



**PATIENT**

Lexi Ryan

**SPECIES**

Canine

**BREED**

Border Collie X

**SEX**

Spayed Female

**AGE**

11 Years

**WEIGHT**

26 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Desen Ertunc

**HOSPITAL NAME**

Humboldt Veterinary  
Medical Group

**REFERRING VET**

Dr. Desen Ertunc

**INVOICE**

46638

**DATE**

4/12/23

**PRESENTING CLINICAL SIGNS**

Client reported weight loss on mild hyporexia on establish care exam 3/31/23, no V/D reported. Weight stable since. Noted possible hepatic mass during cysto.

Abnormal PE/Chem/CBC/UA Results: PE- Unremarkable CBC: Non-regenerative microcytic hypochromic anemia. Thrombocytosis. RBC= 4.74 (5.4-8.7), Hgb= 12 (13.4-20.7), MCV= 82 (59-76), MCHC= 30.8 (32.6-39.2), Platelet= 896 (143-448) Chem: TP= 7.7 (5.5-7.5), Alb= 4.0 (2.7-3.9), ALT= 345 (18-121), AST= 60 (16-55), ALP= 163 (5-160), Amylase= 1750 (337-1469), Lipase= 983 (0-250), otherwise NSF T4: 1.8 (1-4) U/A: U.S.G.= 1.033, pH= 6.0, Protein= 4+, trace ketones, no glucose, Occasional fine granular casts, otherwise inactive sediment. spec cPL= 963 (0-200)

**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 1.0 cm beyond the cystourethral junction.

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. Mineralization noted in the left kidney. The left kidney measured 4.4 cm. The right kidney measured 5.3 cm.

**Adrenal Glands**

The regions of the **adrenal glands** were unremarkable.

**Spleen**

The **spleen** was mildly heterogeneous yet uniform. No evident pathology.

**Liver**

The **liver** presented multiple expansive nodules coalescing into a mass in what appears to be the left medial liver. The nodular mass expands upon the gallbladder and dorsally towards the diaphragm. Other heterogeneous changes noted in the liver Generalized hepatomegaly and pronounced caudate process also noted. The gallbladder was 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**

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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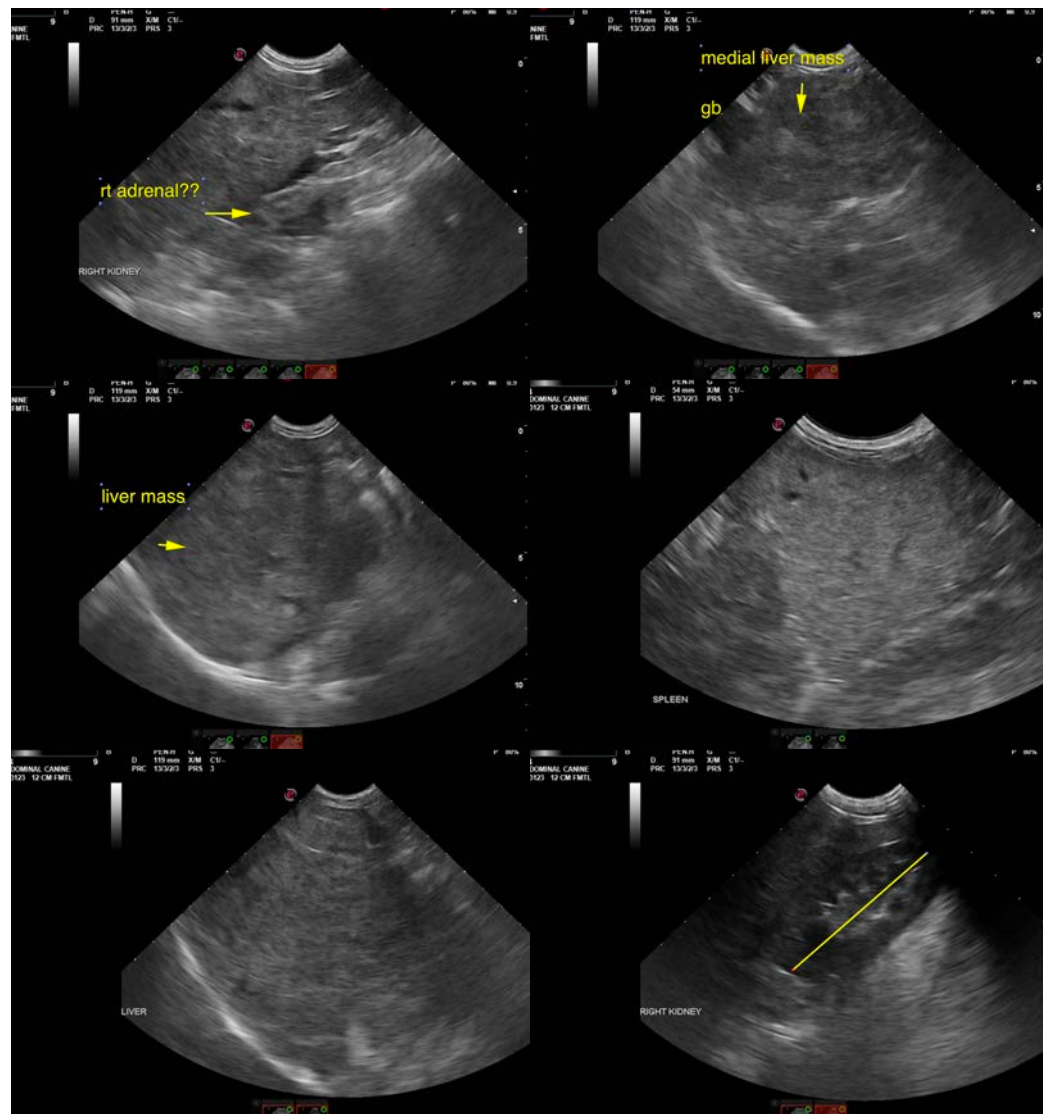
4/12/23

**ULTRASONOGRAPHIC FINDINGS**

- Multiple hepatic masses with nodular changes, possibly low-grade
- Mildly heterogeneous spleen
- Age related renal changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommend ultrasound guided FNA of the liver in this patient with bile acid profile. The pathology does not appear resectable. However, it may be low grade. The only structural evidence of disease to be responsible for the weight loss would be the liver presentation. CBC path review +/- bone marrow aspirate indicated.





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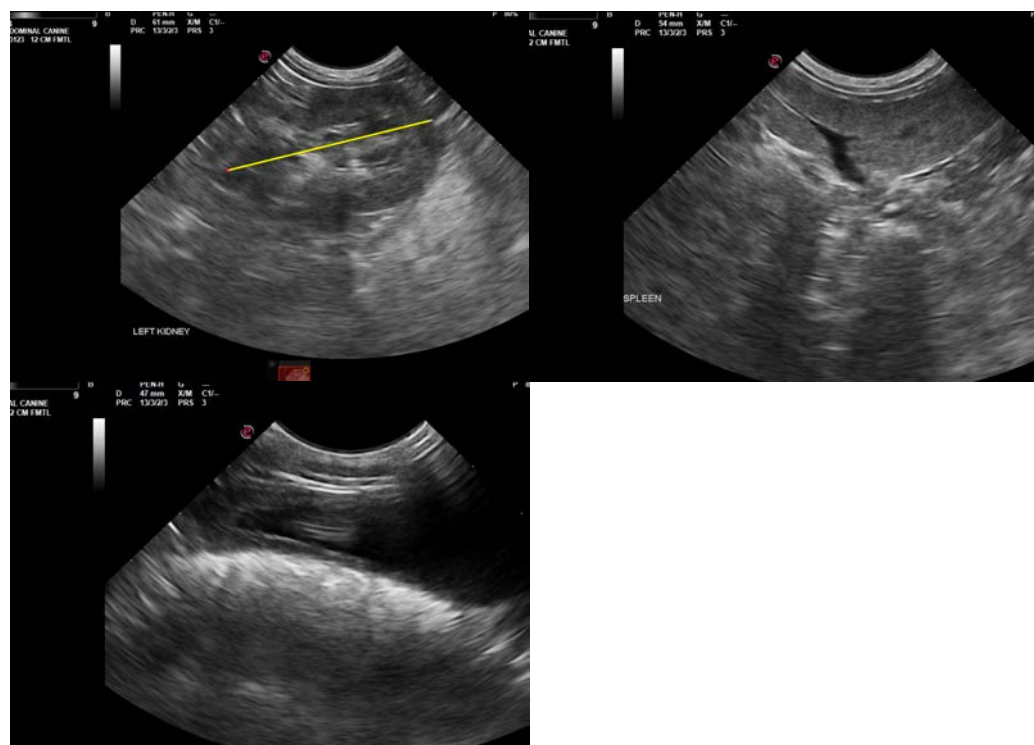
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**

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