



**PATIENT**

Oreo Ryffle

**PRESENTING CLINICAL SIGNS**

ADR, elevated liver values.  
HCT 28.1%, ALT 176, ALP 205, SDMA 16

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

Labradr

**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.

**SEX**

Spayed Female

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 7.36 cm.

**AGE**

13 years

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Adrenal Glands**

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins was noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The right adrenal gland measured 3.67 x 1.92 cm at the cranial pole and 0.6 cm at the caudal pole. The left adrenal gland measured 3.63 x 1.23 cm.

**IMAGING PERFORMED BY**

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**HOSPITAL NAME**

Franklin Lakes AH

**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 was noted.

**REFERRING VET**

Dr. Ward

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**Liver**

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

**DATE**

5/13/22



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**Gastrointestinal**

Oreo Ryffle

The upper **gastrointestinal tract** was unremarkable, yet the mid to distal small intestine revealed a 5.45 cm hypoechoic, undifferentiated mass with regional inflammation. A mesenteric lymph node mass was noted and comprised of a cluster of hypoechoic lymph nodes measuring up to 3.0 cm. Regional inflammation was present. Ultrasound-guided FNA of the lymph nodes and intestinal mass were performed without complication.

**SPECIES**

Canine

**BREED**

**Pancreas**

Labradr

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.

**SEX**

Spayed Female

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

Intestinal mass and regional lymphadenopathy.

13 years

Moderate degenerative renal changes.

Bilateral adrenal hypertrophy.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Intestinal/lymph node based lymphoma is likely. I suspect emerging PDH/benign hepatopathy with remodeling. Treatment is recommended based on cytology results.

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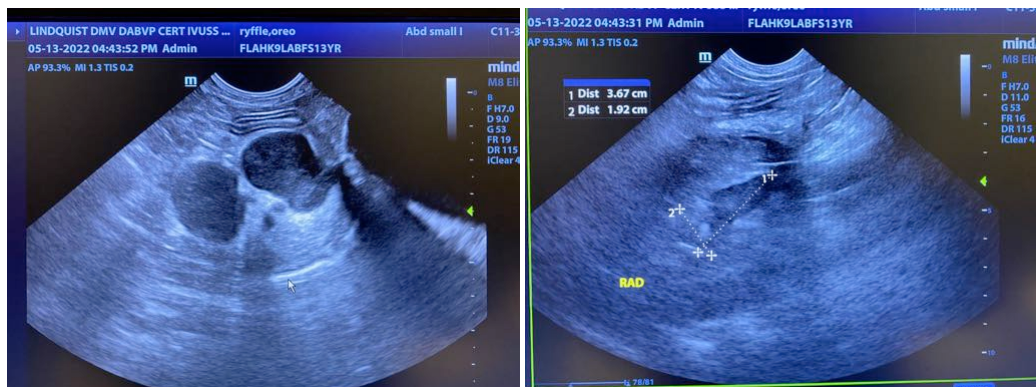
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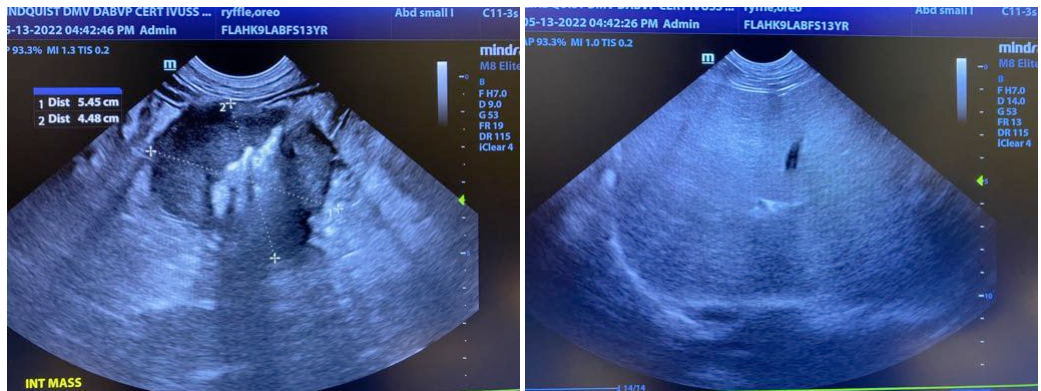
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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