



**PATIENT**

Leo Oguma

**SPECIES**

Canine

**BREED**

Australian Shepherd

**SEX**

Neutered male

**AGE**

11 years

**WEIGHT**

33 lbs

**PRESENTING CLINICAL SIGNS**

History: Was treated at the emergency on 10/2 for diarrhea, vomiting, inappetence. Hospitalized on 10/4 and was significantly improved on 10/5. Abdominal ultrasound requested as this is a recurrent issue for him. Previously had HGE in May and clinical signs had resolved completely.  
Abnormal PE/Chem/CBC/UA Results: 10/2 - unremarkable CBC/Chem, abdominal radiographs consistent with gastroenteritis, patient was treated supportively. 10/4 - CBC - lymphopenia, resting cortisol 5.3 Clinically patient is currently eating and significantly improved in attitude. Slightly soft stool this morning.

**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 was noted. Ureteral papillae were normal.

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. The right kidney measured 5.1 cm. The left kidney measured 5.0 cm.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Stegemoller

**HOSPITAL NAME**

North Idaho AH

**REFERRING VET**

Dr. Stegemoller

**INVOICE**

92217

**DATE**

10/6/21

**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 left adrenal gland measured 1.6 x 0.38 cm at the cranial pole and 0.33 cm at the caudal pole. The right adrenal gland measured 2.9 x 0.64 cm at the cranial pole and 0.52 cm at the caudal pole.

**Spleen**

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

**Liver**

Exam of the cranial abdomen demonstrated excessive **liver** size and swollen contour. A 1.5 cm, hyperechoic, left cranial liver nodule was noted. This is likely lipogranuloma. Mild, coarse architecture was noted with increased portal markings and minor parenchymal remodeling is suggestive of an inflammatory component. Minor excessive GB debris was noted with the presence gall bladder dilation and precipitate without the overt formation of mucocele but this may be an issue in the future. This type of liver presentation typically is associated with slow and gradual SAP elevations with low-grade ALT rise. USG-FNA sampling is encouraged if more aggressive LE profiles are present such as ALT > 200 or rapid rise in SAP. These presentations are usually reactive hepatopathies owing to other disease



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processes either endocrine (Diabetes, Hypothyroidism, Cushing's disease), "antigen surveillance" from the gut/pancreas, or idiopathic breed predisposed progressions.

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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. The mesenteric lymph node was reactive and measured 3.0 x 0.5 cm.

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**Pancreas**

Neutered male

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.

**AGE**

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**ULTRASONOGRAPHIC FINDINGS**

Minor mesenteric lymphadenopathy with subjectively benign liver nodule.

**WEIGHT**

33 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

FNA can be considered for further definition. Supportive care for gastrointestinal upset should prove effective. Dietary indiscretion, food intolerance/indiscretion, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials. There was no evidence of significant disease. Lipogranuloma of the liver is likely. Low-grade carcinoma is possible. This appears resectable in its position.

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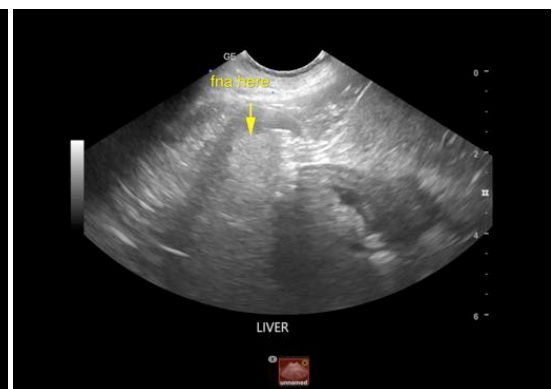
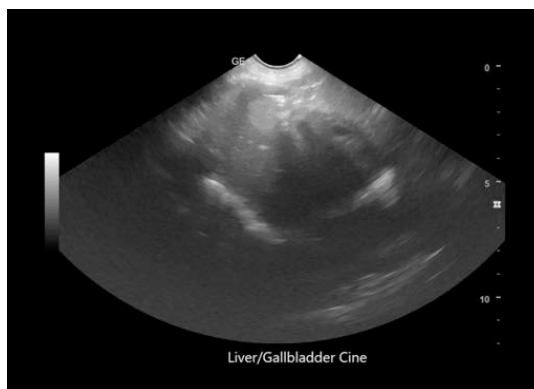
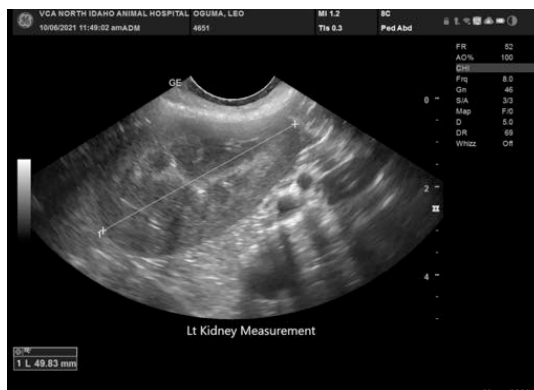
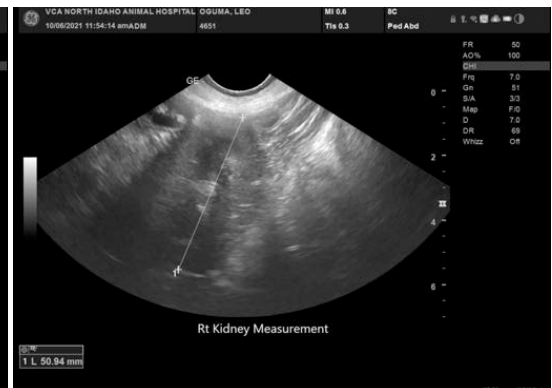
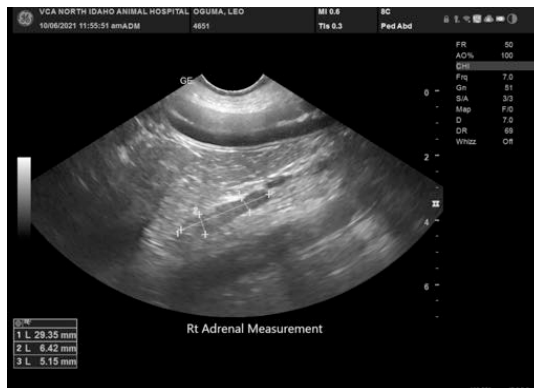
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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