PATIENT

Portia Arnn

SPECIES

Canine

BREED

Maltese

SEX

Spayed Female

AGE

13 Years 1 Month

WEIGHT

13 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Stoney Creek Veterinary Hospital

REFERRING VET

Dr. Eldred

INVOICE

72505

DATE

12/11/25

PRESENTING CLINICAL SIGNS

P presented for US due to elevation in liver values and diarrhea. Bile Acids sent out and pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall is of normal thickness with a smooth mucosal surface. There is a hypoechoic focal lesion visualized with the ventral bladder wall measuring 0.35 cm x 0.63 cm. Findings are most consistent with a cystic appearing lesion. The remainder of the urinary bladder, trigone, and proximal urethra appear free of any abnormalities.

The left kidney has a normal shape and size (4.94 cm) with numerous small cortical cysts. Overall echogenicity is slightly hyperechoic with poor 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 (5.27 cm) with numerous small cortical cysts. Overall echogenicity is slightly hyperechoic with poor 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 large, measuring 0.75 cm at the cranial pole and 0.67 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.

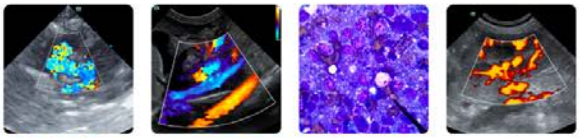
The right adrenal gland is borderline “plump” measuring 0.90 cm at the cranial pole and 0.64 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (1.89 cm in width at the level of the hilus) and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. Rare discrete focal hyperechoic, perivascular parenchymal abnormalities are present. The appearance of these lesions is most consistent with benign splenic myelolipomas. The blood flow through the hilus and splenic parenchyma appears normal.

Liver

The liver is large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There is a subtle hypoechoic nodule visualized in the right cranial abdomen measuring 1.31 cm x 0.86 cm, most consistent with a poorly defined nodule in the caudate lobe.



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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.

Gastrointestinal

The stomach contains minimal luminal contents. 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.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. There is mucosal speckling visualized associated with the duodenum. Duodenum wall measures 0.37 cm. Jejunum wall measures 0.27 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with non-formed/liquid fecal material and gas shadowing distally. The descending colon appears somewhat prominent. The wall measures 0.32 cm with intact wall layering.

Pancreas

The right limb of the pancreas is prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

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.

PRIMARY FINDINGS

- Hypoechoic, almost cystic appearing structure visualized associated with the ventral bladder wall – The significance of this lesion is uncertain, possibly consistent with a ureterocele, less likely an early mass lesion or similar.
- Borderline bilateral adrenomegaly – Findings could be consistent with anatomic variation or mild bilateral hyperplasia.
- Age related changes visualized associated with both kidneys.
- Large, heterogeneous liver with an ill-defined hypoechoic nodule in the right side – The appearance is most consistent with a vacuolar hepatopathy, although other hepatopathies are possible. The hypoechoic nodule has the appearance of a benign lesion, but continued monitoring is warranted, as an early neoplastic lesion cannot be ruled out.
- Mild mucosal speckling visualized associated with the duodenum – Bright mucosal speckling has been postulated to represent dilated lacteals or focal accumulations of mucus, cellular debris, etc.. in the mucosal crypts.
- Prominent/thickened distal colon with non-formed fecal material – This appearance is most consistent with colitis. Early neoplastic change cannot be ruled out.

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SECONDARY FINDINGS

- Pancreatic changes most consistent with chronic pancreatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is subjectively diffusely heterogeneous, and the adrenals are somewhat "plump". If signs of Cushing's are present, you could consider adrenal function testing. Depending on which liver enzymes are elevated and the degree of elevation, you could also consider a liver function test, a fine needle aspirate of the liver, etc. There is a small nodule that appears to be in the right caudate lobe that should be monitored.

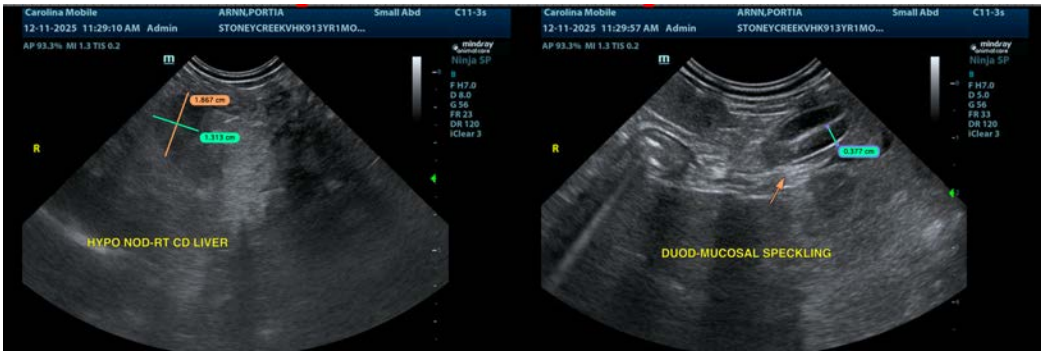
There is mild mucosal speckling visualized associated with the duodenum. This could be indicative of a primary enteropathy. Consider the following:

- Consider an ultra low-fat/combination hydrolyzed protein prescription diet (Royal Canin has a diet like this).
- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.
- Recommend chronic probiotic therapy.
- If not already done, recommend empirical deworming and parasite screening.
- If diarrhea is acute, consider an infectious diarrhea pattern.

If symptoms are persistent despite taking these measures, upper and lower GI endoscopy may be considered to obtain biopsies for further information.

There is a small, hypoechoic lesion visualized associated with the ventral bladder wall. The significance of this is uncertain. This could be a small congenital abnormality like a ureterocele, less likely an early mass effect, etc. In the absence of clinical signs or a history of chronic urinary tract infections, etc., recommend continued monitoring (recheck in 2-3 months).

If the symptoms reported are progressing despite therapy, reevaluation in the future could be considered, looking for the development of new lesions or the progression of today's lesions.



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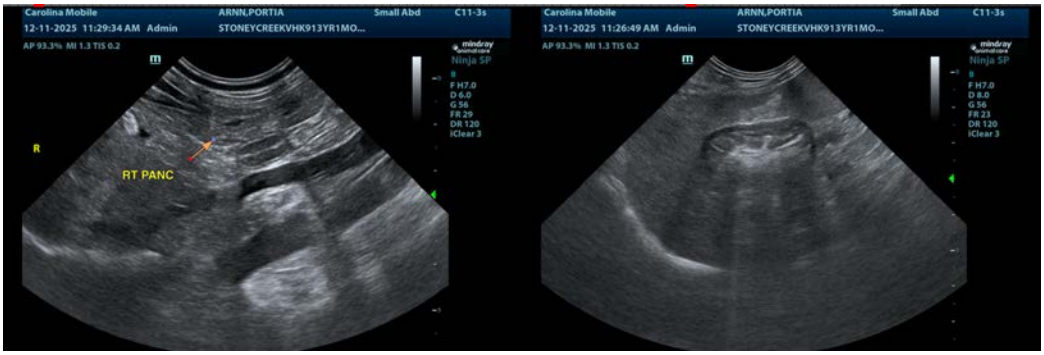

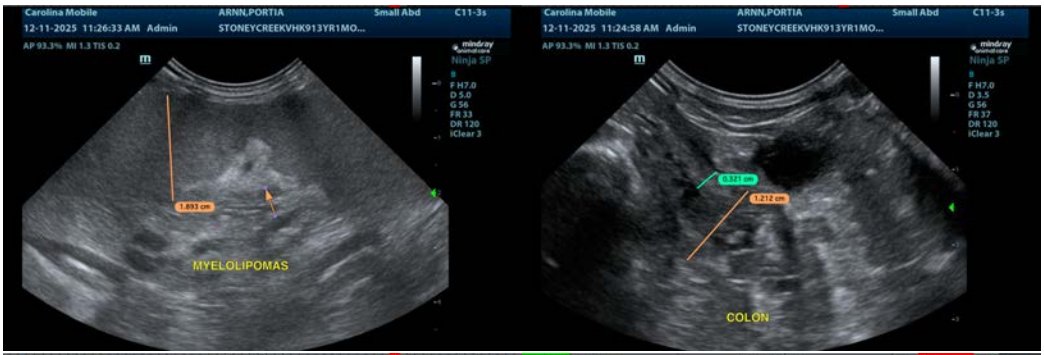

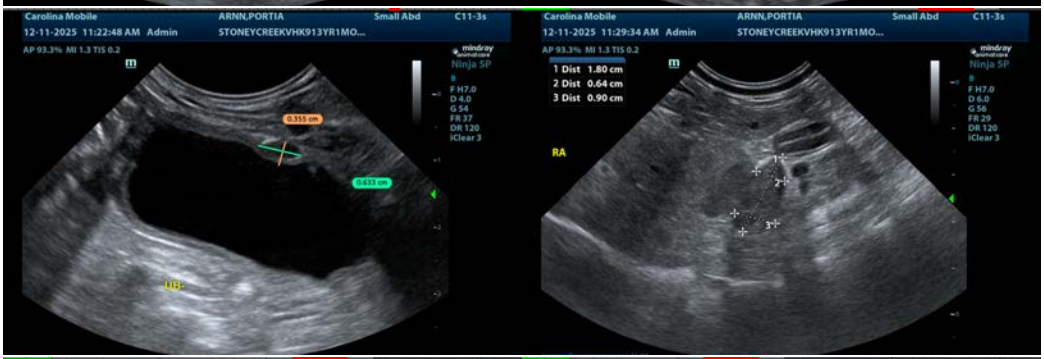

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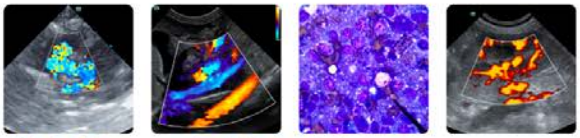

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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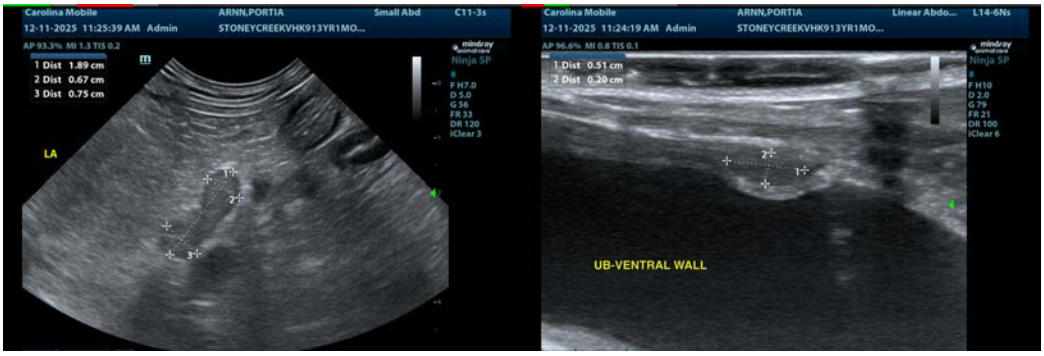

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com