



**PATIENT**

Ruby Tamburrini

**SPECIES**

Canine

**BREED**

Bernese Mountain Dog

**SEX**

Spayed female

**AGE**

9 years

**WEIGHT**

36 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUS

**IMAGING PERFORMED BY**

Dr. Biederbeck

**HOSPITAL NAME**

Lomsnes VH

**REFERRING VET**

Dr. Biederbeck

**INVOICE**

42580

**DATE**

2/6/23

**PRESENTING CLINICAL SIGNS**

History: Staff member dog. Slower to eat in the morning. Abdominal discomfort . Weight is stable. Had been on phenobarbital for many years, stopped ~1 yr ago. Not on any meds currently Very stressed in clinic

CBC- nsf Chem- ALT 127 (10-125), ALKP 1122 (23-212) ALKP was 464 Sept 2022

**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 6.2 cm. The left kidney measured 6.7 cm.

**Adrenal Glands**

The right adrenal gland revealed a hyperechoic nodule that measured 1.0 cm at the cranial pole. The right adrenal gland measured 1.4 cm at the cranial pole and 0.6 cm at the caudal pole. The left adrenal gland measured 0.6 cm at the cranial pole and 0.6 cm at the caudal pole.

**Spleen**

The **spleen** revealed a focal, hypoechoic 1.9 cm nodule with minor, heterogenous splenic changes elsewhere.

**Liver**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

**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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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**Pancreas**

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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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Bernese Mountain Dog

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Splenic nodule. Strong concern for round cell neoplasia or hemangiosarcoma. Splenic abscess is also possible as cause of the splenic nodule.

Spayed female

Right adrenal nodule, consistent with adenoma.

**AGE**

9 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

36 kg

Direct splenectomy or FNA is indicated. Otherwise, unremarkable abdomen. Chest radiographs and rapid echocardiogram are recommended to assess for metastatic disease followed by splenectomy should be considered. If hypertension is an issue then right adrenalectomy can be considered. However, right adrenal is likely adenoma with a minor potential for carcinoma or pheochromocytoma.

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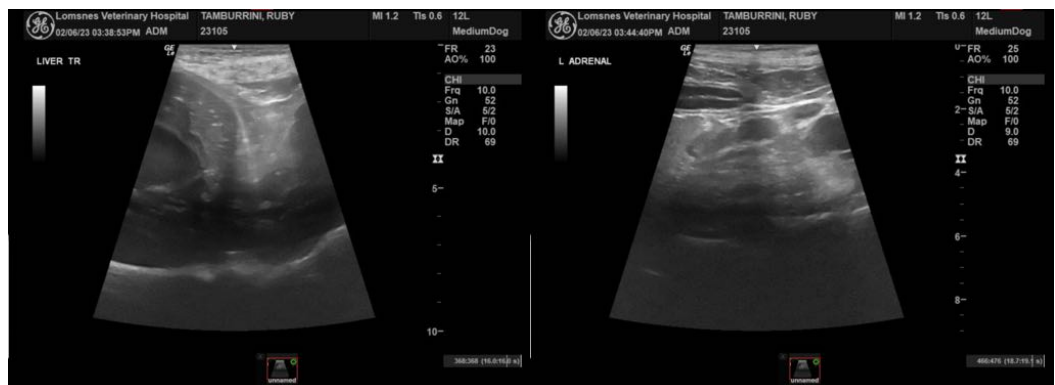
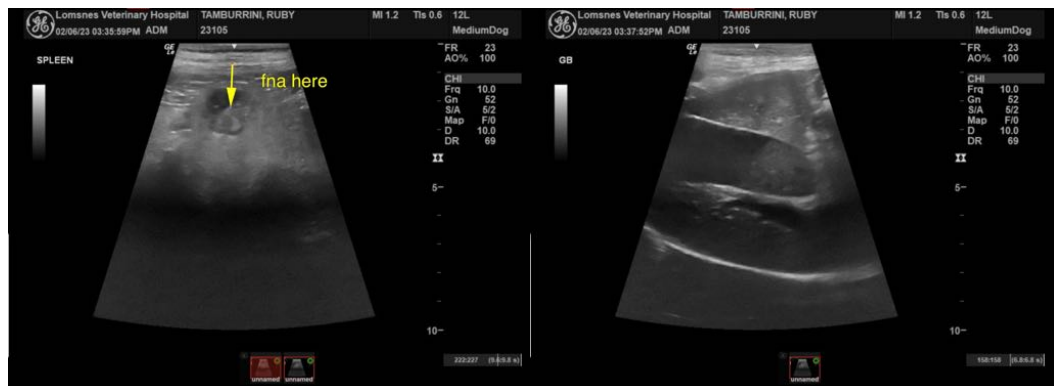
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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