



**PATIENT**

Blue Olson

**SPECIES**

Canine

**BREED**

Beagle Mix

**SEX**

Female

**AGE**

11 Years

**WEIGHT**

62.6 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Sammy Burmeister

**HOSPITAL NAME**

Faith Animal Clinic

**REFERRING VET**

Dr. Faith

**INVOICE**

14435

**DATE**

3/21/22

**PRESENTING CLINICAL SIGNS**

History: Patient is currently on phenobarbital for seizures, carprofen for arthritic pain, and levothyroxine. She has a history of growing SC masses on her ventral abdomen and chest. A recent FNA showed multiple cells, densely packed with increased reactive granular cytoplasm. Highly suggestive of neoplasia or possible MCT. Recent bloodwork also showed a significantly elevated alk phos and elevated ALT and a well below normal T4. Owner claims not pu/pd

Abnormal PE/Chem/CBC/UA Results: Attached are the bloodwork results done on 3/11/22 and rads taken at the same time of ultrasound. Blood work ALT 144, ALP 3306, Urine Spec Grav 1.021, quiet sediment. Hepatomegaly on radiographs, splenic superimposition upon the liver

**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. Iliac trifurcation was unremarkable.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Both kidneys measured 6.0 cm each.

**Adrenal Glands**

The region of the **left adrenal gland** revealed a hypoechoic ovoid structure, possibly adrenal or lymph node in origin. Further imaging recommended.

The region of the **right adrenal gland** was unremarkable.

**Spleen**

Nodular hyperplasia **splenic** pattern noted.

**Liver**

The **liver** revealed uniform swelling and multifocal hypoechoic nodular changes. The nodular changes were mildly disruptive. The gallbladder and common bile duct were unremarkable.

**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**



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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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**ULTRASONOGRAPHIC FINDINGS**

- Enlarged irregular left adrenal gland versus lymph node. Further imaging of this region indicated.
- Uniform hepatic swelling with multifocal hypoechoic nodular changes
- Nodular hyperplasia splenic pattern
- Age-related renal changes

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

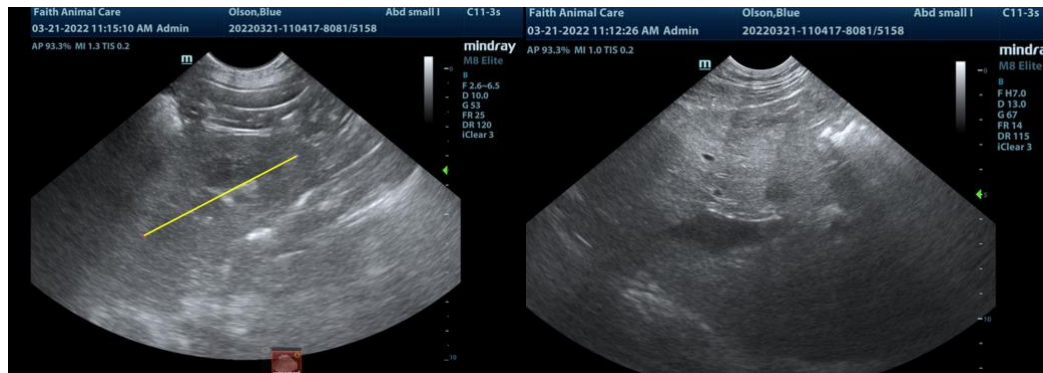
**SEX**

FNA of the liver warranted to ensure nodular hyperplasia is the issue versus round cell neoplasia.

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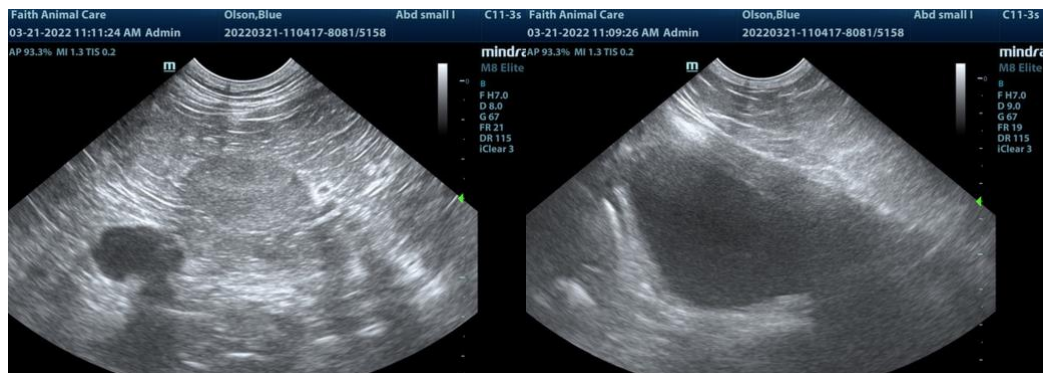


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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com

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