



**PATIENT PRESENTING CLINICAL SIGNS**

Lila Gonzalez FNA liver and spleen

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Canine Urinary System**

The urinary bladder is moderately 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.

**BREED**

Boxer X

The right kidney is normal in size (6.79 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.

**SEX**

Spayed Female

The left kidney is normal in size (6.54 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.

**AGE**

6 Years

**Adrenal Glands**

The right adrenal gland is normal in size (2.88 cm long x 1.0 cm at the cranial pole and 0.49 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. A hyperechoic nodule is noted in the cranial pole pole. Nodule does not disrupt normal shape and/or architecture. Visible surrounding vasculature appears normal.

**WEIGHT**

45.7 Pounds

The left adrenal gland is normal in size (2.8 cm long x 0.59 cm at the cranial pole and 0.49 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**Spleen**

Spleen is generally normal in size and shape with a smooth capsular contour. Parenchyma is diffusely nodular in appearance characterized by small discrete hypoechoic nodules. Splenic vasculature appears normal.

**IMAGING PERFORMED BY**

Jessica Miller

**Liver**

**HOSPITAL NAME**

Summit Dog & Cat  
Hospital

The 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. A small hypoechoic nodule is noted in the caudal mid liver. Visible vasculature and biliary tree appear normal without distension or congestion.

**REFERRING VET**

Dr. Vogler

The 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.

**Gastrointestinal**

**INVOICE**

40892

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.

**DATE**

8/31/22

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions



**PATIENT**

Lila Gonzalez

per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

**SPECIES**

Canine

**Pancreas**

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

**BREED**

Boxer X

**Free Abdomen**

There is no evidence of free peritoneal effusion noted in these images.

**SEX**

Spayed Female

Mesenteric lymphadenopathy is noted.

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

6 Years

- **Splenic micronodular hyperplasia pattern** – This nodular change is often associated with benign aging nodular hyperplasia. Infiltrative neoplasia, however, including both early hemangiosarcoma as well as round cell neoplasia cannot be ruled out.

**WEIGHT**

45.7 Pounds

- **Liver nodule** – Differentials for a discrete liver nodule include primarily benign changes such as nodular hyperplasia, fibrosis of an old hematoma, granuloma, etc.; however, while considered less likely, primary hepatic neoplasia, infiltrative round cell neoplasia and metastatic disease can mimic benign lesions and cannot be definitively ruled out.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

- Mesenteric lymphadenopathy

**IMAGING PERFORMED BY**

Jessica Miller

- **Hyperechoic adrenal nodule (right cranial pole)** – Differentials include primary adrenal cortical adenoma or adenocarcinoma, pheochromocytoma, myelolipoma, adrenal hyperplasia secondary to pituitary disease or metastatic disease. Ultrasound alone cannot differentiate between functional and non-functional nodules and/or between benign and malignant disease. Small nodules without other evidence of abdominal disease (to suggest metastatic disease) and/or clinical signs (to suggest adrenal disease) are most often incidental and should be monitored.

**HOSPITAL NAME**

Summit Dog & Cat  
Hospital

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The lesions/nodules present today have not progressed and appear similar to the lesions reported on the previous ultrasound. There are no visible post fine needle aspirate complications present in these images.

**REFERRING VET**

Dr. Vogler

**INVOICE**

40892

**DATE**

8/31/22



**PATIENT**

Lila Gonzalez

**SPECIES**

Canine

**BREED**

Boxer X

**SEX**

Spayed Female

**AGE**

6 Years

**WEIGHT**

45.7 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Jessica Miller

**HOSPITAL NAME**

Summit Dog & Cat  
Hospital

**REFERRING VET**

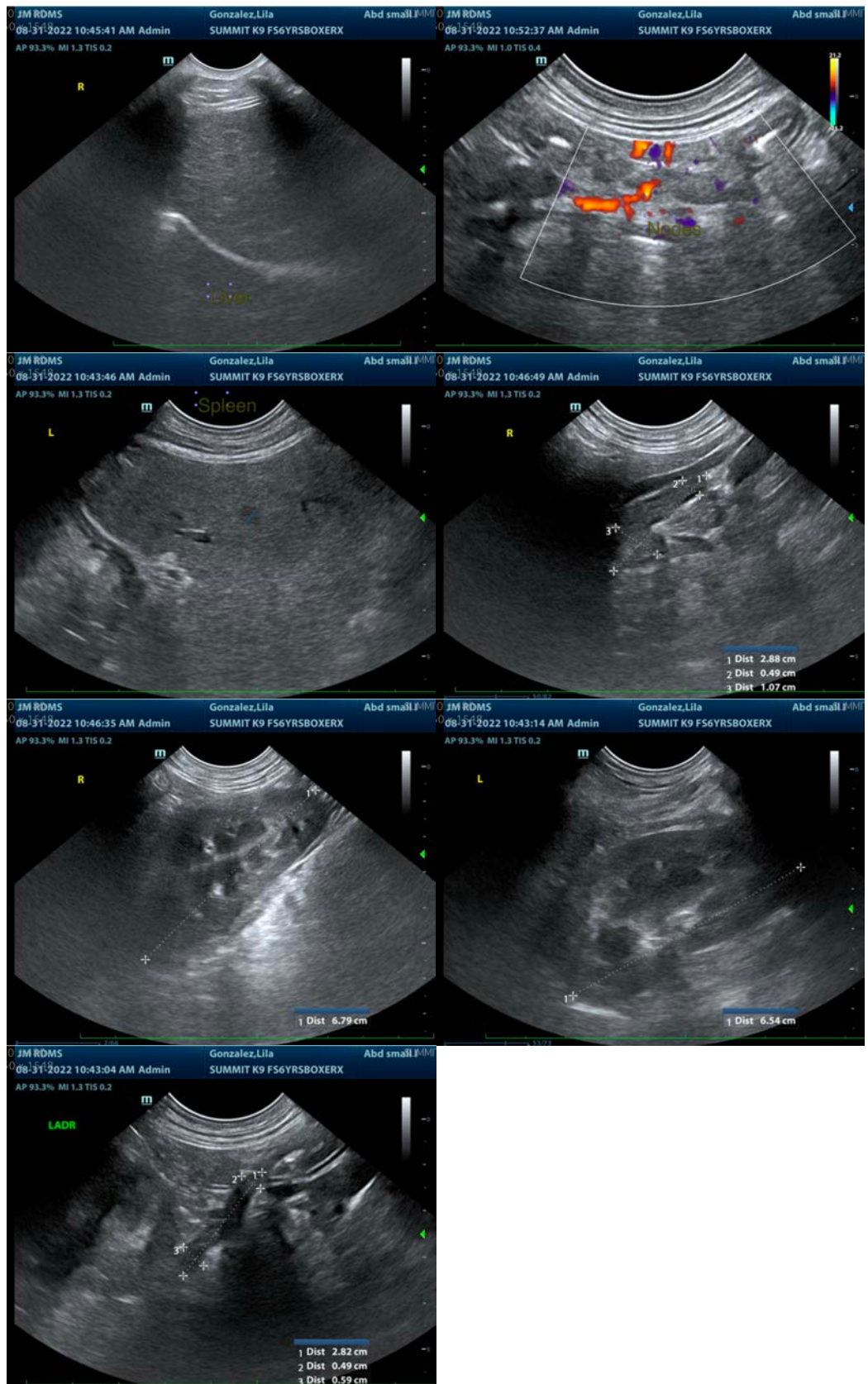
Dr. Vogler

**INVOICE**

40892

**DATE**

8/31/22





**PATIENT**

Lila Gonzalez

**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.**

**SPECIES**

Canine

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.

**BREED**

Boxer X

**Beth Johnson, DVM, DACVIM**

Beth.Johnson@sonopath.com

**SEX**

Spayed Female

**AGE**

6 Years

**WEIGHT**

45.7 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING  
PERFORMED BY**

Jessica Miller

**HOSPITAL NAME**

Summit Dog & Cat  
Hospital

**REFERRING VET**

Dr. Vogler

**INVOICE**

40892

**DATE**

8/31/22