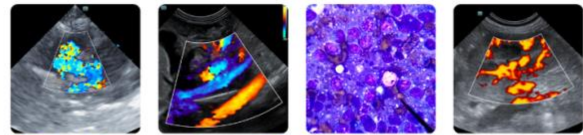

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Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Banjo Mullen

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Neutered Male

AGE

15 Years 3 Months

WEIGHT

14.1 Pounds

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Armstrong AC

REFERRING VET

Dr. Gallagher

INVOICE

36257

DATE

3/16/26

PRESENTING CLINICAL SIGNS

- P presented for US due to work up of elevated liver enzymes
- No clinical signs
- Abnormal PE/Chem/CBC/UA Results: TP 7.8, Glob 4.4, ALT 134, 91, ALKP 232

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with anechoic urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. In the trigone region of the bladder there's a 2.6 mm isoechoic intraluminal nodule present that is most likely an incidental finding.

The prostate is normal, measuring 8.3 mm in width, symmetrical and uniform echogenicity.

The right kidney presents normal size (4.8 cm in length) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (4.3 cm in length) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia or ureteral dilation is noted. Mild renal nephrocalcinosis is present in the left renal pelvis that appears to be incidental, not clinically significant.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 9.9 mm, and the caudal pole measures 6.0 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.9 mm in width and the caudal pole measures 5.8 mm.

Spleen

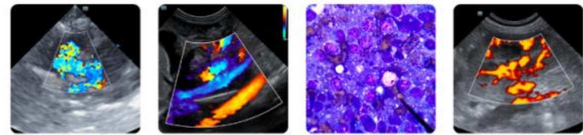
In the body of the spleen there's a 1.07 cm by 0.47 cm, non-capsule-displacing, mildly hypoechoic lesion present. Within the spleen there are diffusely multiple variably sized non-capsular displacing hyperechoic lesions consistent with benign myelolipomas. Other than the splenic lesions described, the spleen appears normal.

Liver

Liver appears normal in size and echogenicity. The liver has mildly diffuse mottled echotexture that is most likely age related. Within the right liver there is a 7.9 mm by 6.1 mm in size, hyperechoic non-capsule-displacing lesion.

The gallbladder contains a moderate to marked amount of aggregating speculated hyperechoic debris, appears to be an early immature gallbladder mucocele.

Gastrointestinal



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Stomach diffusely appears normal. Stomach wall is normal in thickness and layering. There is a hyperechoic, mildly shadowing object within the gastric lumen that measures 1.3 cm in length that is reported to be a recently eaten treat. The intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

Pancreas

Left limb pancreas is mildly hypoechoic with mild surrounding steatitis.

Free Abdomen

There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

Other

Images of the heart were provided; no pericardial effusion is seen.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder lesion, most likely an incidental finding. However, it is possibly a benign polyp, less likely due to malignant transitional cell carcinoma.
- Evidence of pancreatitis
- Splenic lesion- this is most likely benign extramedullary hematopoiesis, unlikely to be round cell or other neoplasia.
- Liver lesion, suspected to be a benign regenerative nodule, less likely primary hepatobiliary neoplasia such as hepatocellular carcinoma, and less likely to be metastatic neoplasia.
- Early immature gallbladder mucocele
- Shadowing object within the gastric lumen, reported to be a recently eaten treat
- Left nephrocalcinosis, not clinically significant

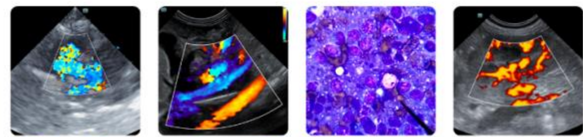
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If urinalysis has not been performed, perform urinalysis. If active urine sediment, urine culture is recommended. Also consider submitting a BRAF test to rule out transitional cell carcinoma or prostatic carcinoma.

Recommend fine needle aspirate of the splenic lesion with submission for cytology to rule out neoplastic cause.

Consider fine needle aspirate of the liver lesion with submission for cytology to rule out neoplastic cause.

Recommend continued monitoring of liver values including total bilirubin every 3 months to rule out the need for a cholecystectomy. If bilirubin begins to elevate, then cholecystectomy may be necessary.



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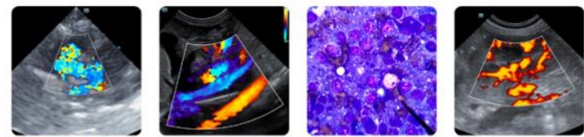
Consider starting ursodiol for gallbladder debris at 15 mg/kg by mouth, split into 2 daily doses. I recommend ursodiol for 3 months. Recheck ultrasound and lab work as previously recommended in 3 months.

Patient appears to have mild active pancreatitis, recommend CPLI to confirm. If pancreatitis is confirmed, recommend starting ultra-low-fat diet, such as Royal Canyon GI low-fat or Hills ID low-fat.

Prognosis appears fairly good at this time, pending recommended further diagnostics.



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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.

Greg Kuhlman, DVM, DACVIM (SAIM)

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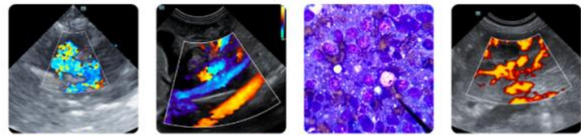

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