PATIENT

Luke Unger

SPECIES

Canine

BREED

Australian Shepherd

SEX

Neutered Male

AGE

8 Years 3 Months

WEIGHT

57.5 lbs

INTERPRETED BY

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS

IMAGING PERFORMED BY

Chloe Lowe, CVT

HOSPITAL NAME

Hackettstown Animal Hospital

REFERRING VET

Dr. Long

INVOICE

74769

DATE

4/28/26

PRESENTING CLINICAL SIGNS

Anemia, malaise, gastroenteritis, rule out PLE or lymph. Pale pink, MM, lethargy, no ascites on a fast. Diarrhea (keyscreen negative) . Abdominal rads unremarkable. Phenobarbital 64.8 mg, Keppra 750 mg entice 30 mg/ML, was on pred 20 mg until 3/5/26.

Abnormal PE/Chem/CBC/UA Results: Hypoalbuminemia 1.7 1/27/26 then1.6 4/23/26. HCT 35% then 22%. Eosinophilia 1664 then 2422. Neutrophilia of 13,494 on 4/23/26.

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. Left kidney measured 6.4 cm. Right kidney measured 5.6 cm.

Adrenal Glands

The **left adrenal gland** was mildly enlarged, measuring 2.07 cm x 0.60 cm at the cranial pole and 1.1 cm at the caudal pole.

The **right adrenal gland** presented normal size and contour, measuring 1.73 cm x 1.34 cm at the cranial pole and 0.70 cm at the caudal pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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Gastrointestinal

The upper **gastrointestinal tract** was unremarkable, yet a distal small intestinal mass was noted measuring approximately 7.5 cm. Strong concern for local spread to regional lymph node. An enlarged, hypoechoic, somewhat rounded mesenteric lymph node was noted measuring 1.9 cm x 1.0 cm. Variable areas of small intestinal thickening noted elsewhere. However, the mass itself is the only area that has met neoplastic criteria.

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.

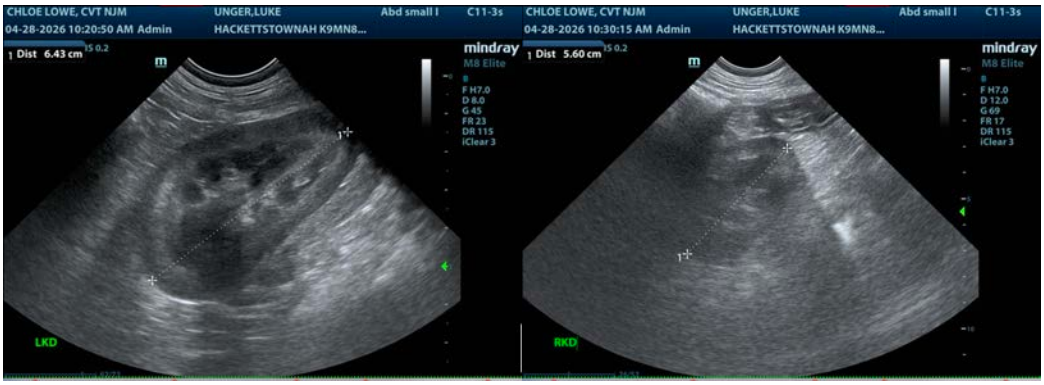
ULTRASONOGRAPHIC FINDINGS

- Intestinal mass – Round cell neoplasia versus carcinoma. Leiomyosarcoma is a remote potential.
- Slight irregular left adrenal gland – Hyperplasia, emerging pheochromocytoma, or carcinoma.
- Age related hepatic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Clean resection of the intestinal mass is unlikely given the lymph node involvement. However, surgical intervention could be considered or ultrasound guided FNA of the intestinal mass (and lymph node if accessible) with chemotherapeutic intervention. No gross metastatic disease noted to any organ system. However, local spread into the omentum and lymph node is a strong potential. Screening FNA of the liver would be ideal to ensure micrometastasis is not an issue. Anemia may be owing to intestinal blood loss. Paraneoplastic protein losing enteropathy also likely. Chest radiographs warranted.

Alternatively, surgical intervention with aggressive resection and anastomosis and lymph node removal could be considered. However, it is debatable on effectiveness depending upon underlying type of neoplasia, as MST with chemotherapy alone may be equal to surgery + chemotherapy. Removal of the left adrenal gland indicated if surgery is to be performed. Serial blood pressures warranted. If hypertension is present, then urine catecholamine warranted to assess for pheochromocytoma.



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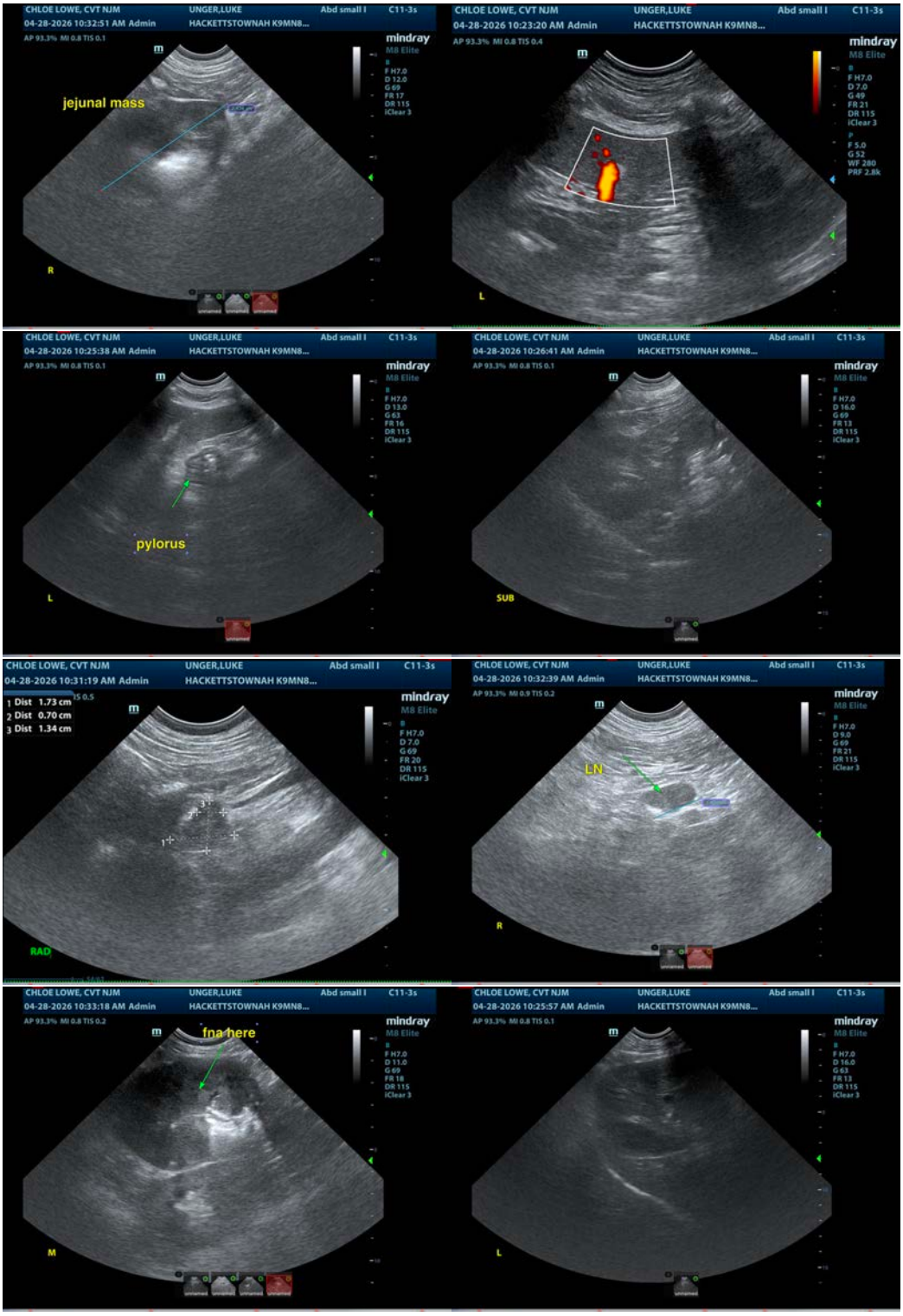

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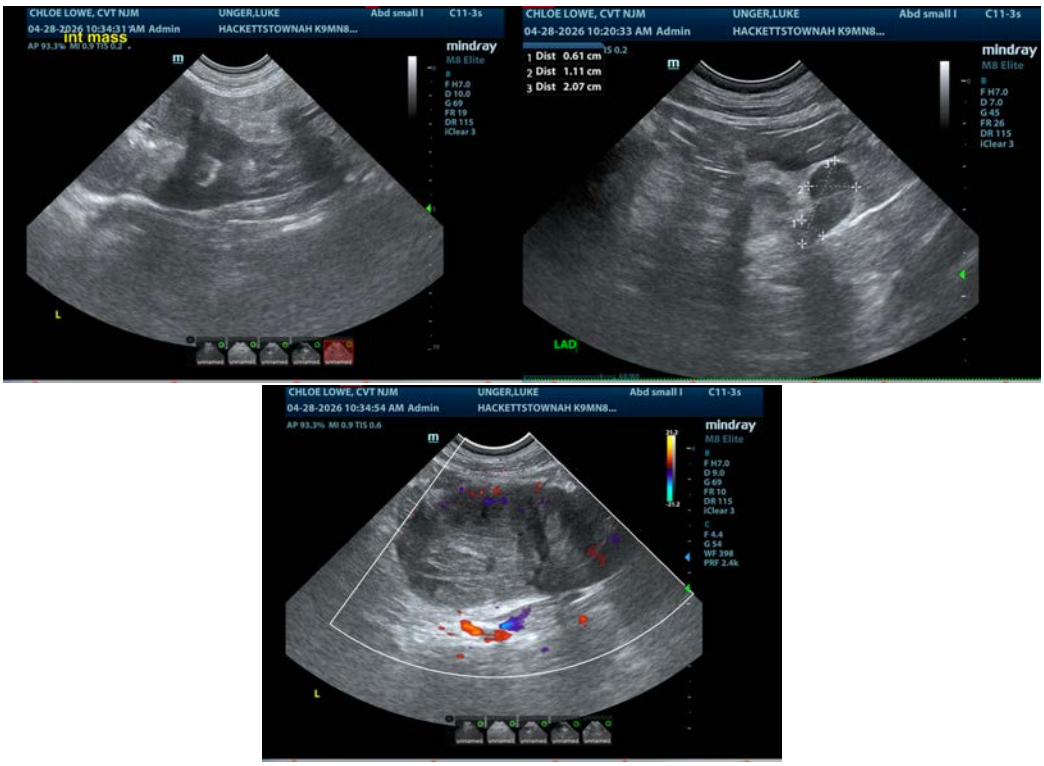

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS,
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