



**PATIENT**

Stella Uebel

**SPECIES**

Canine

**BREED**

Ridgeback

**SEX**

Spayed Female

**AGE**

8 Years 10 Months

**WEIGHT**

78 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Carter

**HOSPITAL NAME**

Willamette VH

**REFERRING VET**

Porter

**INVOICE**

14003

**DATE**

10/22/21

**PRESENTING CLINICAL SIGNS**

History: Presented for annual exam and labs on 10-19. Related dog just euthanized due to hepatic carcinoma

Abnormal PE/Chem/CBC/UA Results: ALK phos 1371 IU/L Globulins 3.7g/dL PSL 166 U/L

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight mineralization was noted. The left kidney measured 7.04 cm. The right kidney measured 7.49 cm.

**Adrenal Glands**

The **right adrenal gland** was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 0.4 cm.

The region of the **left adrenal gland** revealed no evident pathology.

**Spleen**

The **spleen** was slightly enlarged with minor heterogeneous, non-disruptive.

**Liver**

The **liver** revealed coarse architecture and a mixed hypoechoic nodule (slightly ill-defined measuring approximately 3.0 cm) in the left cranial liver. The liver nodule did not disrupt architecture significantly, likely benign, however, given the breeding line history, there is a concern for emerging neoplasia. Slight free fluid noted between the liver lobes and the gallbladder. Minor gallbladder polyps noted. Slight hepatic vein dilation noted- this would be normal if the patient was sedated at the time of the sonogram, however, if not sedated, consideration for right heart disease would be warranted.

**Gastrointestinal**

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

**Pancreas**



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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

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**ULTRASONOGRAPHIC FINDINGS**

- Subtle hepatic nodule
- Subtle splenic nodules
- Trace fluid noted adjacent to the gallbladder
- Age-related renal change with mineralization

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Ideally, FNA of both spleen and liver would be performed. However, changes are relatively minor. Trace fluid noted adjacent to the gallbladder was only present in one view- should be monitored. If the patient is not sampled, the changes should be monitored in one week for any progressive disease.

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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.

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
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