

**PATIENT**

Isabelle Egerton

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

Spayed female

**AGE**

17 years

**WEIGHT**

4 lbs

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**IMAGING  
PERFORMED BY**

Amy Mayhew LVT

**HOSPITAL NAME**

SVS Imaging Michigan

**REFERRING VET**

Union Lake VH

**INVOICE**

42717

**DATE**

11/21/22

**PRESENTING CLINICAL SIGNS**

History: Chronic diarrhea, hyporexia. New patient to us, heart murmur found  
 Abnormal PE/Chem/CBC/UA Results: Abd palpation: thickened small intestines, dorsal mass effect-  
 suspect mesenteric in origin Labs in Oct 2022- Albumin 2.1

**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** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The right kidney measured 3.18 cm. The left kidney revealed pyelectasia that measured 0.33 cm. The left kidney measured 2.8 cm.

**Adrenal Glands**

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The left adrenal gland measured 0.39 cm at the cranial pole and 0.37 cm at the caudal pole. The right adrenal gland measured 0.42 cm at the cranial pole and 0.29 cm at the caudal pole.

**Spleen**

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

**Liver**

The **liver** was enlarged and mildly irregular with increased portal markings. The gallbladder was small and unremarkable. There was a minor amount of biliary striation.

**Gastrointestinal**

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Variable areas of small intestine were corrugated with reactive surrounding mesentery and hyperperistalsis. The peristalsis would diminish the potential for neoplasia; however, areas of loss of mural detail were noted, that would suggest neoplasia.

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**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.

**Free Abdomen**

The caudal abdomen revealed mixed hypoechoic, distorted and rounded lymph node grouping that measured 4.0 x 2.4 cm and a separate, enlarged, irregular, hypoechoic lymph node that measured 3.08 x 1.67 cm. Free fluid is noted in the abdomen and likely owing to lymphatic obstruction given the multi-focal lymphadenopathy.

**ULTRASONOGRAPHIC FINDINGS**

Aggressive, multi-focal, lymphadenopathy with gastrointestinal thickening and hyperperistalsis.

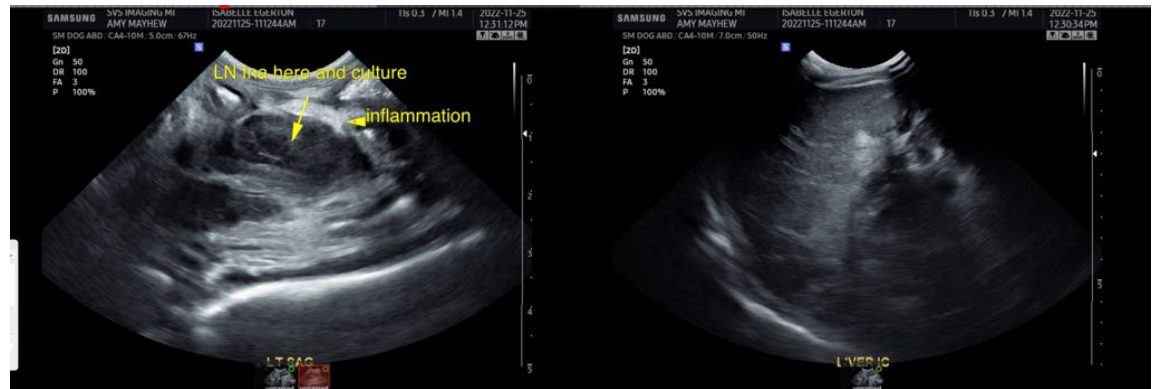
Chronic inflammatory bowel with lymphadenitis.

Mildly irregular liver, moderate degenerative renal changes.

Free fluid, likely owing to lymphatic obstruction.

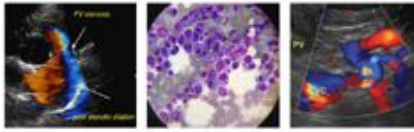
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is a potential of precancerous or early neoplastic event in the small intestine. The lymph nodes met neoplastic criteria. However, severe chronic lymphadenitis is possible. FNA of the accessible lymph nodes, cytology and culture is indicated. Abdominocentesis and cytospin is recommended to assess for neoplastic cells. The prognosis is guarded. If fungal disease is an issue in your region then chronic lymphadenitis owing to fungal infection is a mild potential.



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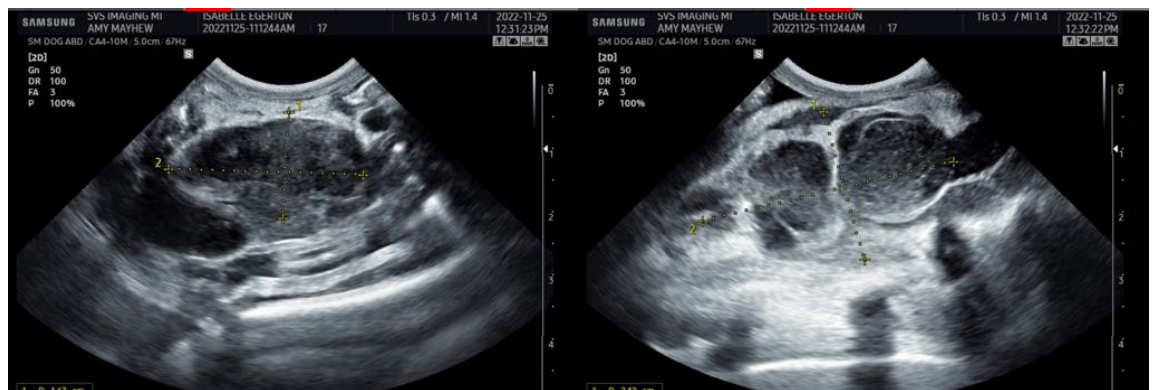
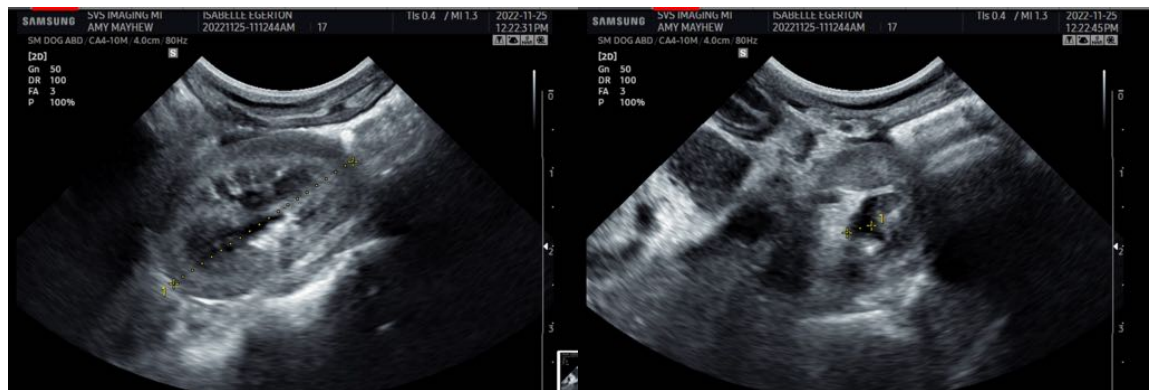
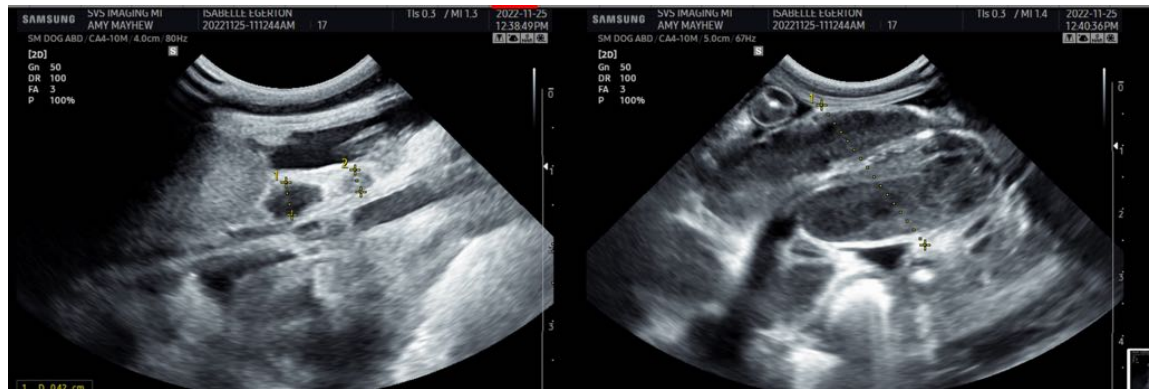
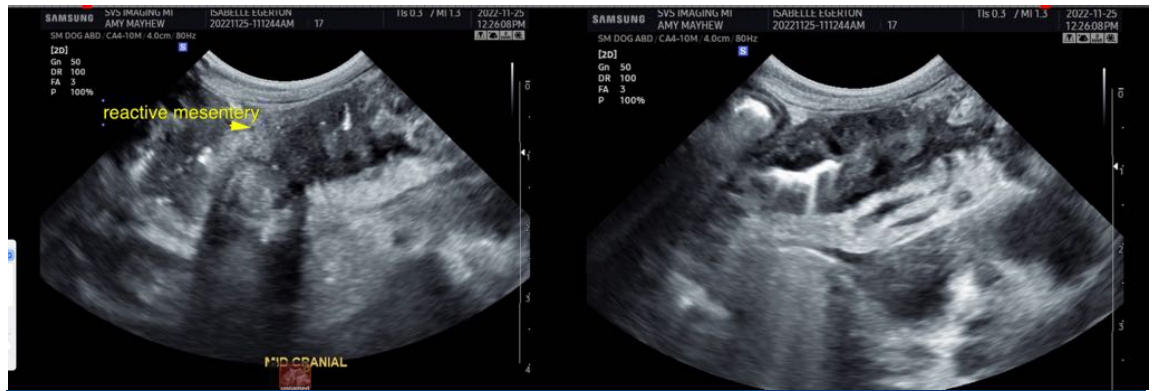
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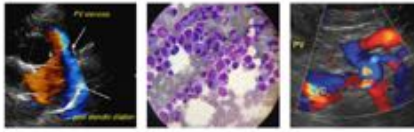
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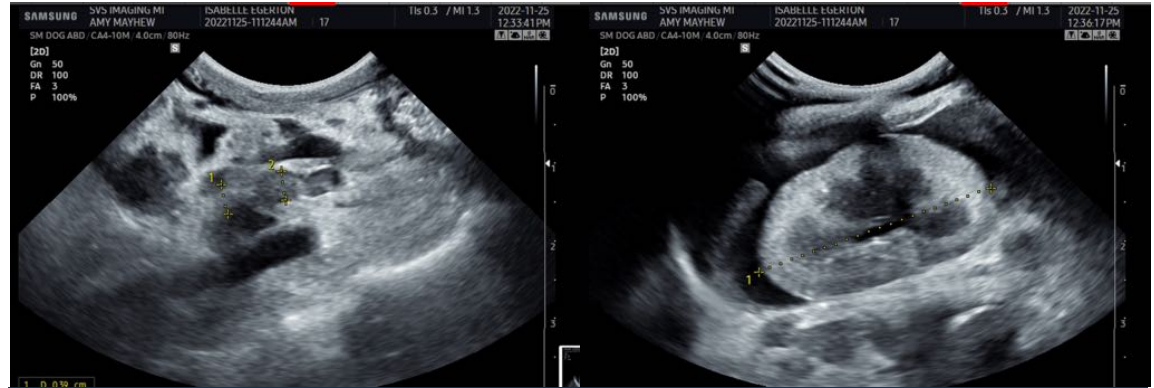
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com**  
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