



**PATIENT**

Pica Johnson

**SPECIES**

Canine

**BREED**

Shilo Shepherd

**SEX**

Spayed Female

**AGE**

10 Years

**WEIGHT**

96.5 Lbs.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Wavelength VS

**HOSPITAL NAME**

Brookwood AC, LLC

**REFERRING VET**

Ruth Loomis

**INVOICE**

13017

**DATE**

12/12/21

**PRESENTING CLINICAL SIGNS**

History: Decreased energy Hx of mild renal value elevations after vetprofen On B12 inj, adequacy and galliprant

Abnormal PE/Chem/CBC/UA Results: Persistently elevated ALT (593), ALP (257), GGT 16, cholesterol 292

**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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 7.3 cm. The left kidney measured 7.3 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 left adrenal gland measured 3.4 cm x 0.68 cm at the caudal pole and 0.84 cm at the cranial pole. The right adrenal gland measured 1.0 cm at the cranial pole and 0.8 cm at the caudal pole.

**Spleen**

The **spleen** was mildly enlarged with subtle micronodular changes consistent with hyperplasia, potential for emerging round cell neoplasia especially given the lymph node enlargement.

**Liver**

The **liver** was normal in size with coarse architecture, increased portal markings and multifocal hypoechoic nodular changes. Gallbladder polyps were present.

**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.

**Free Abdomen**



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The mesenteric **lymph nodes** (the largest node measured 1.5 cm x 0.85 cm) 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.

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Canine

**ULTRASONOGRAPHIC FINDINGS**

- Micronodular splenic and hepatic changes with mesenteric lymphadenopathy

**BREED**

Shilo Shepherd

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Concern for emerging round cell neoplasia of the mesenteric lymph nodes +/- spleen +/- liver versus lymphadenitis, reactive spleen and chronic inflammatory hepatopathy. Ultrasound guided FNA of all three lesions recommended.

**SEX**

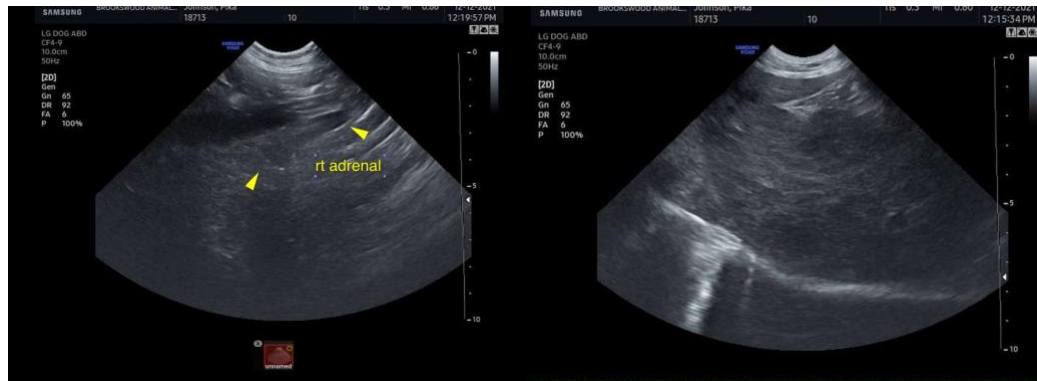
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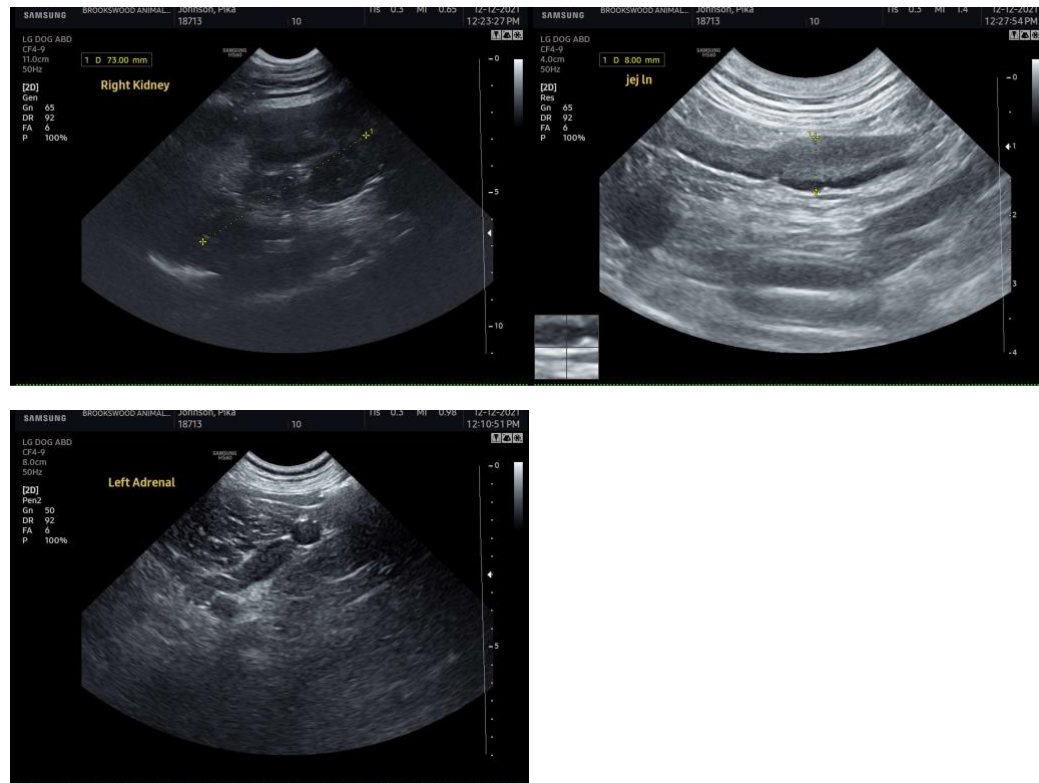
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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