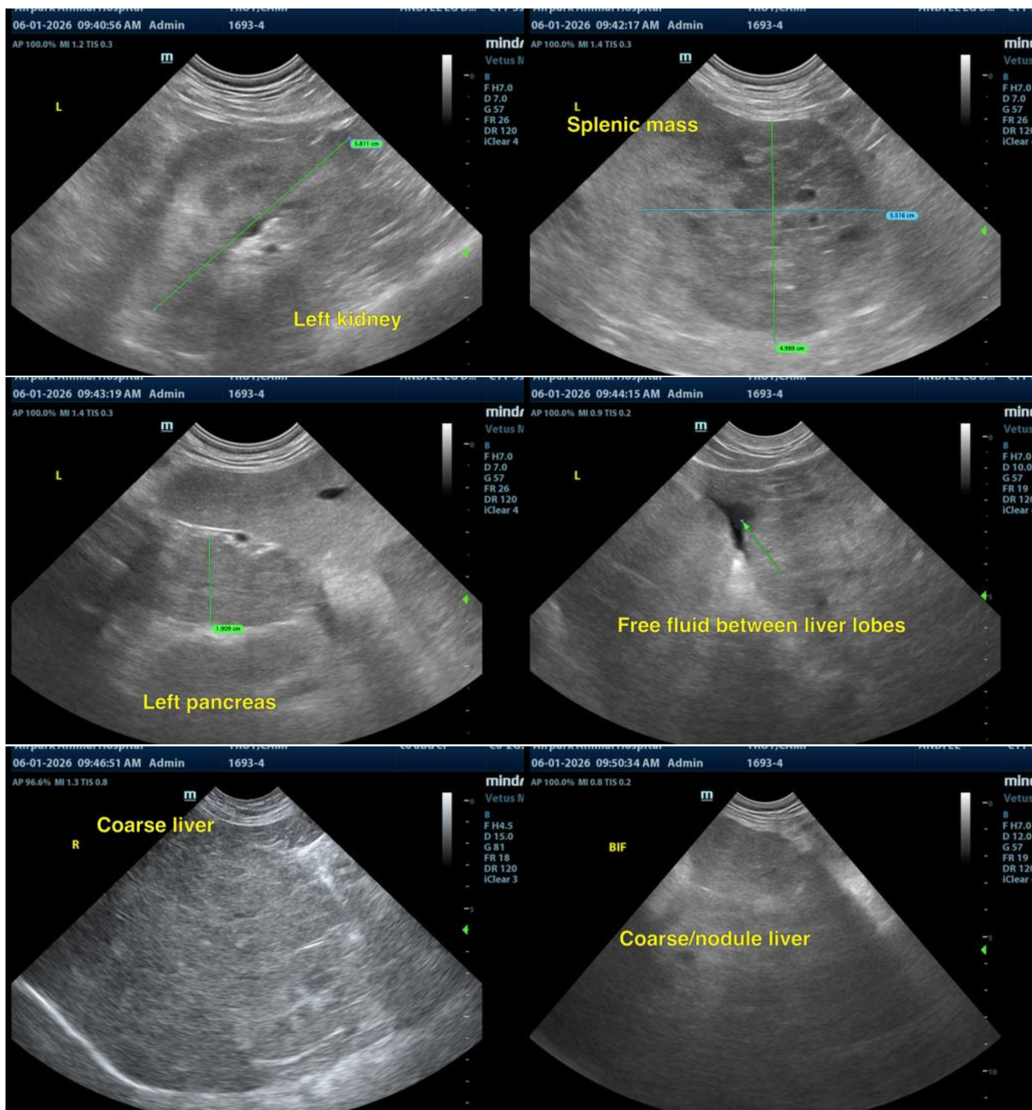
Pancreatic changes are consistent with acute pancreatitis. Measurement of PLI is recommended to further support diagnosis. Treatment for gastroenteritis is supportive and involves fluid support, GI support (anti-nausea, appetite stimulant), analgesia and enteral nutrition. Panoquel could be considered if available and deemed clinically warranted. Antibiotics are generally not warranted for acute gastroenteritis as it is generally sterile. Serial imaging is indicated if clinical signs are not resolving to assess for possible progression to pancreatic abscessation or post hepatic bile duct obstruction.



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.

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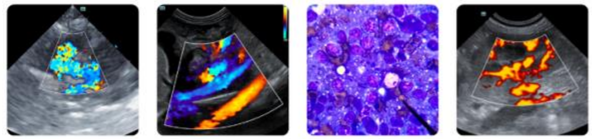

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Educational Teleconsultation Services™

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