

**DATE**

7/15/22

**PRESENTING CLINICAL SIGNS****PATIENT**

Arlo Cesar

History: Littermate diagnosed with bladder neoplasia several years ago. P has had two previous ultrasounds performed to evaluate abdominal viscera in 10/2020 and 9/2021. Will post AUS conclusions below. P is currently doing well with no O concerns. Had a previous bout of mild hematuria with no other signs which resolved in 4/2022

**SPECIES**

Canine

**BREED**

Scottish Terrier

**SEX**

Neutered Male

**AGE**

4/9/11

**WEIGHT**

Neutered Male

Current Medications: None at this time. 50 - 100 mg trazodone PRN for anxiety occasionally.

Lab Results: chem and cbc 4/2022 largely WNL aside from very mild ALT elevation and polycythemia. UA 4/2022 showed 1+ cocci and mild pyuria. 10/2020 AUS Conclusions: Abdominal Ultrasound: Liver- Normal in size and shape. Two faint slightly irregular nodules are seen in the left liver. 1.9 x 1.2x 1.1 cm and 1.1 x 0.81 cm, Spleen- NSF, Kidneys- A few foci of mineralization are noted bilaterally. length-5.3 cm, Bladder- NSF, prostate-NSF 2.6 x 1.4 x 1.4 cm, Pancreas-NSF, Adrenals- L: 4.5, 4.9 mm poles, R: 6.1, 4.9 mm poles- Colchester Veterinary Hospital, LLC.

Stomach-NSF, Intestine-NSF, Lymph nodes-NSF, Other-NSF

Conclusions: 1. Hepatic nodules-likely benign-r/o area of vacuolization, nodular hyperplasia, adenoma, early neoplasia not excluded. 2. No obvious bladder tumor is identified Initial Recommendations: 1. Baseline laboratory data including UA 2. Consider rechecking the nodules in 3 months. A FNA can be considered at that time to try and obtain additional information about the present nodules. A biopsy may be warranted for a definitive diagnosis

9/2021 AUS Conclusions: Abdominal Ultrasound: Liver- NSF. Left liver-2 faint nodules. 1.3 x 0.7 cm, 2.4 x 1.96 cm., Spleen- NSF, Kidneys- NSF. Fe foci of mineralization bilaterally, consistent with age. RK-5.2 cm, LK-5.1 cm, Bladder- mild floating debris. Prostate-2.1 x 1.4 x 1.56 cm

Colchester Veterinary Hospital, LLC. Pancreas-NSF, Adrenals- NSF L: 4.7, 4.4 mm poles; R: 3.7, 5 mm poles, Stomach-NSF, Intestine-NSF

Lymph nodes-NSF, Other-NSF

Conclusions: 1. Hepatic nodules-similar in appearance in size compared to 10/20 2. Prostate-similar in size and shape compared to 10/20

3. Mild floating debris in bladder. Bacterial UTIs are uncommon in male neutered dogs. His prostate appears similar to what was noted in 10/20. There are no signs of malignancy. The laboratory data I found in the chart (urine samples from July and urine C/S neg) were not strongly supportive of a bacterial UTI.

Date of Previous IntraPet Ultrasound: No previous.

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**HOSPITAL NAME**

Pleasantville AH

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

**REFERRING VET**

Dr. Gounaris

**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 residual prostate measured 1.0 cm.

**INVOICE**

7/15/22

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The

capsules were acceptably uniform without significant irregularities. The left kidney measured 5.72 cm. The right kidney measured 5.72 cm.

### ***Adrenal Glands***

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 2.37 cm x 0.63 cm at the caudal pole and 0.58 cm at the cranial pole. The right adrenal gland measured 2.0 cm x 0.6 cm.

### ***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 were noted.

### ***Liver***

The **liver** revealed multifocal hypoechoic nodular changes, nondisruptive, the largest of which measured 2.5 cm x 1.79 cm. Mild increased portal markings noted elsewhere in the liver. The gallbladder revealed slight overdistention and minor debris was noted.

### ***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***

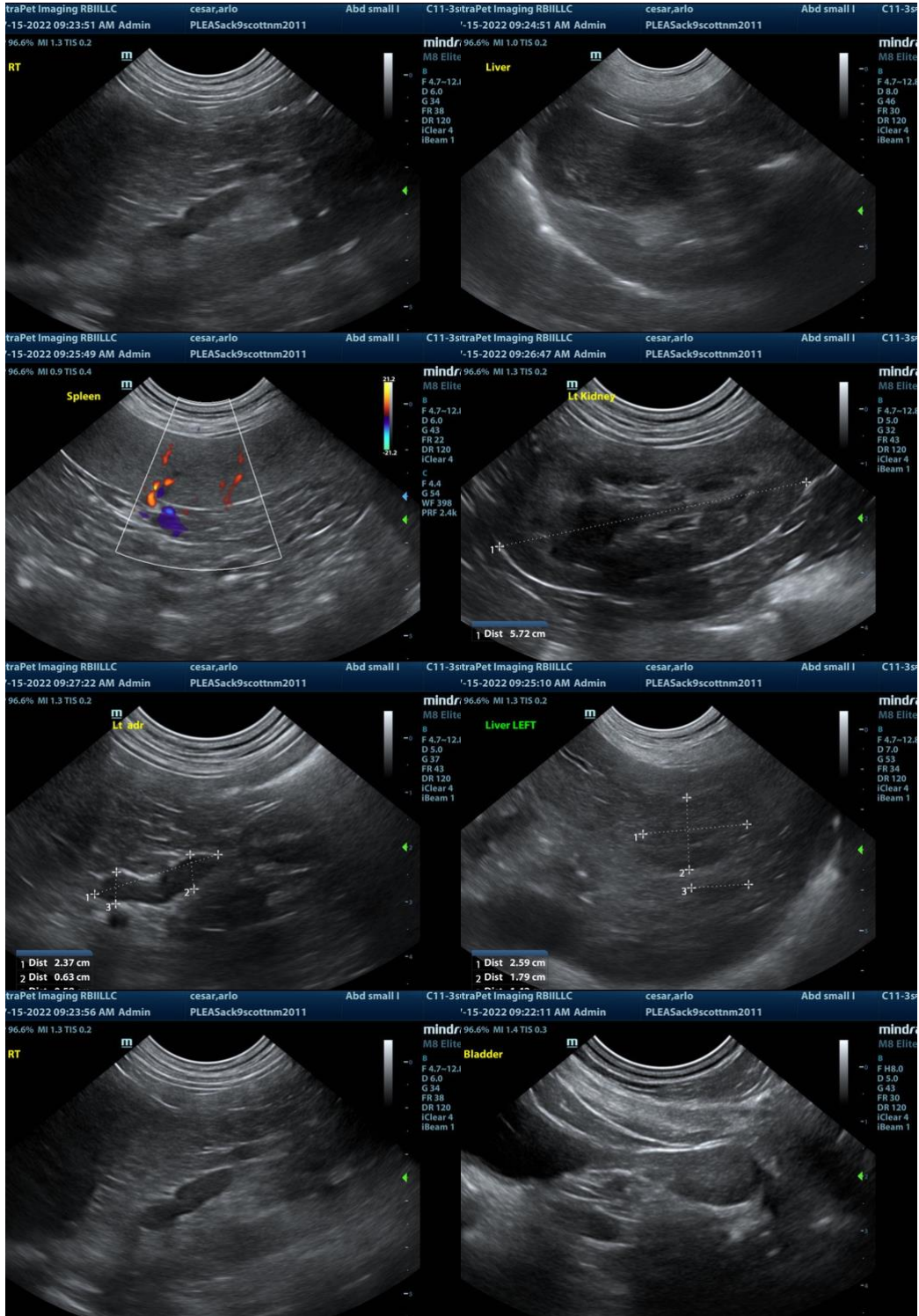
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## **ULTRASONOGRAPHIC FINDINGS**

- Minor hepatic remodeling, nodular hyperplasia liver pattern, stable.

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

No evidence of significant disease. FNA could be considered for further definition.



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.

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