



PATIENT

Gordie Scott

SPECIES

Canine

BREED

Geman Shepherd

SEX

Neutered Male

AGE

11 Years

WEIGHT

41 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Chris Belan VS

REFERRING VET

Dr. Dekens

INVOICE

14090

DATE

10/29/21

PRESENTING CLINICAL SIGNS

History: Weight loss anorexic with significant loss of muscle mass. Patient is aggressive so sedated with butorphanol for scan.

Abnormal PE/Chem/CBC/UA Results: UA, blood work and chest x rays taken at time of scan when patient was sedate.

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 **prostate** was mildly enlarged, uniform, measuring 2.25 cm.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. A subjectively benign hyperechoic medullary rim sign was noted. The right kidney measured 7.5 cm. The left kidney measured 8.4 cm.

Adrenal Glands

Both **adrenal glands** were 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 0.5 cm. The left adrenal gland measured 0.73 cm at the caudal pole and 0.54 cm at the cranial pole.

Spleen

The **spleen** was slightly heterogeneous yet uniform. This is an essentially normal change for this breed and age.

Liver

The **liver** was largely unremarkable with the exception of a 2.5 cm x 2.26 cm nodule in the mid left liver- ultrasound guided FNA recommended. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

Some retention of ingesta was noted in the **stomach**. The small intestine and colon were unremarkable.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some minor parenchymal remodeling, however, with mild deviation from curvilinear normalcy was



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observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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Free Abdomen

The mesenteric **lymph node** presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia. The mesenteric lymph node measured 0.93 cm x 0.29 cm.

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ULTRASONOGRAPHIC FINDINGS

SEX

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- Hepatic nodule
- Age-related abdominal changes
- Prominent prostate
- Medullary rim kidney
- Mesenteric lymph nodes, reactive

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Differentials on the liver nodule include hepatocellular carcinoma versus hyperplasia. FNA of the liver nodule and prostate would be recommended especially if any lower urinary tract signs/straining to urinate are present. The cause of weight loss is not overtly clear in this patient. The hepatic nodule may be playing a role in a systemic process. Other causes of weight loss should be investigated. Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.

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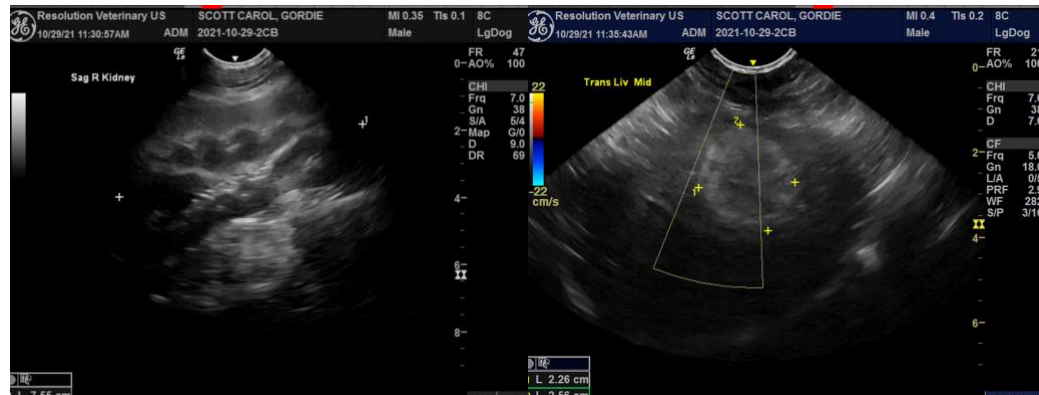
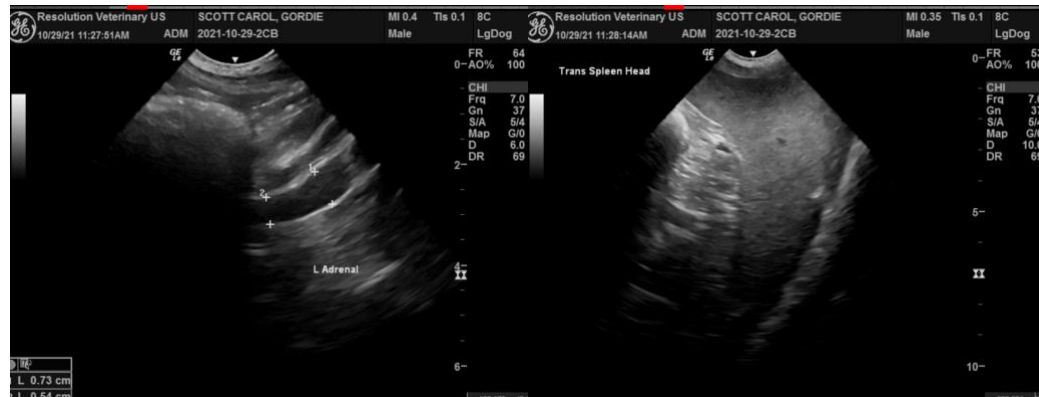
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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