



**PATIENT PRESENTING CLINICAL SIGNS**

Forrest Donahue Lethargy, panting, PU/PD, ^ liver values  
Abnormal PE/Chem/CBC/UA Results: LT 2411, ALP 1244, Tbili 7.0, Ca 15.9, rest WNL

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine

**Urinary System**

BREED

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. Trace amount of sand noted in the bladder. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

Mix

SEX

Neutered Male

AGE

9 Years

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. The left kidney measured 6.77 cm. The right kidney measured 6.23 cm.

WEIGHT

45 Pounds

**Adrenal Glands**

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

Both **adrenal glands** were 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 left adrenal gland measured 2.65 cm x 0.61 cm at the caudal pole and 0.56 cm at the cranial pole. The right adrenal gland measured 2.27 cm x 0.75 cm at the caudal pole and 1.55 cm at the cranial pole.

IMAGING PERFORMED BY

Jessica Miller

**Spleen**

The **spleen** was mildly enlarged with subtle reticular parenchymal pattern and swollen contour.

HOSPITAL NAME

Blairstown AH

**Liver**

The **liver** presented heterogenous parenchyma with increased portal markings and coarse architecture. Slight undulating capsular contour was noted. The gallbladder and common bile duct were unremarkable. This is consistent with chronic inflammatory hepatopathy.

REFERRING VET

Dr. Summers

**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.

INVOICE

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**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.

DATE

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**Other**

A 6.4 cm x 4.7 cm mixed echogenic iliac lymph node mass was noted.



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**HOSPITAL NAME**

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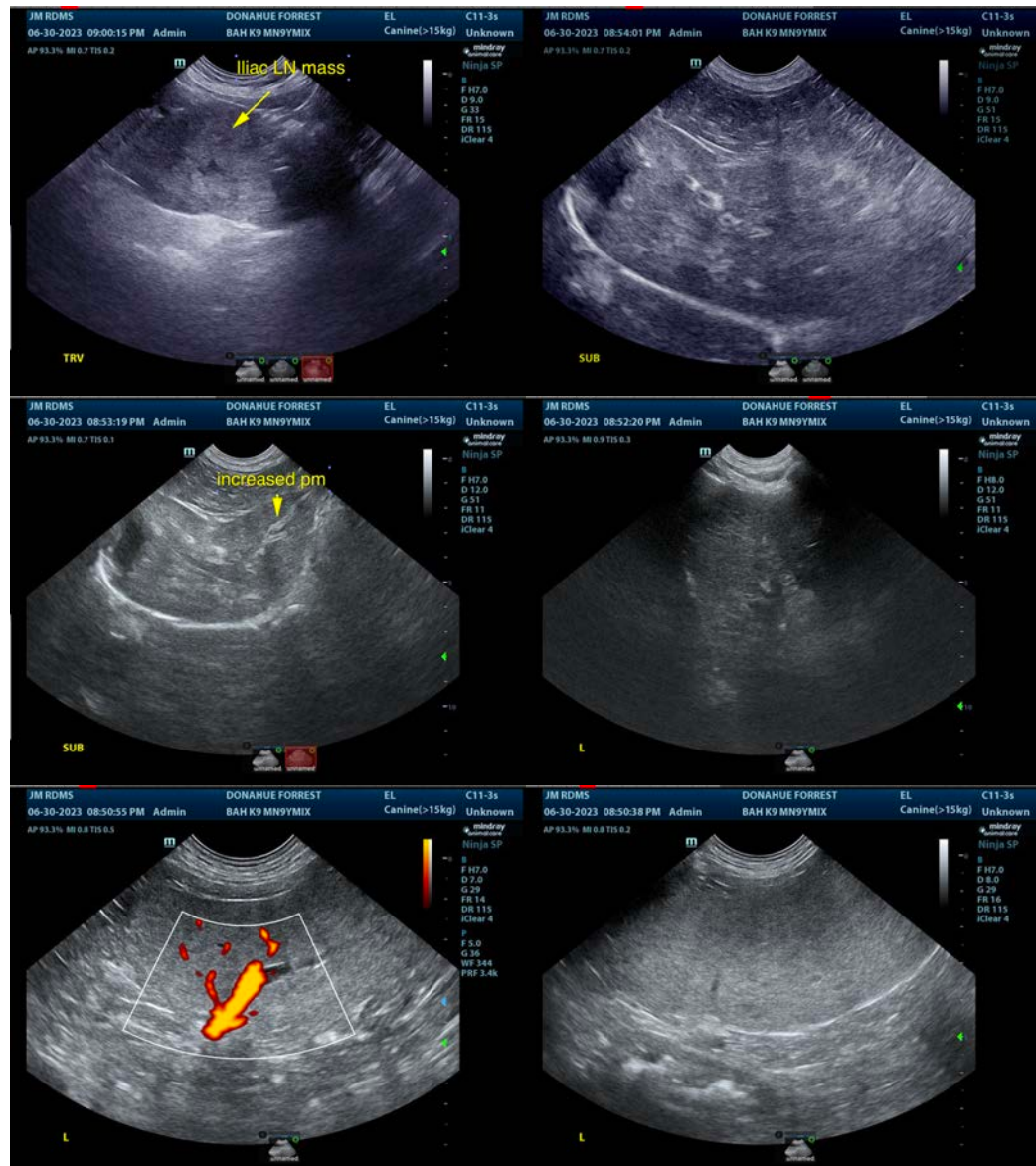
6/30/23

**ULTRASONOGRAPHIC FINDINGS**

- Iliac lymph node mass with mild bladder thickening
- Splenic enlargement
- Chronic inflammatory hepatopathy pattern
- Age related renal changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the spleen, iliac lymph node and spleen warranted for screening purposes. Leptospirosis titers warranted. Comorbidities may be an issue in this patient with the lymph node and hepatic pathology, which may be completely different. Palpation of the anal glands warranted to assess for a primary mass that may be metastatic to the iliac lymph nodes. Chest radiographs warranted. Prognosis is guarded depending upon response to therapy for acute on chronic liver failure.





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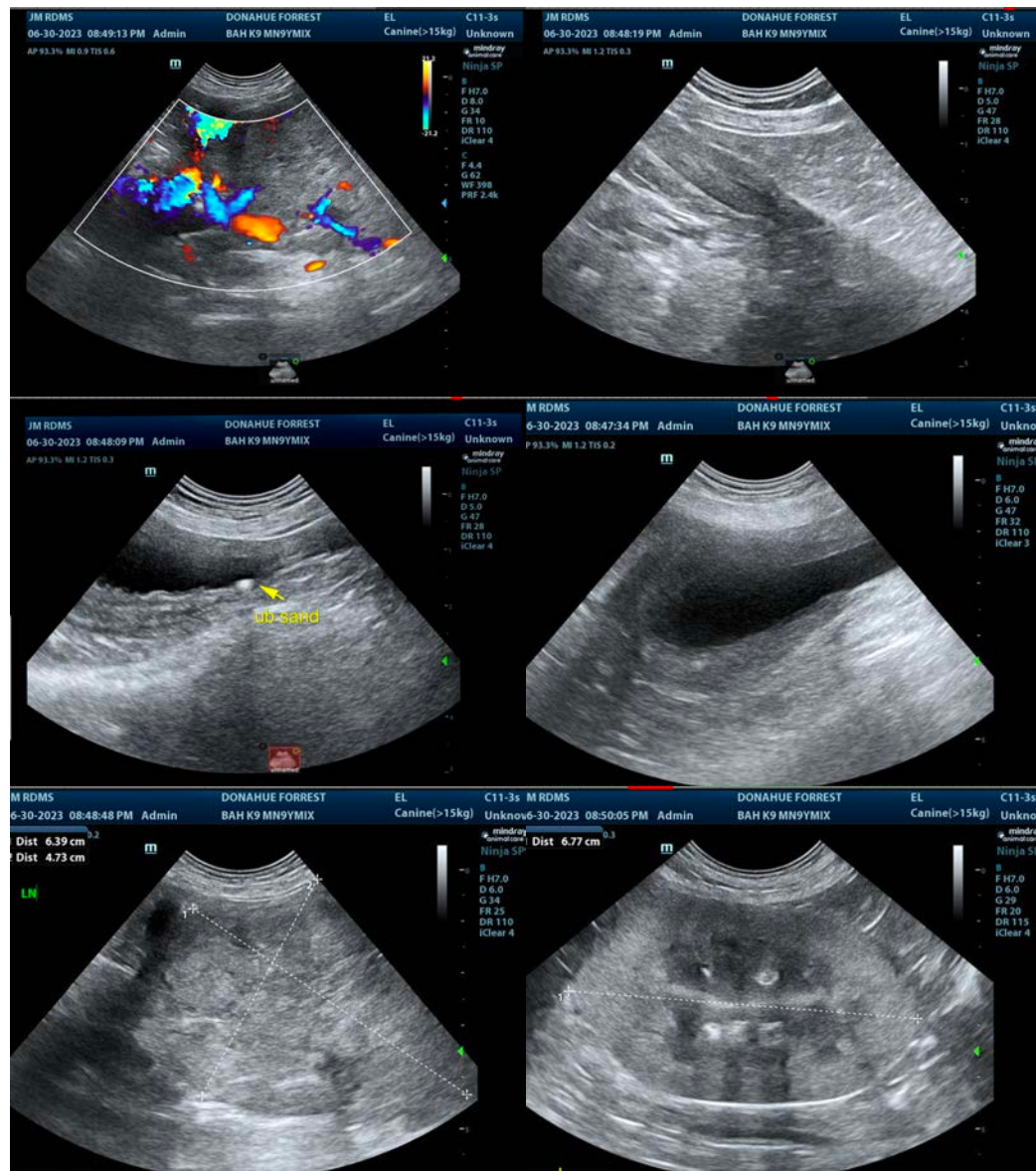
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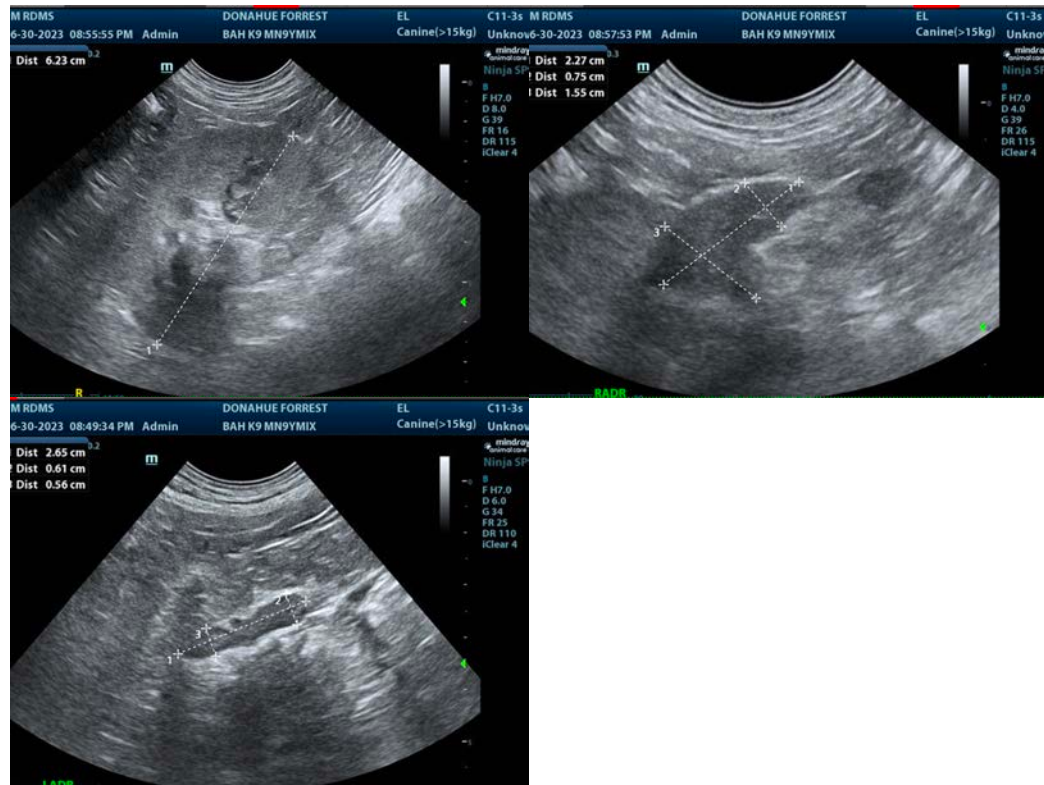
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com**

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