



PATIENT

Piper DeBoer

SPECIES

Canine

BREED

Border Collie Cross

SEX

Spayed female

AGE

13 years

WEIGHT

32 kg

PRESENTING CLINICAL SIGNS

History: Not as energetic, seems to be going downhill to owner. Has lost 1.3kg since April. No v/d, eating fine. On metacam, gabapentin, stilbestrol
 Abnormal PE/Chem/CBC/UA Results: April labwork: CBC-nsf, mildly low wbc, consistent with last year Chem-SDMA 16 (0-14), bun, creat normal. Remainder of chem and TT4 normal U/A-USG 1.017, otherwise nsf. When getting cysto sample in April noted multiple ~1cm target lesions in spleen on u/s, didn't tolerate further u/s. Opted for u/s today instead of repeating labwork due to findings on spleen in April. On exam today-weight loss apparent (has lost 1.3kg)

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight mineralization was noted. The left kidney measured 6.0 cm. The right kidney measured 6.0 cm.

INTERPRETED BY

Eric Lindquist, DMV
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IMAGING PERFORMED BY

Dr. Biederbeck

HOSPITAL NAME

Lomsnes VH

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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.

Spleen

The **spleen** revealed multi-focal, hypoechoic, expansive, mildly disruptive nodular changes.

Liver

The **liver** revealed heterogenous parenchymal changes with hypoechoic expansive nodules that measured up to 2.0 cm. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and



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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.

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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.

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Non-specific, nodular splenic and hepatic changes. Pronounced nodular hyperplasia versus round cell neoplasia or possibly fungal disease if exposed to endemic regions.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen and liver nodules is recommended. The prognosis is guarded. Chest radiographs are recommended to assess for pulmonary and cranial mediastinal comorbidity.

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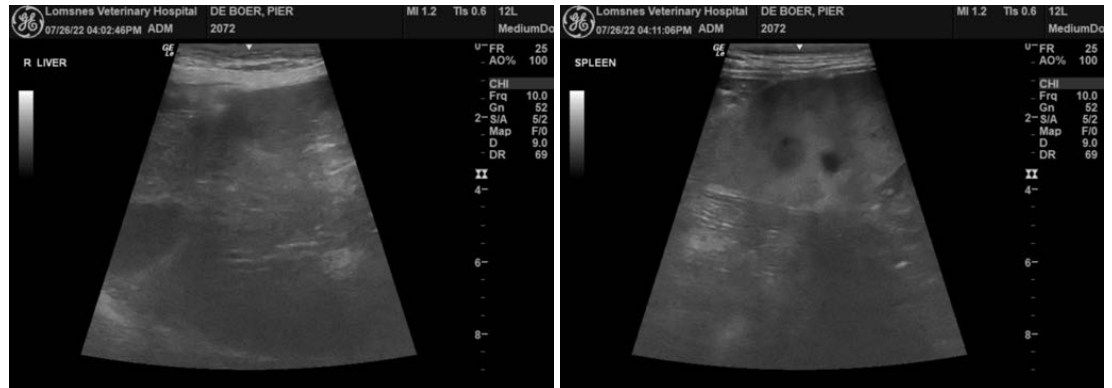
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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