**DATE PRESENTING CLINICAL SIGNS**

5/5/23 History: Presented for fecal incontinence/urgency with intermittent soft stool. Tense in abdomen, splenomegaly on rads.

**PATIENT**

Lindy Moore Current Medications: Galliprant, Provable.  
 Date of Previous IntraPet Ultrasound: No previous.  
 Sedation: Not required to complete full diagnostic ultrasound.  
 Stat Report: Not requested.  
 Imaging Performed By: Rachel Brillhart, RDMS.

**SPECIES**

Canine

**BREED**

Boxer

**SEX**

Spayed Female

**AGE**

8/22/10

**WEIGHT**

57.3 Pounds

**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 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. The right kidney measured 6.04 cm. The left kidney measured 6.19 cm. Minor mineralization was noted.

**Adrenal Glands**

The **right adrenal gland** was mildly enlarged and mildly heterogenous with swollen contour. The right adrenal gland measured 3.19 cm x 1.15 cm at the caudal pole and 1.28 cm at the cranial pole.

The **left adrenal gland** revealed swollen contour, measuring 2.92 cm x 1.21 cm at the caudal pole and 1.08 cm at the cranial pole.

**INTERPRETED BY**

Eric Lindquist, DMV  
 DABVP, Cert. IVUSS

**HOSPITAL NAME**

Hickory VH

**REFERRING VET**

Dr. Lyle

**INVOICE**

22342

**Spleen**

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

**Liver**

The **liver** revealed macronodular change in the left cranial liver, measuring 3.1 cm x 5.3 cm. Mild disruption of architecture and increased portal markings were noted. The left cranial liver revealed a similar nodule adjacent to the diaphragm, measuring 4.3 cm x 3.07 cm. Other heterogeneous changes were noted in the liver.

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**

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.

### **Free Abdomen**

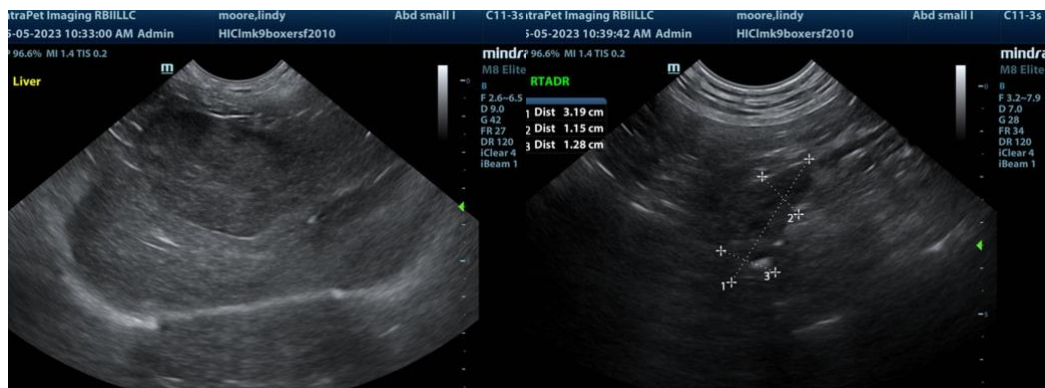
The mesenteric **lymph node** (an example measured 1.0 cm x 0.5 cm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

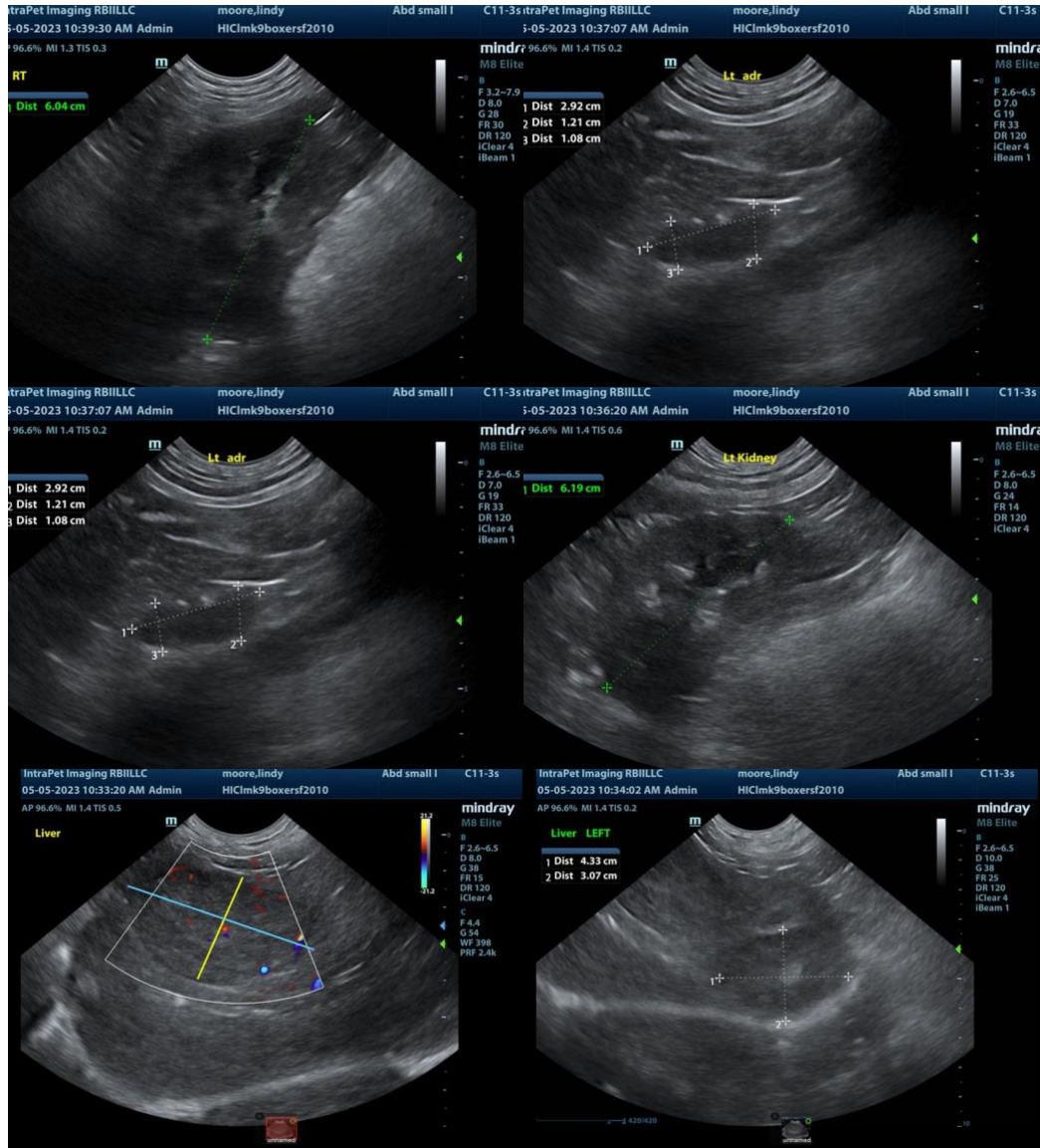
## **ULTRASONOGRAPHIC FINDINGS**

- Nodular hepatic changes
- Prominent adrenal glands
- Reactive mesenteric lymph nodes
- Age-related splenic changes
- Age-related renal changes with minor mineralization

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of both liver nodules would be ideal (+/- FNA of the spleen). This is likely benign or hyperplasia yet baseline cytology would be recommended. If urine specific gravity is <1.020, then work up for PDH is indicated.





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.

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