


**PATIENT PRESENTING CLINICAL SIGNS**

**Finn Cutter** History: 09/2021 nasal tumor (r/o adenocarcinoma) treated w/ definitive radiation in 10/2021 02/2022 nasal tumor reduced ~95% (confirmed via CT) 11/2022 no growth nasal tumor (CT) AUS 02/2023 hematochezia had been present for ~1 week (this is the AUS submitted today) 05/2023 had repeat CT --> nasal tumor no growth (possibly continued reduction). Radiologist noted hepatic and splenic lymph node enlargement noted. Nodule within the left lateral liver lobe.

**Canine** \*\*This series is submitted as a "baseline" to evaluate possible progressive lymphadenopathy, as we plan to repeat AUS in ~6 weeks for comparison."

**BREED** Abnormal PE/Chem/CBC/UA Results: 2/25/23: CBC: Lymphopenia (0.69 K/uL), mild thrombocytosis (531 K/uL) CHEM: mild hyperproteinemia (7.6 g/dL). ALP (255 U/L -- persistently mild elevation)

**Chihuahua**

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

**Neutered Male** Urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

**AGE**

11 years, 2 mos

The area of the prostate is examined without evident prostatic pathology.

**WEIGHT**

9.8 lbs

Left kidney is normal in size (3.88 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Right kidney is normal in size (3.86 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**Adrenal Glands**

Left adrenal gland is normal in size (1.54 cm in length / 0.52 cm at cranial pole / 0.53 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

**IMAGING PERFORMED BY**

Graham Sager-Gellerman, DVM

Right adrenal gland is normal in size (1.55 cm in length / 0.66 cm at cranial pole / 0.40 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

**HOSPITAL NAME**

Back Bay VC

**Spleen**

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

**REFERRING VET**

Graham Sager-Gellerman, DVM

**Liver**

Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

**INVOICE**

12990

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

**DATE**

5.9.23


**PATIENT**

 Finn Cutter *Gastrointestinal*

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

**SPECIES**

Canine

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

**BREED**

Chihuahua

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

**SEX**

Neutered Male

*Pancreas*

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

**AGE**

11 years, 2 mos

*Free Abdomen*

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

**ULTRASONOGRAPHIC FINDINGS**
**WEIGHT**

9.8 lbs

**Findings**

- Mild gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili. Otherwise, this is relatively an unremarkable/normal abdomen without the lymphadenopathy and/or hepatic nodule reportedly noted in the May CT scan.

**INTERPRETED BY**

 Beth Johnson, DVM  
 DACVIM

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- This ultrasound is reportedly from February, and the lymphadenopathy and liver nodule were reportedly discovered on the May CT scan; so either they weren't present in February, or they were too small to be appreciated ultrasonographically, or less likely, simply not visible in these images. Therefore, recommendations include a repeat ultrasound now or in the near future to further evaluate the CT-reported changes.

**IMAGING PERFORMED BY**

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**PATIENT**

Finn Cutter

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

Neutered Male

**AGE**

11 years, 2 mos

**WEIGHT**

9.8 lbs

**INTERPRETED BY**

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DACVIM

**IMAGING PERFORMED BY**

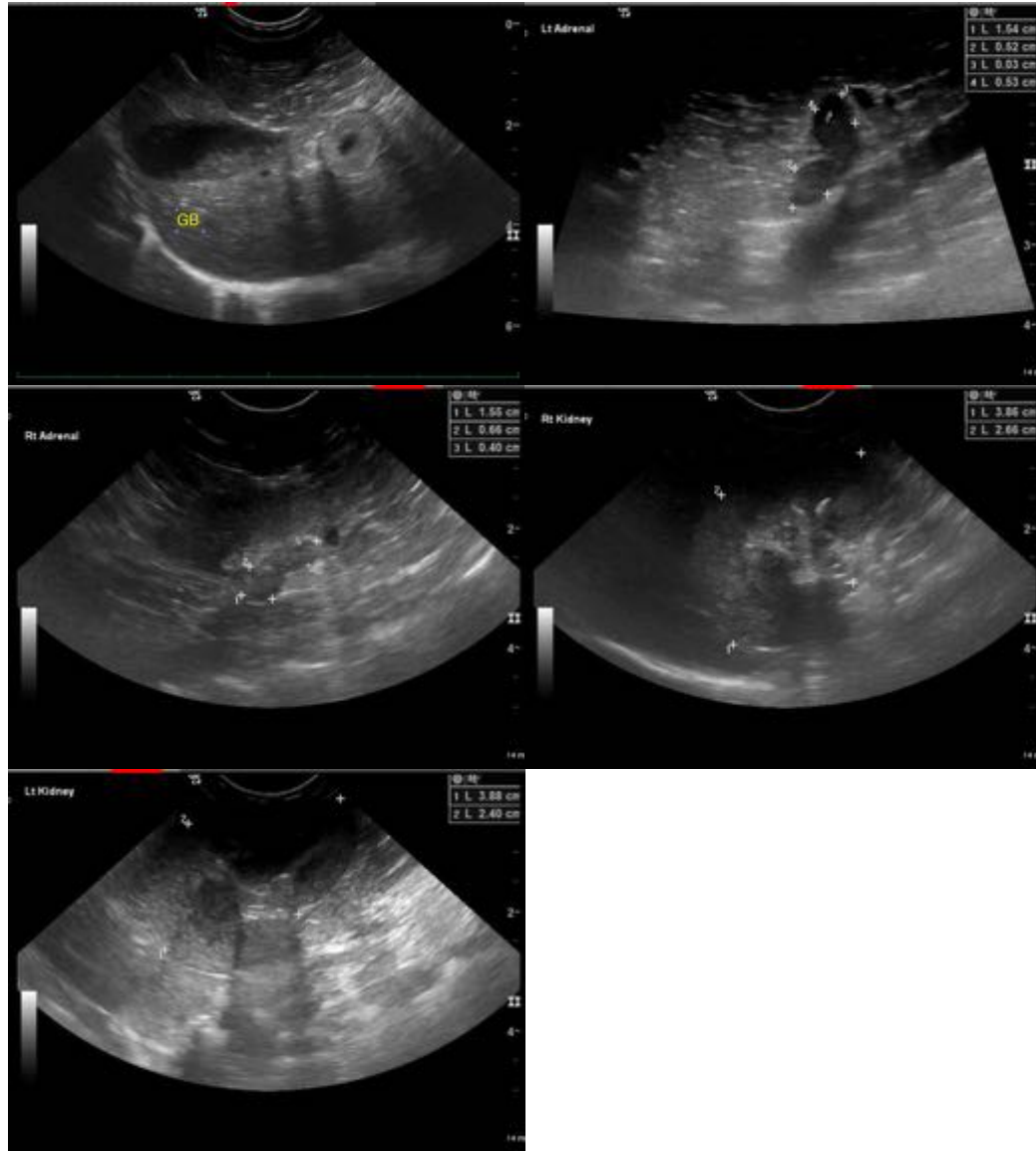
Graham Sager-Gellerman, DVM

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**REFERRING VET**

Graham Sager-Gellerman, DVM



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.

**Beth Johnson, DVM DACVIM**  
Beth.Johnson@SonoPath.com

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**DATE**

5.9.23