



**PATIENT**

Jessie Weston

**SPECIES**

Canine

**BREED**

Border Collie X

**SEX**

Spayed Female

**AGE**

7 Years

**WEIGHT**

36 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Gudrun Gunther

**HOSPITAL NAME**

New Frontier AMC

**REFERRING VET**

Gudrun Gunther

**INVOICE**

16549

**DATE**

7/25/22

**PRESENTING CLINICAL SIGNS**

History: 3 days of colitis, inappetence, lethargy - non-responsive to Cerenia and Metronidazole Has lost 5 lb weight since April

Abnormal PE/Chem/CBC/UA Results: CBC - unremarkable (but HCT significantly lower than her normal level), band neutrophils suspected CHEM - WNL cPL - WNL

**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 **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 5.1 cm. The right kidney measured 5.1 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 right adrenal gland measured 0.42 cm at the caudal pole and 0.8 cm at the cranial pole. The left adrenal gland measured 0.51 cm.

**Spleen**

The **spleen** was mildly enlarged with minor swollen contour with slight subtle micronodular changes. Concern for early infiltrative disease.

**Liver**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

**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**



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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.

## SPECIES

Canine

## Free Abdomen

A sublumbar/iliac **lymph node** was enlarged, rounded and hypoechoic, measuring 1.5 cm x 0.87 cm.

## BREED

Border Collie X

## ULTRASONOGRAPHIC FINDINGS

- Iliac/sublumbar lymphadenopathy
- Micronodular spleen
- Unremarkable abdomen otherwise

## SEX

Spayed Female

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend assessment of the aspirates of the lymph node and spleen in this patient for underlying emerging round cell neoplasia versus reactive hyperplasia. Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.

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## WEIGHT

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## IMAGING PERFORMED BY

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## HOSPITAL NAME

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## REFERRING VET

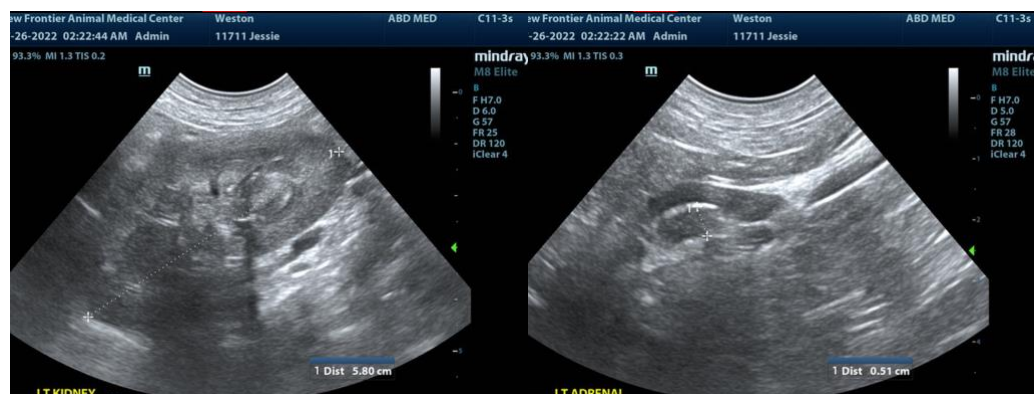
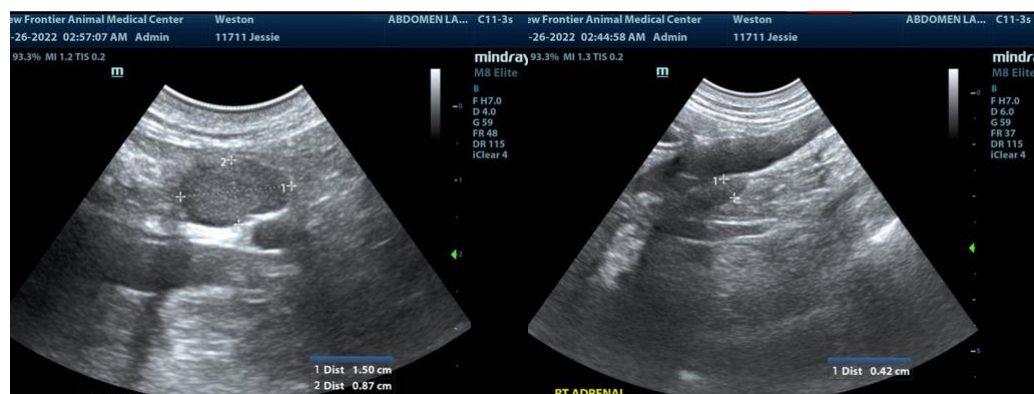
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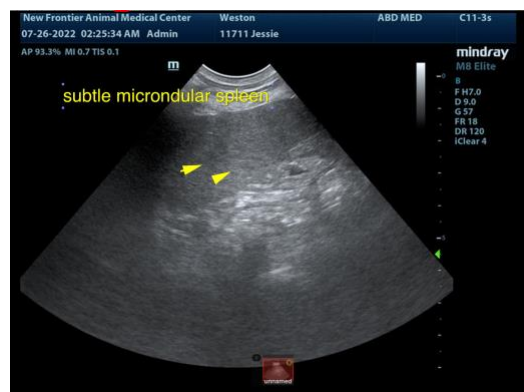
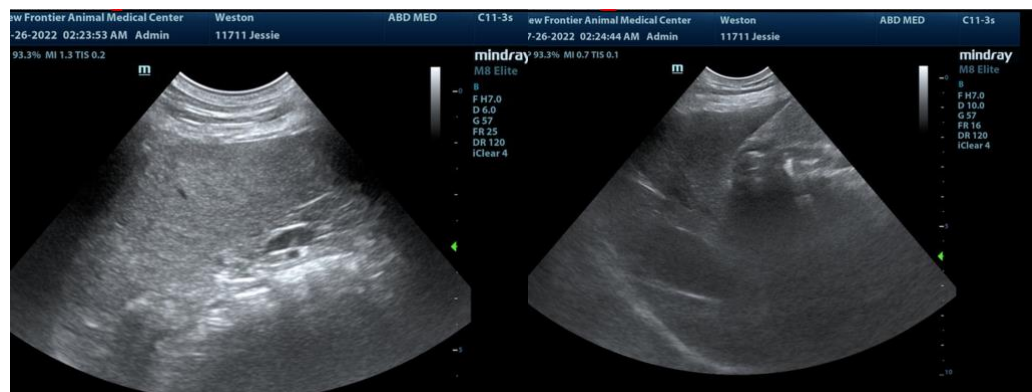
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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