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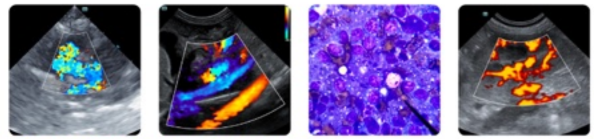


Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Guinevere Carruba

SPECIES

Canine

BREED

Bernese Mountain Dog

SEX

Spayed female

AGE

8 years

WEIGHT

75 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Alex McFeely

HOSPITAL NAME

Vetco Total Care State College

REFERRING VET

Dr. McFeely

INVOICE

70337

DATE

1/20/26

PRESENTING CLINICAL SIGNS

- Guinevere presented 3 days ago for decreased appetite, panting, and change of behavior (wanting to lie outside in cold, away from owner, asking to go out in middle of night (restless)). No vomiting or diarrhea observed. Owners say clinical signs started a few weeks prior to the appointment.
- 1/17/26 UA revealed isosthenuric urine (sp gr 1.012), pH 8, otherwise normal and fairly quiet sediment. Urine culture/susceptibility still pending with lab. Recent previous UAs have had concentrated urine. -1/17/26 stress leukogram, mildly decreased albumin and mildly increased hepatic values (were normal in late December 2025). -1/17/26 Chest rads showed mild bronchiolar pattern, no obvious masses/ mass effects in abdomen, mildly decreased detail, rest normal -1/19/26 Ran pancreatic lipase today after ultrasound; It was elevated 797U/L (normal 0-200).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a relatively uniform thickening of the cranioventral and craniodorsal mucosae with micropolypoid mucosal changes without involvement of the submucosae. The bladder wall thickness measured 1.0 cm at mild repletion. The urine presented some echogenicity consistent with suspended mucous and debris. No calculi were noted. No evidence of urethral pathology was present. This presentation is most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out without histopathological review but is not overtly suspected based on this pattern. Cystocentesis and urine culture +/- pathological review of urine cytology would be warranted. No overt calculi were present at this time.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex. The left kidney measured 6.9 cm. The right kidney revealed slight pyelectasia. The right kidney measured 7.2 cm.

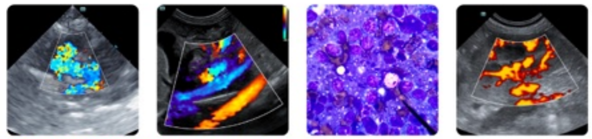
The iliac lymph nodes were reactive and measured 2.4 x 1.5 cm on the largest node.

Adrenal Glands

The **adrenal glands** were not visualized. Lower frequency probe utilization is likely necessary for further definition in this patient, yet given the ominous pathology the adrenal glands are not likely an issue.

Spleen

The **spleen** was mildly enlarged, slightly irregular and granular parenchymal changes.



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Liver

The **liver** was swollen, hypoechoic and irregular with generalized hepatomegaly with hepatic lymph node enlargement. The gallbladder and common bile duct were unremarkable. Reactive surrounding mesentery was noted. Pockets of free fluid were noted between the liver lobes. Multiple, cranial abdominal lymph nodes were enlarged.

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.

Pancreas

The **pancreas** presented no primary pathology, yet some enhancement is noted owing to regional inflammation associated with the hepatic presentation.

ULTRASONOGRAPHIC FINDINGS

IBD GI pattern.

Infiltrative hepatic pattern with lymphadenopathy.

Probable splenic involvement.

Potential early GI involvement.

Regional inflammation associated to the hepatic presentation is enhancing the pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of post hepatic obstruction. FNA of the spleen, liver and accessible lymph nodes are all indicated. Round cell neoplasia is likely. There is a potential concurrent UTI. The prognosis is poor.

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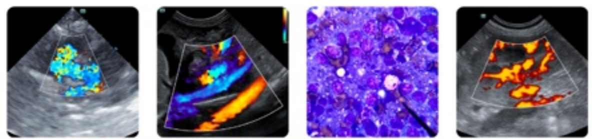

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

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