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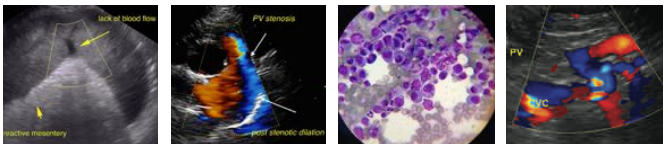

PATIENT

Amber Martens

SPECIES

Canine

BREED

Australian Shepherd

SEX

Female

AGE

10 years

WEIGHT

38 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Gabriel

HOSPITAL NAME

Central Jersey AH

REFERRING VET

Dr. Gabriel

INVOICE

30767

DATE

6/6/22

PRESENTING CLINICAL SIGNS

2 weeks ago was presented for wellness exam and was diagnosed with lyme disease and was prescribed doxycycline last week she breakout small bumps allover her body and start having weakness on her back legs , sometimes unable to walk at all on her legs
Abnormal PE/Chem/CBC/UA Results: paraparesis on hindlegs there is multiple small s.c semi soft nodules allover the body cbc,chem : wnl 4dx : + for lyme and anaplasmosis xray : normal spine and normal hindlegs

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 was noted. Ureteral papillae were normal.

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 left kidney measured 4.5 cm.

A hyperechoic, lipogranulomatous nodule was noted caudal to the left kidney with a separate hypoechoic mass that measured 2.0 cm that was moderately vascular.

Adrenal Glands

The right **adrenal gland** was enlarged and measured 1.2 cm at the cranial pole and 0.6 cm at the caudal pole. The left adrenal gland is not overtly visualized.

Spleen

The **spleen** revealed a focal, hypoechoic nodule that was adjacent to the splenic artery and measured 1.0 cm. The nodule was non-vascular.

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. The hepatic veins were mildly dilated. This may be owing to sedation.

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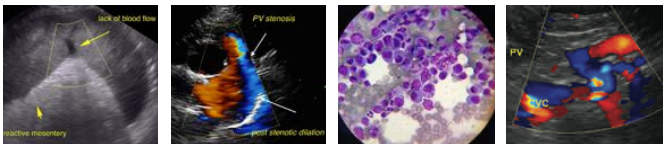

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Gastrointestinal

A minor amount of non-shadowing, non-obstructive ingesta was noted in the **stomach**. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

ULTRASONOGRAPHIC FINDINGS

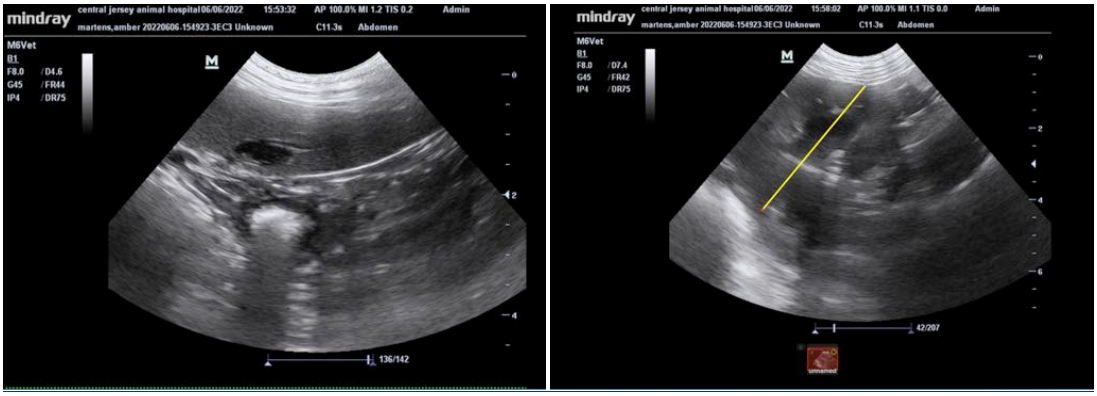
Undifferentiated mass caudal to the left kidney. The exact origin is unclear.

Prominent right adrenal gland.

Splenic nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further imaging is necessary. CT evaluation and FNA would be ideal. I cannot rule out that the mass caudal to the left kidney may be associated with the left adrenal gland. Hence the necessity for further imaging. The splenic nodules necessitates FNA, but may be difficult to access given the proximity to the splenic artery. Given the nodular dermal changes FNA and cytology is indicated as the mass lesion caudal to the left kidney may be related to a multi-focal, round cell neoplastic event.



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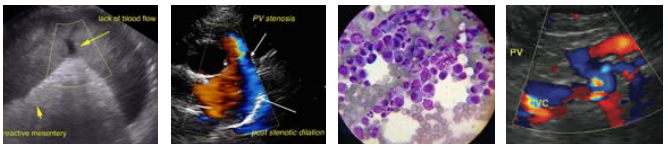

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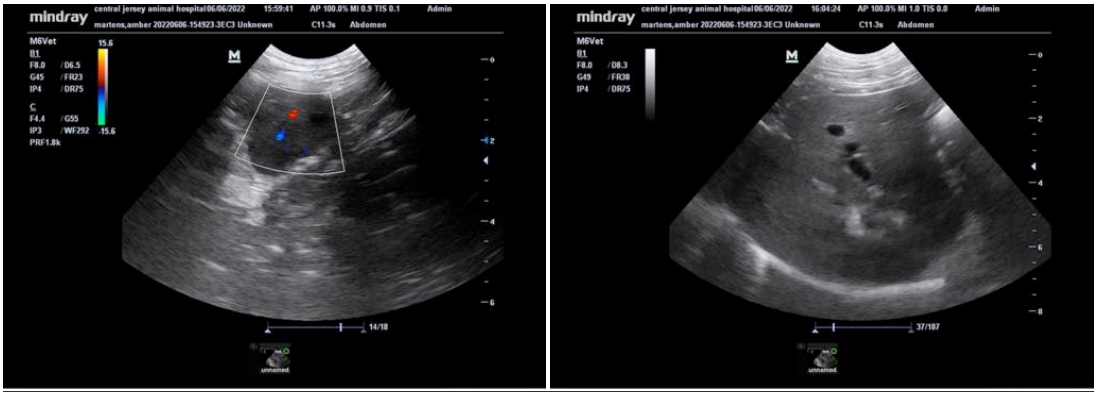

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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