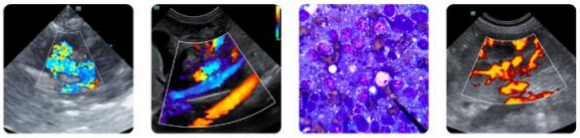




**PATIENT**

Mae Rose

**SPECIES**

Canine

**BREED**

Springer Spaniel

**SEX**

Spayed Female

**AGE**

13 Years

**WEIGHT**

32.8 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV, DABVP (Canine & Feline), Cert. IVUSS

**IMAGING PERFORMED BY**

Ginny Dodd DVM, D, ABVP-CFP

**HOSPITAL NAME**

Down Dog VC

**REFERRING VET**

Dr. Jennifer Kimmel

**INVOICE**

35978

**DATE**

5/7/26

## PRESENTING CLINICAL SIGNS

History: Weight loss (6 # in 1 yr). Chronic intermittent diarrhea/vomiting- which have been responsive to Metronidazole, EN, probiotics, elevated liver enzymes.

Abnormal PE/Chem/CBC/UA Results: PE- cranial abdomen appears sl. distended and more firm on palpation CBC- mild regenerative anemia HCT 38% CHEM- ALP 763, ALT 167, GGT 47.

## 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 this age patient. Medullary structure differed distinctly from that of the cortex, and no evidence of pelvic dilation was present. Slight cortical cysts were noted. The right kidney measured 5.0 cm. The left kidney measured 5.0 cm.

### *Adrenal Glands*

The **right adrenal gland** was 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 right adrenal gland measured 2.33 cm x 0.63 cm at the cranial pole and 0.56 cm at the caudal pole.

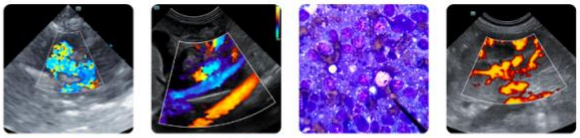
The **left adrenal gland** was enlarged and irregular in contour, measuring up to 1.0 cm at the caudal pole and 0.6 cm at the cranial pole.

### *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. Hyperechoic lipid plaques were noted in the spleen.

### *Liver*

The **liver** in this patient revealed an expansive mixed echogenic mass (7.9 cm), with other separate nodular irregular parenchymal changes. The liver masses appear to be in the right medial liver. A separate cystic mass was noted in the right cranial liver, measuring 3.45 cm. The gallbladder and common bile duct were unremarkable.





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

### *Free Abdomen*

Regional pancreatic **lymph nodes** were also enlarged, mild, measuring 8.0 mm.

### ULTRASONOGRAPHIC FINDINGS

- Liver mass and nodules
- Enlarged irregular left adrenal gland
- Hyperechoic lipid plaques in the spleen
- Enlarged regional pancreatic lymph nodes
- Age-related renal changes with slight cortical cysts
- Geriatric abdomen otherwise

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT evaluation for further definition is warranted, however, the liver mass may not be resectable, as it impinges upon the diaphragm cranially.

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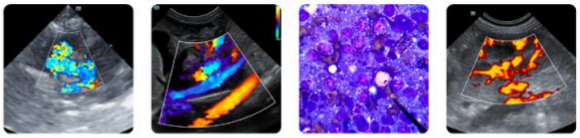

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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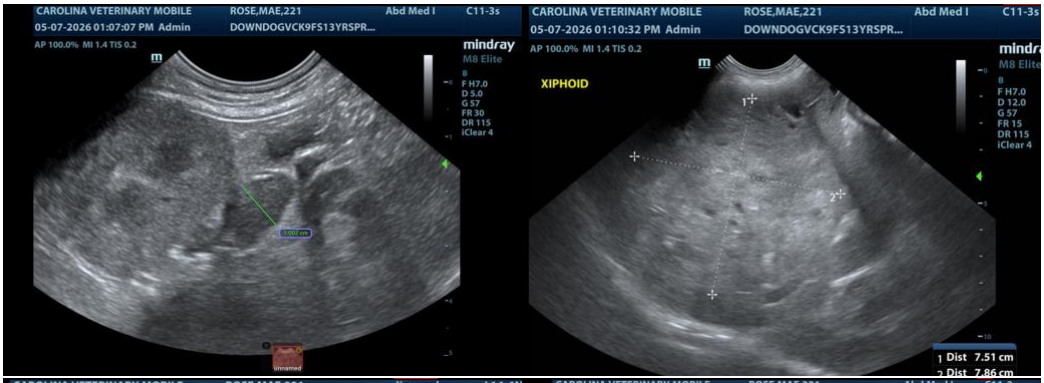


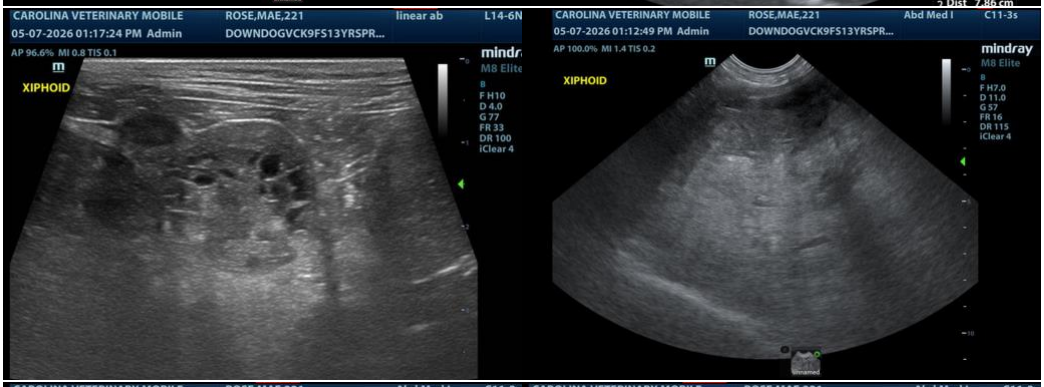


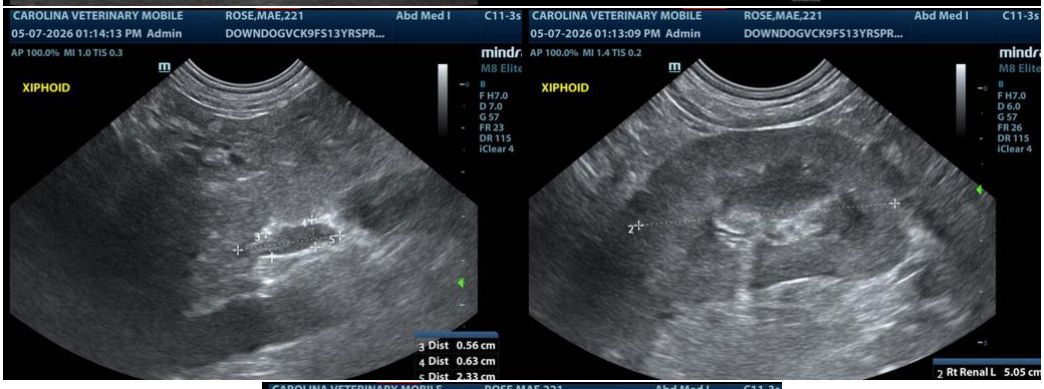


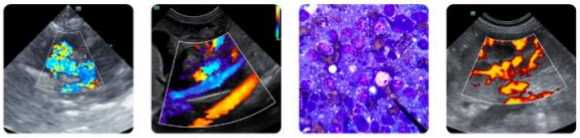



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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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