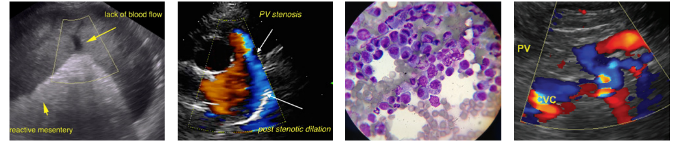
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Belle Gummeson

SPECIES

Canine

BREED

Beagle

SEX

Spayed Female

AGE

15 Years

WEIGHT

11.7 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Colborne

HOSPITAL NAME

Aberdeen Vet Hospital

REFERRING VET

Dr. Colborne

INVOICE

36836

DATE

4/12/22

PRESENTING CLINICAL SIGNS

Got into some raisin bran so O pursued blood work to look for evidence of AKI. Had no abnormal c/s other than chronic head tilt from previous vestibular episode. Had abnormalities on blood work so O wanted to pursue further imaging.
Abnormal PE/Chem/CBC/UA Results: Severely elevated ALT and ALP as well as mild elevation in BUN with normal CRE. No other abnormalities. UA and CBC were not taken.

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 **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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. The kidneys measured 5.0 cm each.

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 0.40 cm. The right adrenal gland measured 0.50 cm.

Spleen

The **spleen** revealed a mixed hypoechoic, microcavitated nodule/mass at the caudal pole with heterogeneous changes elsewhere. Minor enhanced surrounding mesentery and capsular expansion noted.

Liver

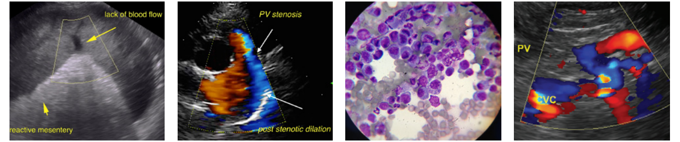
The **liver** was enlarged and presented multifocal heterogeneous nodular changes. A hyperechoic 1.6 cm nodule was noted in the left cranial liver. The gallbladder presented sand accumulation and minor striating bile. Sand and small calculi were present in the cystic duct and the body of the gallbladder, non-obstructive at the time of the sonogram.

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. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain



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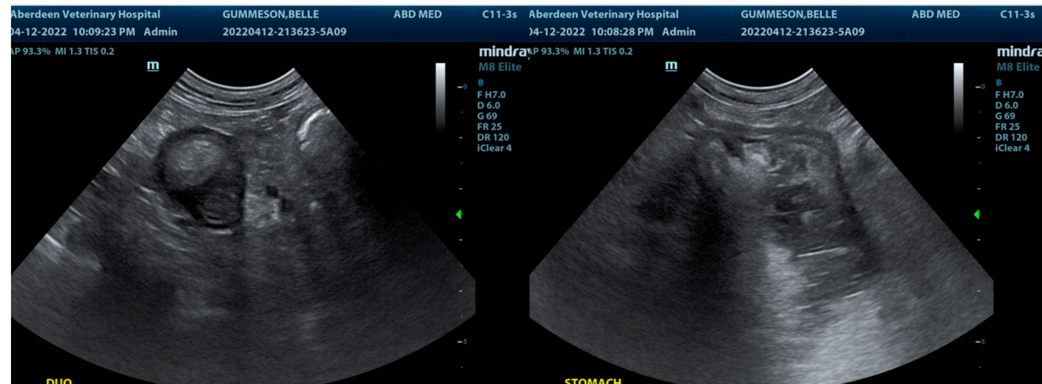
upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

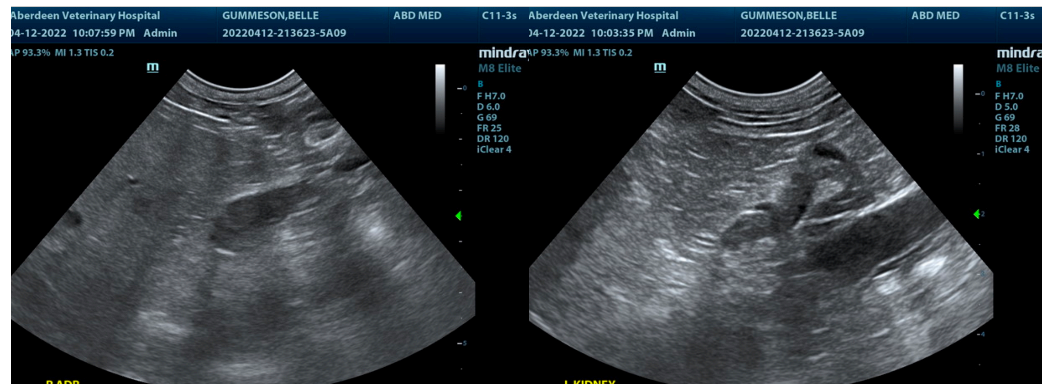
ULTRASONOGRAPHIC FINDINGS

- Splenic nodule/mass – hemangiosarcoma versus granuloma, round cell neoplasia, or less likely abscessation.
- Vacuolar hepatopathy/nodular hyperplasia liver pattern – minor potential for metastatic disease.
- Gallbladder sand
- Age related abdominal changes otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the splenic and hepatic lesions recommended, or splenectomy and liver biopsy.





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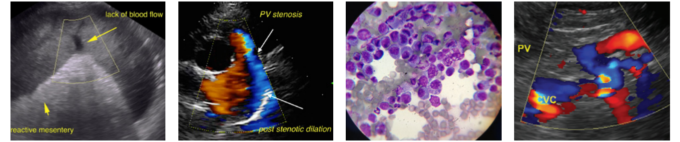

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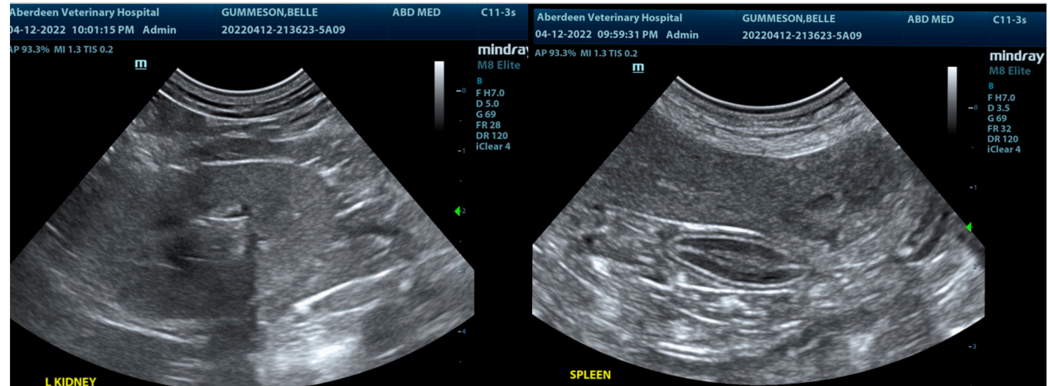

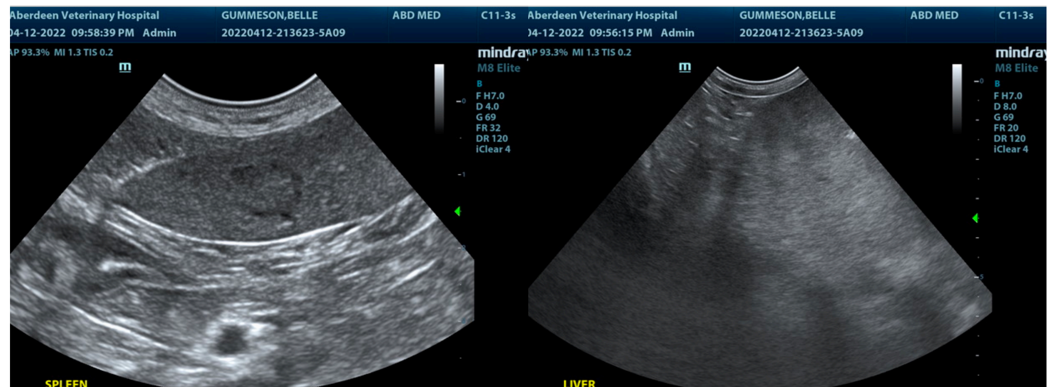

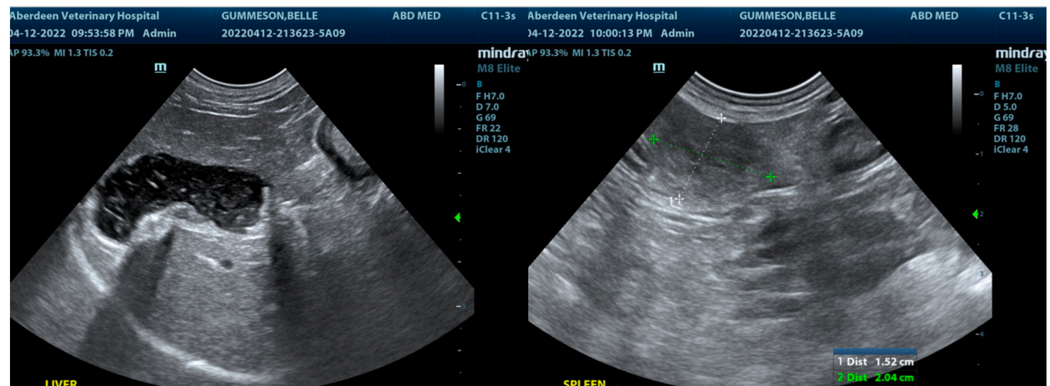

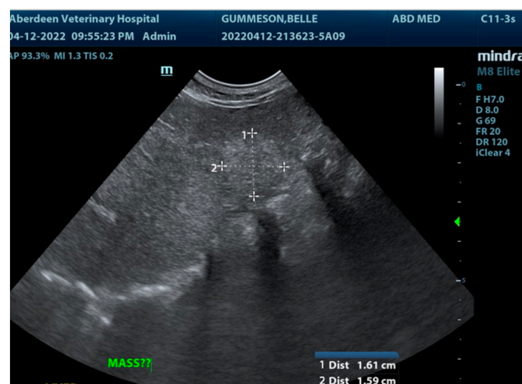

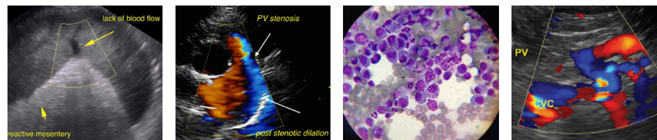

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com