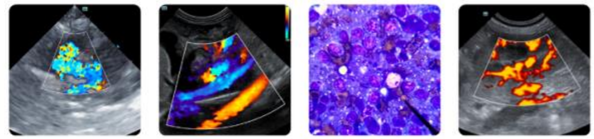


PATIENT
Ice Depuis

SPECIES
Canine

BREED
American Eskimo

SEX
Spayed Female

AGE
15 Years

WEIGHT
8 kg

INTERPRETED BY
Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY
Dr. Goeres

HOSPITAL NAME
Kelowna Veterinary Hospital

REFERRING VET
Dr. Ree

INVOICE
15962

DATE
05/08/26

PRESENTING CLINICAL SIGNS

Weight loss, decreased appetite, chronic diarrhea (improved mildly with fibre boost and hypoallergenic diet); pDVM did brief ultrasound - concerning for small intestine appears subjectively thickened. Region of hyperechoic liver tissue with hypoechoic "nodules" (suspect she was seeing gallbladder) hx of elevate ALT, BW this week fairly unremarkable

Abnormal PE/Chem/CBC/UA Results: mild hypophosphatemia, hypernatremia, neutropenia (full BW attached) overweight BCS, otherwise unremarkable PE. BP normal.

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. No masses are seen.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The left kidney measures 4.3 cm. The right kidney measures 4.6 cm. A cortical cyst was present at the caudal pole of the right kidney measuring 5.0 mm x 4.0 mm.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 3.7 mm width at the caudal pole and the cranial pole was not clearly seen.

The right adrenal gland has a 2.1 by 1.6 cm heteroechoic mass lesion present at the caudal pole. The cranial pole appears more normal and measure 6.4 mm width. The mass at the caudal pole of the right adrenal gland appears to be associated with, potentially invading the caudal vena cava. Definitive determination in regarding to if the mass is fully invading the vena cava would be better suited for a CT scan.

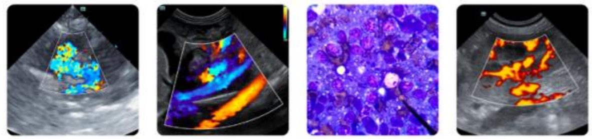
Spleen

Within tail of spleen, there is an 8.6 x 13.2 isoechoic cavitated mildly capsule displacing lesion present that is concerning for possible malignant neoplasia such as hemangiosarcoma or possibly but less likely benign etiology such as a hemangioma, less likely infiltrative neoplasia such as lymphoma, mast cell disease. The remainder of the spleen appears normal. There are multifocal hyperechoic lesions throughout the spleen consistent with benign myelolipomas. The spleen appears to have normal blood flow.

Liver

Liver is relatively normal in size and contour. Parenchyma is mildly heterogenous and coarse with mild likely age-related parenchymal remodeling noted. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is mildly overdistended with a moderate amount of non-dependent, mildly



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aggregated/inspissated sludge. Hypo to anechoic cystic areas are noted between the gallbladder sludge and luminal wall. The wall is otherwise smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion.

Gastrointestinal

The stomach has normal wall layering and thickness. The ileum contains a moderate amount of chyme and measures 2.9 mm width with preserved normal layering. The duodenum is empty and normal measuring 5.0 mm width. The colon contains formed stool with a wall normal at 0.8 mm in width. The jejunum does appear normal and does not appear thickened on this exam and it measures 3.9 mm in width and has normal layering.

Pancreas

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

Free Abdomen

Mesenteric lymphadenopathy is present but there is several enlarged mesenteric lymph nodes identified with a representative node measures 8.4 mm x 5.1 mm with surrounding hyperechoic fat. These nodes are hypoechoic and rounded concerning for either round cell neoplasia or metastatic neoplasia, less likely reactive lymph nodes.

ULTRASONOGRAPHIC FINDINGS

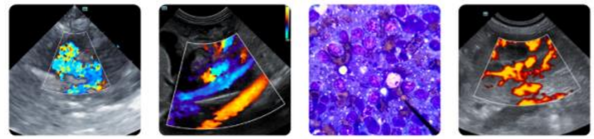
- Splenic lesion.
- Enlarged mesenteric lymphadenopathy.
- Immature gallbladder mucocele.
- Right adrenal mass.
- Age-related abdominal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend fine needle aspirate of the spleen or direct splenectomy. Recommend fine needle aspirate of lymph nodes with submission for cytology to determine underlying cause for enlargement.

Recommend CT scan as pre-surgical planning to determine if right adrenal gland is resectable. Given the appearance of the right adrenal gland, it is most likely malignant neoplasia such as an adrenal carcinoma or adrenal cortical carcinoma. Also recommend determining if this mass is potentially functional, would recommend screening patient for hypertension. If present, recommend starting phenoxybenzamine at this time. It is recommended to submit a urine metanephrine test to rule out a pheochromocytoma. Also consider performing a low dose dexamethasone suppression test to rule out hyperadrenocorticism caused by the right-sided adrenal mass.

Recommend starting medical treatment for mucocele by staring ursodiol at 15 mg/kg by mile split into two daily doses. If patient does have surgery for right-sided adrenalectomy, recommend cholecystectomy as well. Given the appearance of both kidneys, the patient appears to have early chronic kidney disease. Recommend full staging, monitoring and managing per IRIS guidelines



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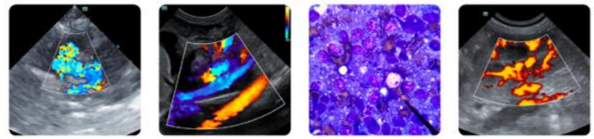

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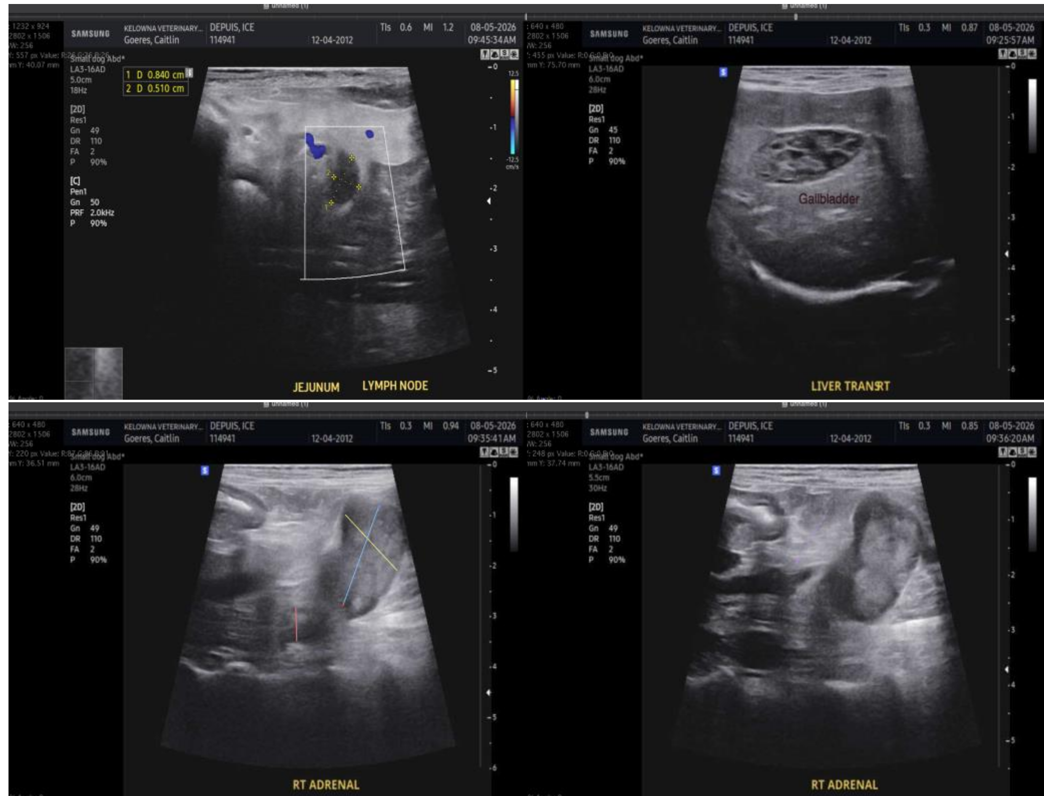

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Greg Kuhlman, DVM, DACVIM (SAIM)
Veterinary Internal Medicine Specialist
info@SonoPath.com