



PATIENT

Gaia Weatherburn

SPECIES

Canine

BREED

Standard Poodle

SEX

Spayed Female

AGE

10 Years

WEIGHT

22.4 kg

INTERPRETED BY

Kathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)

IMAGING PERFORMED BY

Carlie Koltek, RVT

HOSPITAL NAME

Tuxedo Animal
Hospital

REFERRING VET

Dr. Bongiorno

INVOICE

71610

DATE

11/5/25

PRESENTING CLINICAL SIGNS

In for dental cleaning today, owner took abdominal and thoracic radiographs just as wellness workup. AUS to workup potential large liver on xray Dog has had gastropexy AUS performed while Gaia was under anesthetic for dental. Premed of hydro and midazolam and alfaxalone

Abnormal PE/Chem/CBC/UA Results: T: 39.3 P: 96 R: N MM:CRT: pk Abdomen palpates normally CBC WNL CHEM: ALT 120 U/L (10-125) Abdominal rads: round liver margins, round opacity ventral abdomen just caudal to the liver, may be a loop of bowel Pending: FNA of splenic nodule for histopath obtained today

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (6.32 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.31 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.66 cm at the cranial pole and 0.62 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

Spleen

The spleen is subjectively normal in size (1.54 cm in width at the level of the hilus) and shape. The blood flow through the hilus and splenic parenchyma appears normal. There is a mixed echogenicity nodule towards the tail of the spleen measuring 1.06 cm x 1.61 cm.

Liver

The liver is normal/borderline large in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.



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The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

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Gastrointestinal

The stomach contains mild fluid. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. 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. Duodenum wall measures 0.38 cm. Jejunum wall measures 0.32 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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 pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

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Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

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ULTRASONOGRAPHIC FINDINGS

- Mixed echogenicity nodule visualized in the spleen – This lesion could represent a benign or neoplastic lesion. Consider a fine needle aspirate.

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Carlie Kolttek, RVT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the liver to explain the elevation in ALT reported. The liver subjectively appears normal. Options could include:

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- Consider pre- and post-prandial bile acids to assess liver function.
- If there is any concern for Leptospirosis, consider testing.
- A fine needle aspirate of the liver could be considered to rule out round cell neoplasia, although this seems fairly unlikely at this time.

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If the ALT continues to rise and/or liver function is abnormal, biopsy of the liver with samples for histopathology, culture and copper levels may be warranted.

At this time consider liver support of medications (Denamarin, etc.) and continued monitoring.

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There is a somewhat poorly defined mixed echogenicity nodule in the spleen. Recommend continued monitoring of this lesion with ultrasound and a fine needle aspirate. If there is significant change, or cytology is concerning for a neoplastic lesion, a splenectomy may need to be considered.



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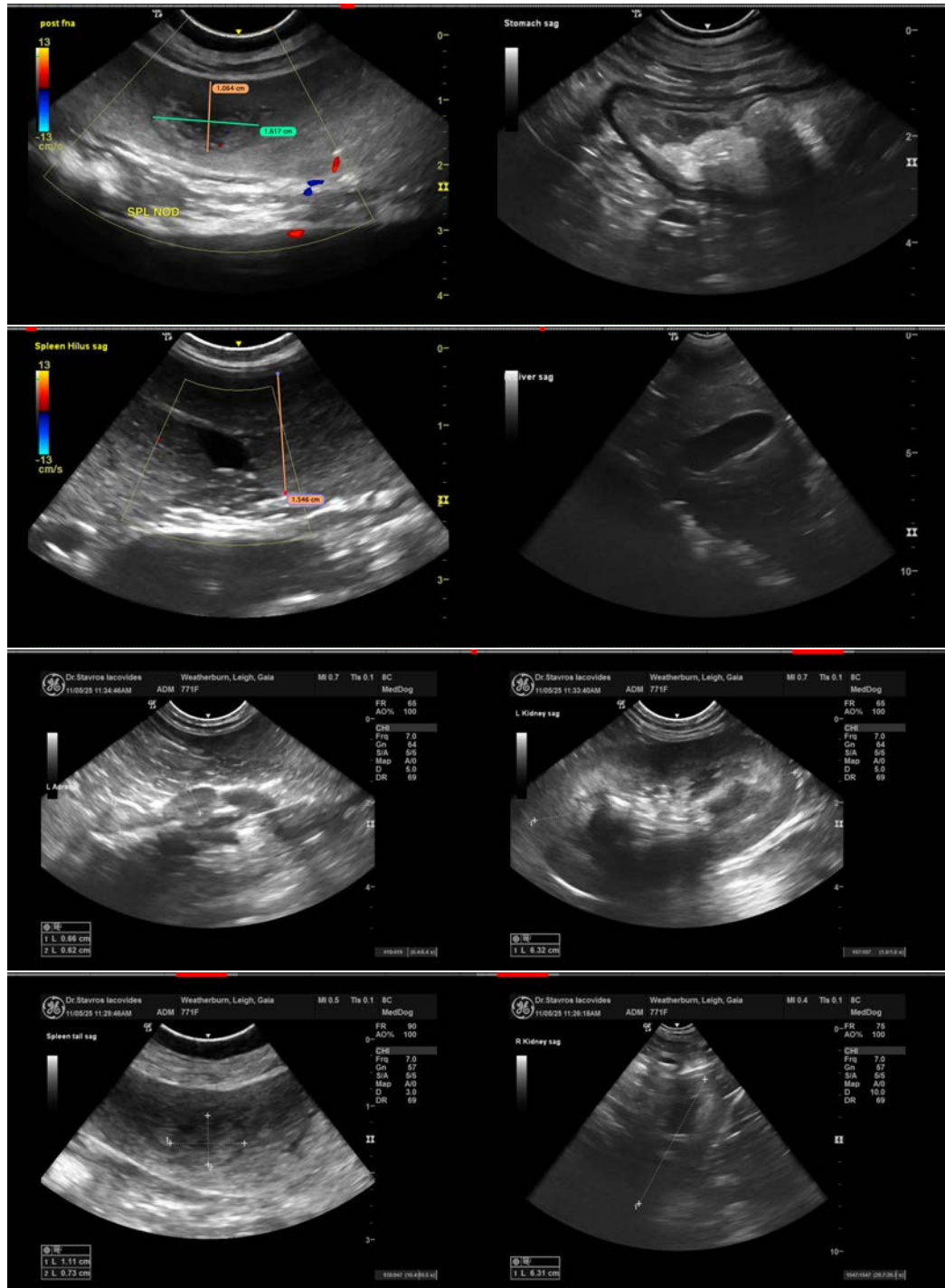
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

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