


**PATIENT**

Taylor Lindsey

**SPECIES**

Canine

**BREED**

 Cavalier King Charles  
Spaniel

**SEX**

MN

**Age**

10 years

**WEIGHT**

10.1 kg

**INTERPRETED BY**

 Remo Lobetti, BVSc,  
MMedVet (Med), PhD,  
Dipl. ECVIM

**IMAGING PERFORMED BY**

Dr Sarah Barthelemy

**HOSPITAL NAME**

Bridgeland Vet Clinic

**REFERRING VET**

Dr Boyer

**INVOICE**

303631

**DATE**

12/7/22

**PRESENTING CLINICAL SIGNS**

History: Stage B2 cardiac disease - on pimobendan. Recent dental procedure.

Physical Examination: Icterus and pale mucosa.

Urinalysis: SG 1.027, proteinuria, bilirubinuria.

CBC: Regenerative anemia.

Serum Biochemistry: Elevated liver enzyme activity, bilirubin, and globulins.

Radiographic Findings: N/A.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**
**Urinary System**

Full urinary bladder with a normal thickness and appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal trigone area, proximal urethra, and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 5.3 cm, right 5.7 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule.

**Reproductive System**

Small hypoechogenic prostate.

**Adrenal Glands**

Normal position, echogenic appearance, shape, and size. Left 0.4/0.35 cm.

**Spleen**

Enlarged with a diffuse hyperechogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

**Liver**

Enlarged with a diffuse increased echogenic appearance, loss of portal markings, and a regular curvilinear capsule. No nodules or masses evident. Full gall bladder containing moderate amount of hyperechogenic sediment. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct.

**Gastrointestinal**

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness and peristaltic activity, and no distension of the lumen.

**PATIENT** *Pancreas*

Taylor Lindsey Normal size and echogenic appearance, Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

**SPECIES** *Free Abdomen*

Canine No mesenteric lymphadenomegaly.

**BREED** No ascites.  
Normal size of the portal vein and caudal vena cava.

Cavalier King Charles  
Spaniel

**SEX** Primary Findings:

- Splenomegaly.
- Hepatopathy.

**Age**

10 years Secondary Findings:

- WEIGHT**
- Gall bladder sediment.
  - Age-related renal changes.

10.1 kg

**ULTRASONOGRAPHIC FINDINGS****INTERPRETED BY**

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Dipl. ECVIM

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Etiologies for the splenomegaly would be reactive, hyperplasia, splenitis, and infiltrative neoplasia.

Etiologies for the hepatopathy would be secondary to the anemia, hyperplasia, vacuolar, acute hepatitis, (viral, bacterial, toxins, drugs), Leptospirosis, infiltrative neoplasia.

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Although the gall bladder sediment is most likely an incidental finding, monitoring for the development of a possible mucocele would be indicated.

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The presenting clinical signs, lab work, and appearance of the spleen is highly suspicious for immune-mediated hemolytic anemia.

Further assessment would be Coombs'/in-saline-agglutination test, 4Dx, *Leptospira* serology/PCR, and possibly FNA cytology of the spleen and liver.

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Specific therapy would be dependent on an etiological diagnosis.

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**IMAGES**

**Liver**



**Gall bladder**





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**Spleen**



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The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

**IMAGING PERFORMED BY**

Dr Sarah Barthelemy

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