



**PATIENT**

Clyde Roberts

**SPECIES**

Canine

**BREED**

Beagle Mix

**SEX**

Neutered male

**AGE**

13 years

**WEIGHT**

50 lbs

**PRESENTING CLINICAL SIGNS**

History: Liquid diarrhea for the past 10 ish days in total prior to exam and lab work. P has had gas including in that 10 days.

Abnormal PE/Chem/CBC/UA Results: Tense cranial abdomen on exam, suspected hepatic enlargement Reticulocyte Hemoglobin 22.2 : 22.3 - 29.6 pg Sodium 161 : 144 - 160 mmol/L ALT 563 : 10 - 125 U/L ALP 311: 23 - 212 U/L

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**\*\*The exam was limited reportedly due to the patient's discomfort. Some organs were not able to be visualized and only partially visualized.**

**Urinary System**

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.

The prostate is unable to be visualized.

Left kidney is normal is size (6.5 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 unable to be visualized.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**Adrenal Glands**

The area of the left adrenal gland was visualized without pathology.

The right adrenal gland was unable to be visualized.

**IMAGING PERFORMED BY**

Dr. Fowler

**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). An approximately 2.0 cm, hyperechoic nodule was noted in the mid body. The nodule was non-capsular disrupting, but appears to have a slight, hypoechoic rim around the hyperechoic nodule.

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**Liver**

Liver is difficult to fully visualized, but the caudal left tip appears to be scalloped and moth eaten in appearance. This cannot be definitively differentiated from the spleen, yet it is believed to be caudal left liver.

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Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

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**Gastrointestinal**

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The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

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The visible small and large bowel are normal. The lumen is empty with no evidence of obstruction, foreign material or infiltrative disease.

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**Pancreas**

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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**

13 years

**Free Abdomen**

There is no evidence of peritoneal effusion or apparent lymphadenopathy noted in these images.

**WEIGHT**

50 lbs

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

**INTERPRETED BY**

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DACVIM

1. **Hyperechoic splenic nodule** – most consistent with benign myelolipomas. Other differentials such as fibrosis or calcification caused by old hematomas or infarcts, granulomatous disease or metastatic disease cannot be ruled out, but are considered less likely. However, given the slight target appearance with the hypoechoic rim a more severe infiltrative process even neoplastic disease or metastatic disease are also considered likely.

**IMAGING PERFORMED BY**

Dr. Fowler

2. **Nodular/moth eaten appearance** to what appears to be the caudal left liver. Differentials for which include infiltrative disease such as round cell neoplasia versus metastatic neoplasia versus benign lesions such as nodular hyperplasia, extramedullary hematopoiesis, even chronic inflammatory disease cannot be ruled out.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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1. Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.
2. Given the liver enzyme increases testing for Leptospirosis is warranted.
3. FNA of the spleen and liver as well as a more thorough, more heavily sedated examination of the liver are recommended if possible and if patient's coagulation status is appropriate.

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**REFERRING VET**

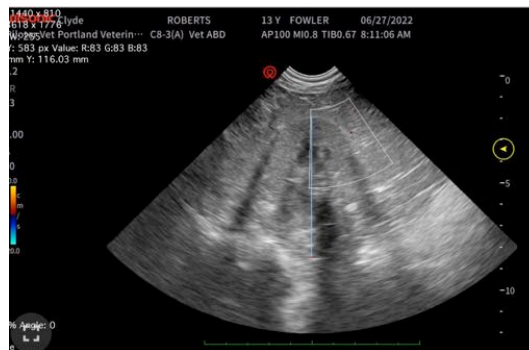
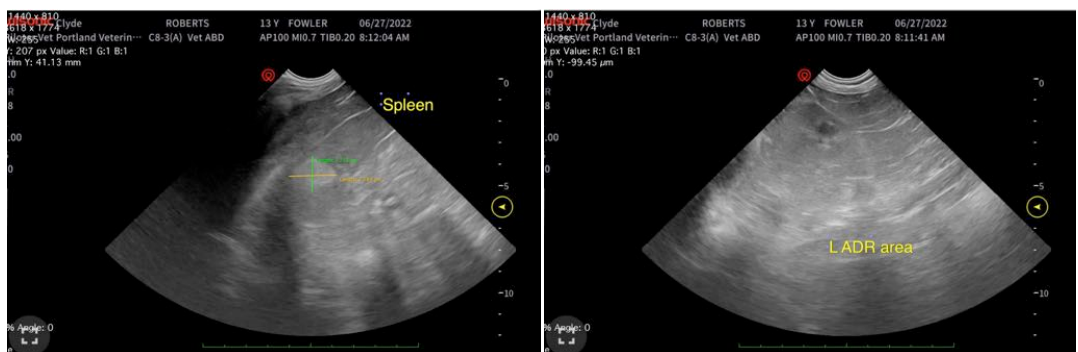
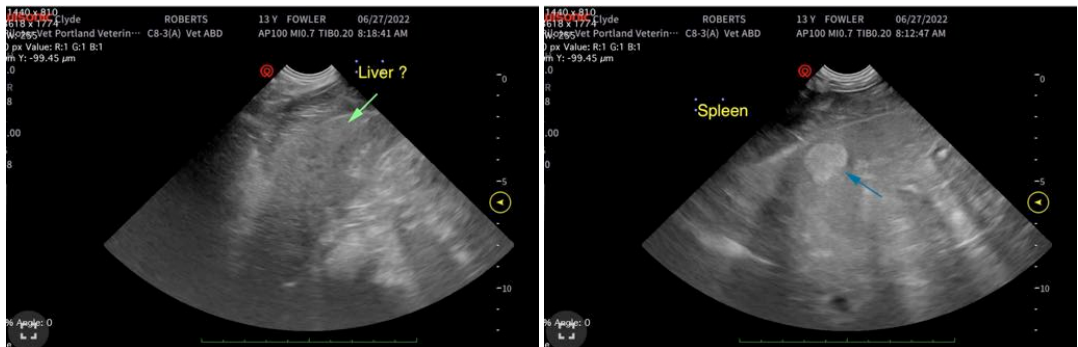
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM DACVIM

Beth.Johnson@SonoPath.com