



PATIENT

June Trela

SPECIES

Canine

BREED

Schnauzer

SEX

Spayed Female

AGE

11 Years 7 Months

WEIGHT

14 lbs

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons),
DACVECC

IMAGING PERFORMED BY

Chloe Lowe, CVT

HOSPITAL NAME

VCA Blairstown Animal
Hospital

REFERRING VET

Dr. Summers

INVOICE

75725

DATE

6/5/26

PRESENTING CLINICAL SIGNS

Elevated liver values. Previous mucocele. Benazepril, ursodiol, welactin, chitosan.
Abnormal PE/Chem/CBC/UA Results: Alt 555, Alp 2983, chol 731, trygl 363. UPC 2.2, usg 1.029

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. Left kidney measures 4.25 cm. Hyperechoic, shadowing foci present in right renal parenchyma and calyces consistent with nephrocalcinosis. Right kidney measures 4.94 cm.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. Left measures 2.12 cm in length x 0.39 cm at the caudal pole and 0.42 cm at the cranial pole. Right measures 2.1 cm in length x 0.68 cm at the caudal pole and 0.98 cm at the cranial pole.

Spleen

The spleen was normal with age appropriate homogeneous parenchyma and a 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 with slightly rounded margins. Parenchyma is diffusely hyperechoic. In what is labeled as the left liver there is a somewhat poorly defined hypoechoic nodule/early mass measuring 1.8 cm x 2.4 cm. In the right liver deep to the gallbladder there is a spherical anechoic fluid filled structure most consistent with a hepatic cyst measuring 1.3 cm x 1.6 cm.

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

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.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Hyperechoic hepatomegaly with liver cyst and irregular liver nodule versus early mass.
- Gallbladder debris.
- Mild aging renal changes.

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. The anechoic spherical cystic structure is likely benign. The hypoechoic irregular nodule may represent an early liver mass or may represent a focal area of inflammation or vacuolar infiltration or other benign process. A general fine needle aspirate of the liver is recommended, given elevated liver values. An FNA of the hypoechoic nodule/early mass area could be attempted though may be challenging due to location. Ultimately liver biopsy may be required for more definitive diagnosis.

Gall bladder debris may be an incidental finding given lack of surrounding inflammation. In the face of elevated ALKP ursodiol could be given as a choleric and empiric treatments (SAM-E, milk thistle, Vitamin E) could be tried. If liver supportive medications do not improve liver enzymes, a course of empiric antibiotics (clavamox, enrofloxacin) could be considered to cover for infectious cholangiohepatitis, though the lack of surrounding inflammation makes this less likely. Imaging should be rechecked on a routine basis for monitoring (q3-6mo) or if further significant increase in liver enzymes and/or new clinical signs are noted. If otherwise clinically indicated, investigation for endocrinopathy such as hyperadrenocorticism or hypothyroidism could be considered as an underlying cause predisposing to gall bladder debris accumulation.





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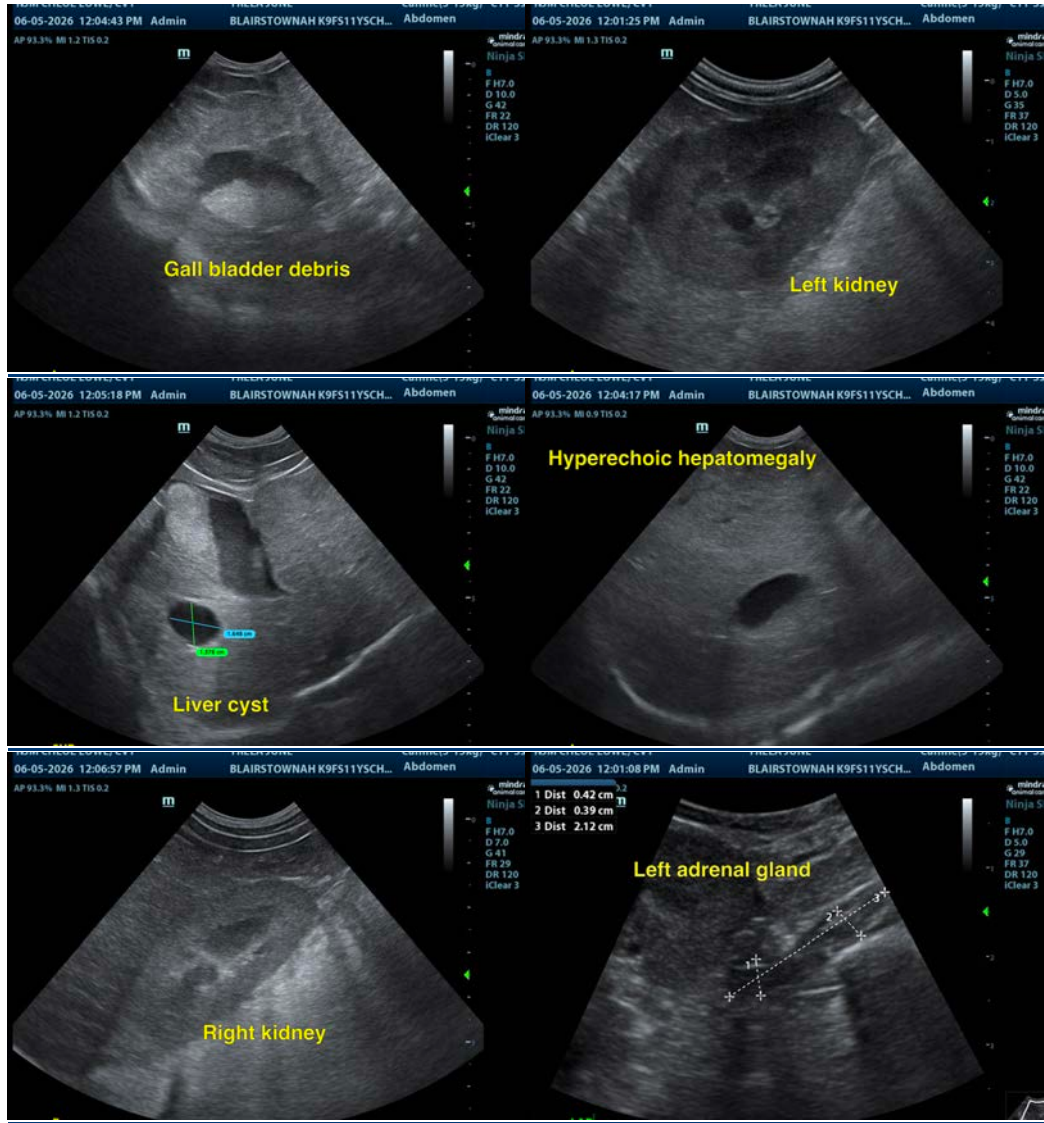
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com