



PATIENT

Oakley Walker

SPECIES

Canine

BREED

Bernese Mountain Dog

SEX

Neutered male

AGE

8 years

WEIGHT

37.8 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Biederbeck

HOSPITAL NAME

Lomsnes VH

REFERRING VET

Dr. Biederbeck

INVOICE

68318

DATE

11/4/25

PRESENTING CLINICAL SIGNS

Inappetence, weight loss of 20kg in 7 months. Prev vomiting and bloody diarrhea, was eating lots of things off of counter at that time Fainting episode - sitting and fell over then was normal afterwards. Underweight, lethargic on exam. creat 177, BUN 13.38, USG 1.020 Liver values normal incl tbili CPL elevated

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a moderate amount of sand accumulation that measured 2-3 cm. The bladder wall was mildly thickened. Minor micropolypoid changes were noted. There was no evidence of obstructive disease.

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. Slight mineralization was noted in the kidneys. The left kidney measured 7.0 cm with a nodule at the dorsal cortex measuring 1.0 cm with capsular expansion. The right kidney revealed irregular contour and calculi with nodular changes.

Adrenal Glands

Both **adrenal glands** were heterogenous and mildly irregular. The left adrenal gland measured 0.98 cm at the cranial pole and 0.9 cm at the caudal pole. The right adrenal gland measured 1.3 cm at the cranial pole and 0.72 cm at the caudal pole.

Spleen

The **spleen** revealed scalloping, hypoechoic nodular change at the splenic hilus with irregular contour.

Liver

The **liver** revealed slight, heterogenous parenchymal changes. Mild heterogenous nodular changes were noted. The gallbladder was over distended with excessive debris. This is consistent with emerging mucocele, yet not likely a clinical issue at this time. No pathological hepatic lymphadenopathy was evident.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed variable areas of muscularis hypertrophy.



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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

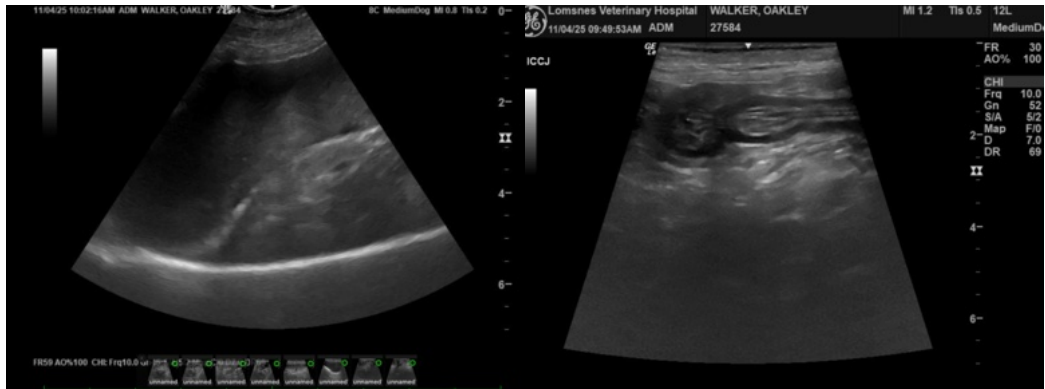
Some areas of the cranial abdomen revealed poor resolution owing to lack of acoustic penetration.

ULTRASONOGRAPHIC FINDINGS

- Splenic nodule
- Renal nodule
- Nodular heterogenous hepatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's history there is concern for potential metastatic neoplasia. Ultrasound-guided FNA of the spleen, liver and renal nodules are indicated in this patient. There is a strong concern for round cell neoplasia. There were no overt masses noted. However, underlying neoplastic process is a strong potential. The cause of azotemia is unclear. Acute insult is suspected. Leptospirosis titers should be considered if no neoplasia is found on cytology. Chest radiographs are warranted to assess for concurrent pathology.





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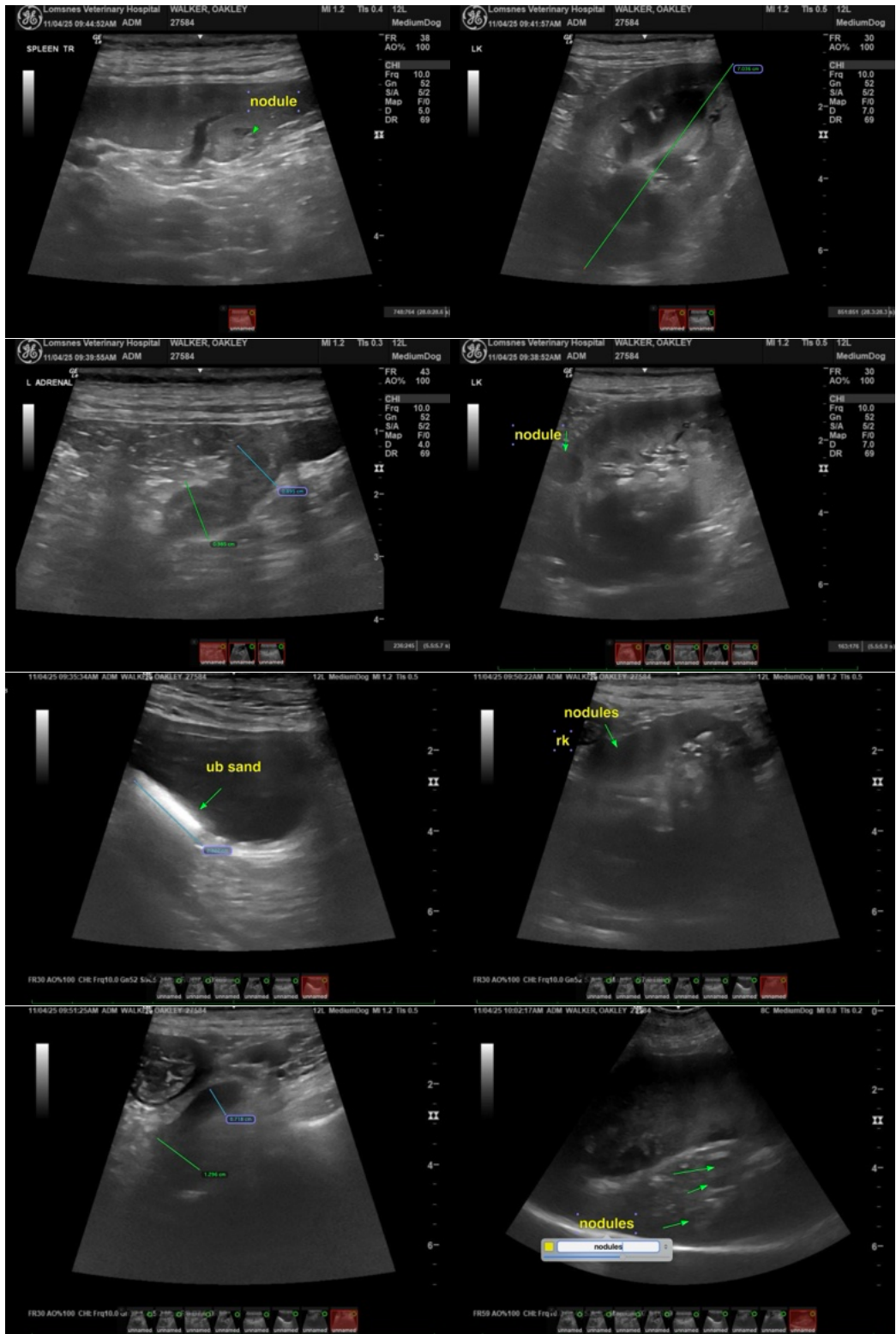
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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