



**PATIENT**

Sazbrat Dangle

**SPECIES**

Canine

**BREED**

Australian Shepherd

**SEX**

Spayed Female

**AGE**

15 Years

**WEIGHT**

20 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Erin Wicks

**HOSPITAL NAME**

Shores VEC

**REFERRING VET**

Dr. Zippy

**INVOICE**

26768

**DATE**

10/29/21

**PRESENTING CLINICAL SIGNS**

Presented at our hospital for ultrasound. NE this am, V off and on, dh last few days. Previous Health Concerns: none Current Medications: none Appetite/When did they eat last: ne this am  
Abnormal PE/Chem/CBC/UA Results: Regular vet cbc, chem, ua normal fast scan: possible mass in cranial abdomen

**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 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. The left kidney measured 6.0 cm. The right kidney measured 6.7 cm.

**Adrenal Glands**

The **left 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 left adrenal gland measured 2.15 cm x 0.38 cm at the cranial pole and 0.43 cm at the caudal pole.

The region of the **right adrenal gland** was unremarkable.

**Spleen**

The **spleen** was folded upon itself cranially and caudally, yet uniform parenchyma. Trace free fluid noted adjacent to the spleen.

**Liver**

The **liver** revealed a cystic and parenchymal mass in the left cranial liver. The remainder of the liver presented increased portal markings. The right medial liver revealed a 2<sup>nd</sup> mass adjacent to the gallbladder. An enlarged, hypoechoic, irregular lymph node noted in the portal hilus, measuring 2.0 cm. Regional inflammation noted.

**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**

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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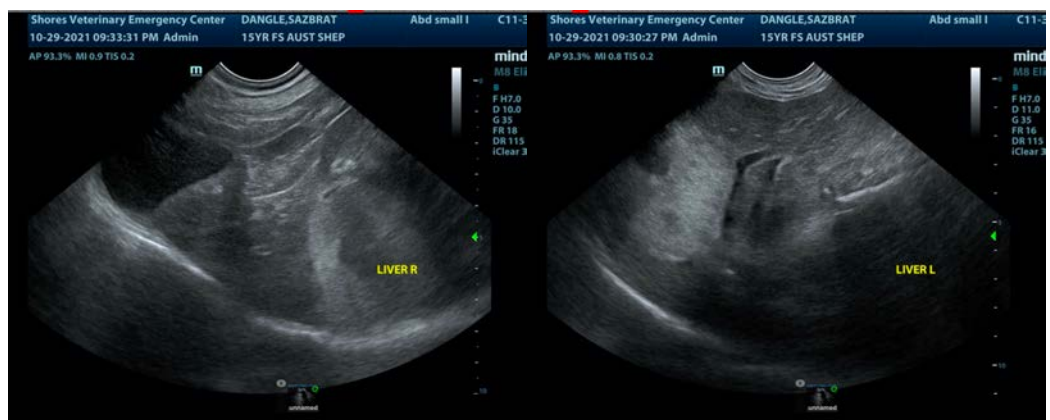
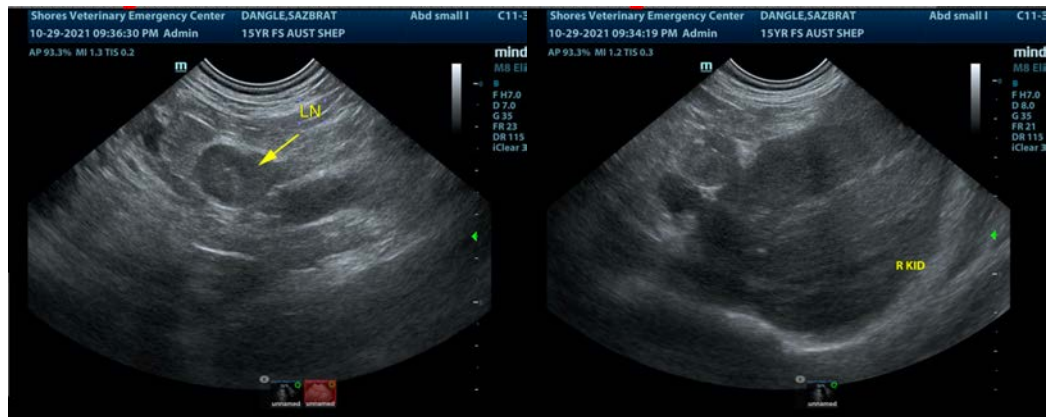
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**ULTRASONOGRAPHIC FINDINGS**

- Liver masses and hepatic remodeling - Possibly benign or low-grade hepatocellular carcinoma given the age of the patient, may not be clinically significant.
- Hepatic lymphadenopathy
- Folded spleen
- Heterogeneous remodeling of the pancreas

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the age of the patient, recommend supportive care for GI upset. Ultrasound guided FNA of the lymph node and liver masses could be considered for further definition. If the spleen is painful upon palpation, then removal could be justified, as this patient may be predisposed to splenic torsion.





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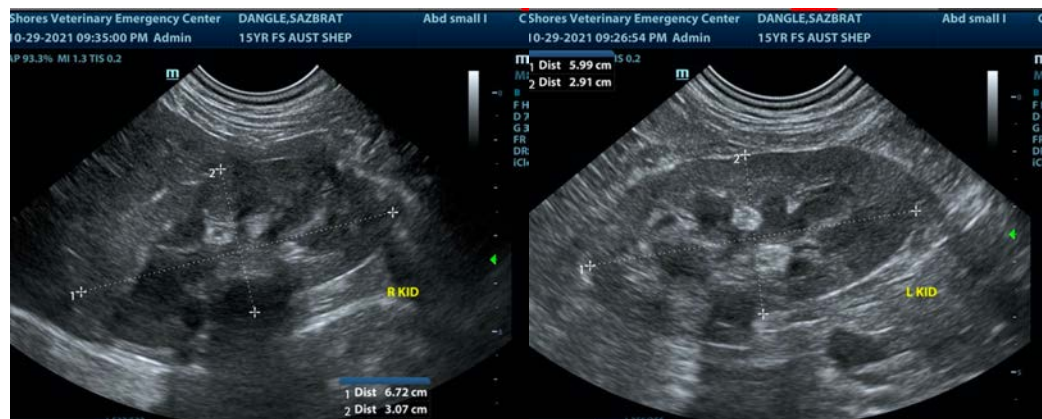
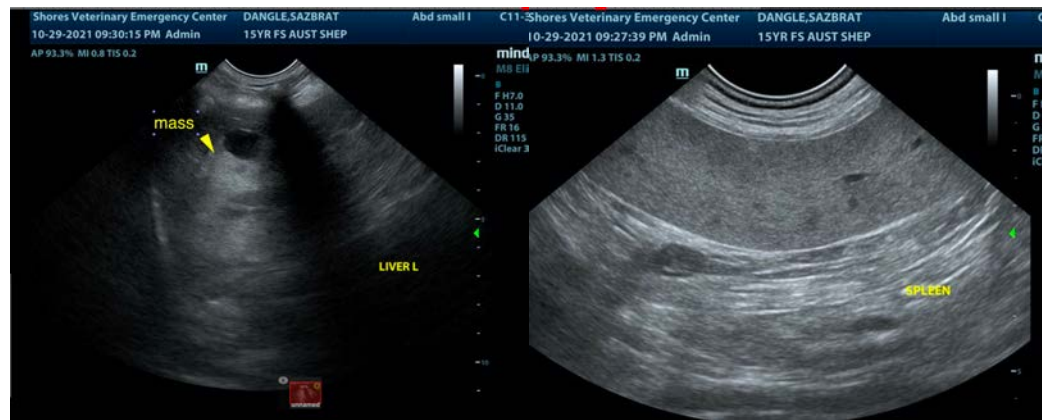
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
[info@SonoPath.com](mailto:info@SonoPath.com)