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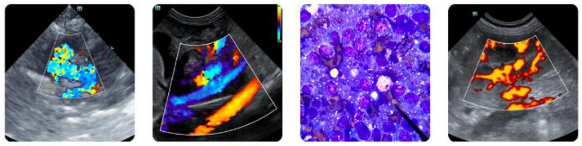


Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™
SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT
Cubby Giordano

SPECIES
Canine

BREED
Pitbull

SEX
MN

AGE
2014

WEIGHT
79.4

INTERPRETED BY
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY
Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME
White Haven VH

REFERRING VET
McAleer

INVOICE
23275

DATE
12/17/2025

PRESENTING CLINICAL SIGNS

Elevated liver values

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.6 cm in length. The right kidney measured 6.8 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.79 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.66 cm width at the caudal pole.

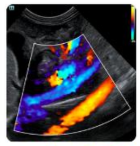
Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild heterogeneous parenchyma which may indicate differentiation between areas of red and white pulp. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

Liver/Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. Normal vascular volume. No visualized masses or nodules were present. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with moderate congealed non-organized hyperechoic non-mineralized gallbladder debris occupying the majority of the gallbladder lumen measuring ~ 6.3 cm in diameter. No evidence of gallbladder/peripheral gallbladder inflammation or wall edema was present. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

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Gastrointestinal

Possible indistinct irregular cranial gastric pyloric wall present which did not obstruct pyloric outflow, potentially measuring 2.3 cm x 1.0 cm. The lumen of the stomach contained mild distal progressively shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The parenchyma of the pancreas base and right limb was hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. A right pancreatic limb thinly walled mildly irregular cyst was present containing anechoic fluid measuring 3.4 cm in diameter.

Free Abdomen

No evidence of peritoneal effusion was present.

Possible additional left limb pancreatic cyst caudal to the stomach vs mid cranial omental cystic lymph nodes present, an example measured 2.5 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

Primary

- Age related renal changes.
- Normal bilateral adrenal glands.
- Hepatopathy.
- Congealed non-organized gallbladder debris (non-mucocele)
- Chronic pancreatitis/ fibrosis with right limb pancreatic cyst.
- Possible left limb pancreatic cyst vs adjacent cystic lymph nodes.
- Gastric ingesta with possible indistinct to non-specific irregular cranial gastric pyloric wall.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Idiopathic vacuolar vs inflammatory hepatopathy, non- obstructive cholestasis, hyperplasia or other hepatopathy with hepatic neoplasia thought less likely all potentials. Further assessment may include assuming normal clotting status, hepatic FNA cytology.

No overt adrenal pathology as a contributing factor. Adrenal screening warranted despite normal appearing adrenal glands if clinical signs consistent with Cushing syndrome are present. A spec CPL is warranted if clinical signs consistent with chronic pancreatitis are present.

Correlation with most recent meal ingestion is recommended. Sonographic monitoring of the possible indistinct to irregular cranial gastric pyloric wall indicated with initial recheck suggested in 4-6 weeks, sooner if clinical signs arise.

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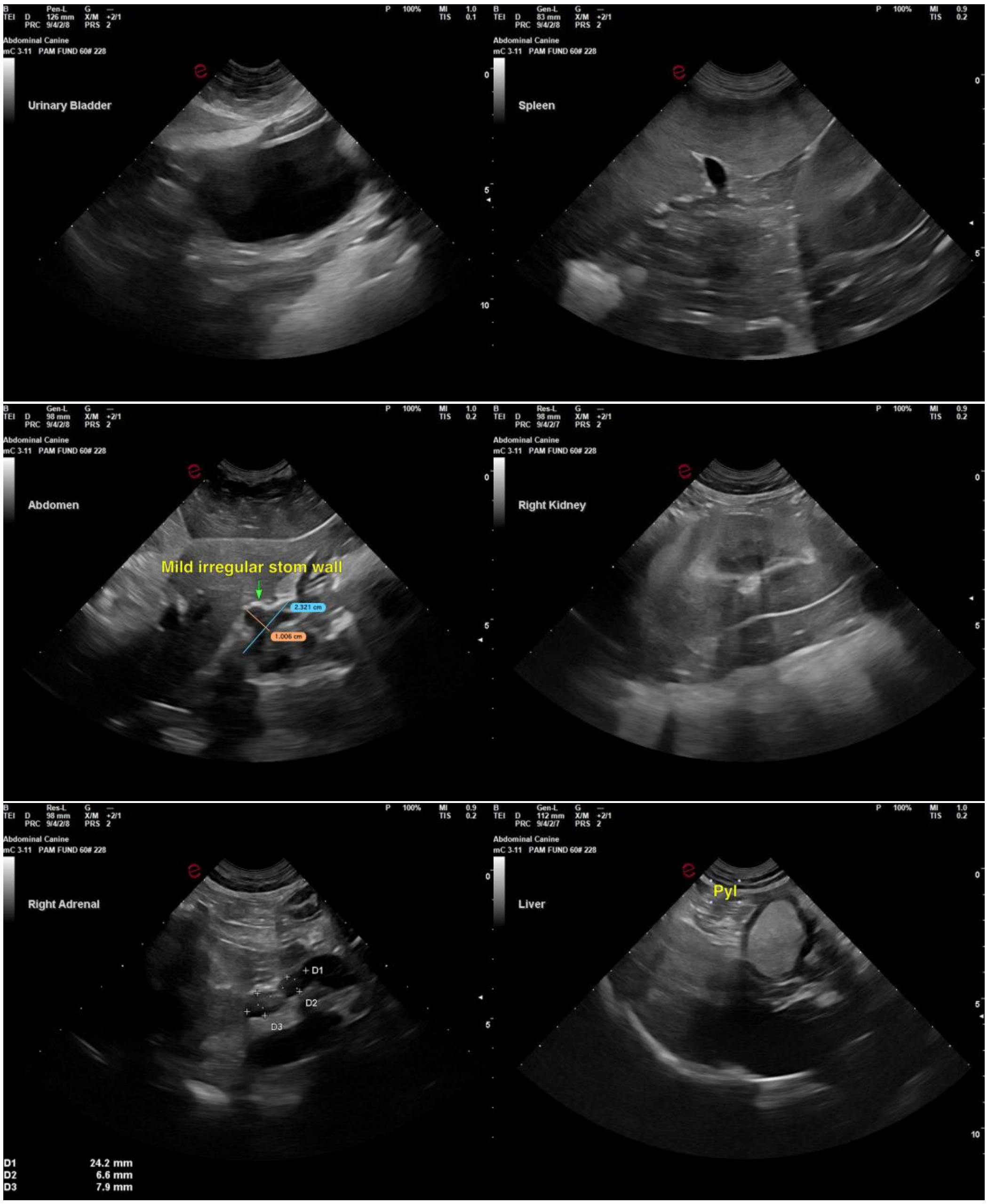

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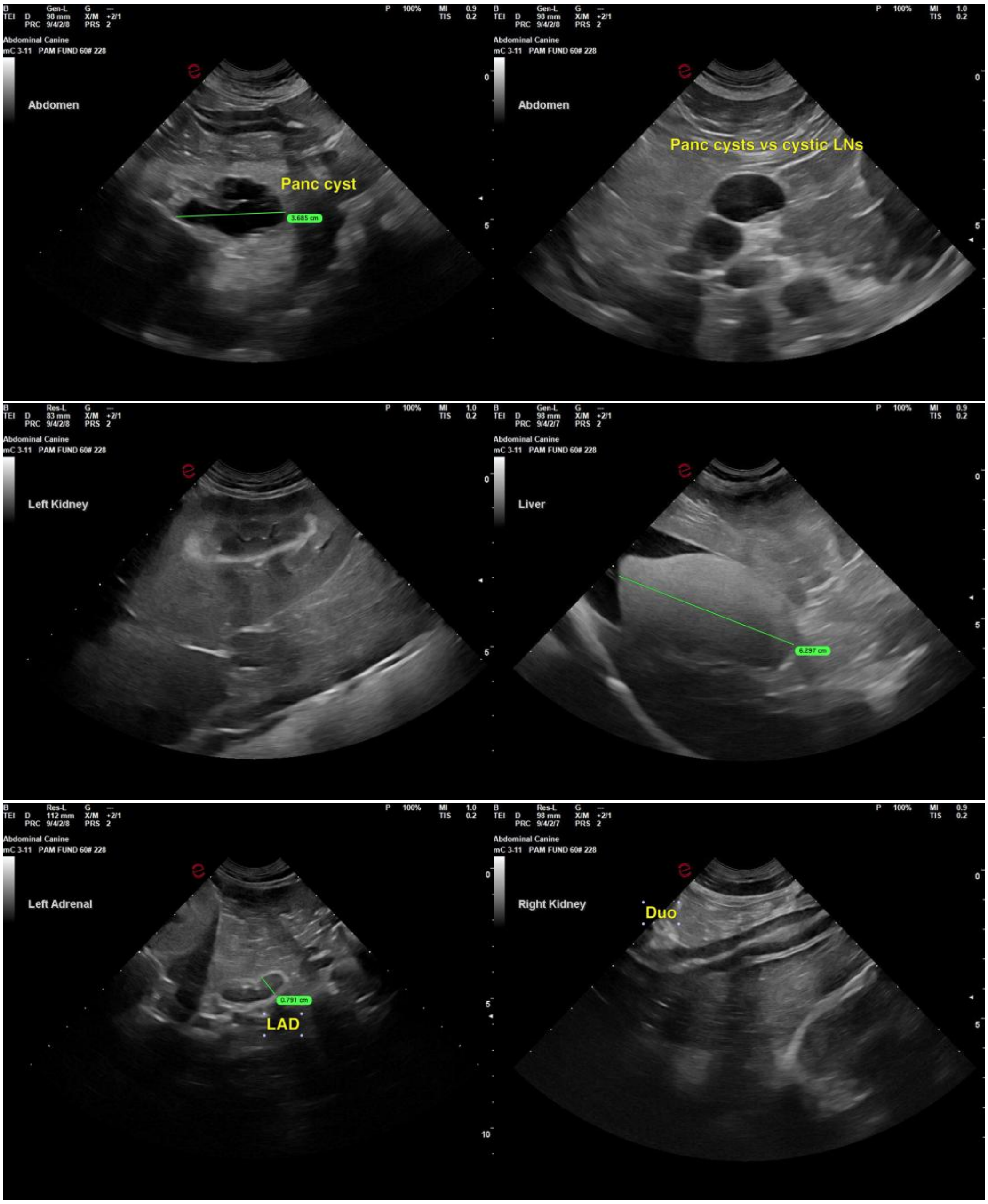

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)

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