



**PATIENT**

Brick Roberson

**SPECIES**

Canine

**BREED**

Australian Shepherd

**SEX**

Neutered male

**AGE**

12 years

**WEIGHT**

23.5 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Ebert

**HOSPITAL NAME**

Wilvet Salem

**REFERRING VET**

Dr. Ebert

**INVOICE**

31951

**DATE**

7/26/22

**PRESENTING CLINICAL SIGNS**

History: 2 Weeks ago P started hyporexia, gradually worsening, O switched to canned and then pet developed diarrhea and quit eating. O took P to VCA and BW showed increased WBC and Neutrophils. O was given App stimulant and told probably cancer and to go get scanned. O said App stimulant was helping P eat want to eat a little more but did notice panting and increase in RR on the entyce. Today O noticed blood in pets nose and brought him in. No V/S/C. P seems to be weaker but not lethargic. P does have HX od lower spine disc DZ and is in physical therapy.  
Abnormal PE/Chem/CBC/UA Results: Coag: PT 14, aPTT 77 (wnl) Chem17: gluc 111, TP 5.4, Alb 2.6, glob 2.8, ALP 1798, Cholest 88 PCV/TS: 44/6.0 EPOC: WNL Thoracic radiographs: no evidence of pulmonary metastasis, mild bronchial pattern, did not sendout Abdominal ultrasound to sonopath - results pending, no evidence of gallbladder mucocele S/O: \_QAR, MM pink, moist, CRT< 2s, OS previous enucleation, Mild dental calculul, Thoracic auscultation no murmur or arrhythmia, Eupenic with normal BV sounds, Abdominal palpation tense and mildly painful, Ambulatory with mild decreased CP in hind end, \_A: \_ Worsening liver values Hyporexia\_

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

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 5.6 cm. The right kidney measured 7.0 cm.

**Adrenal Glands**

The left **adrenal gland** was 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 was not visualized.

**Spleen**

The **spleen** was mildly enlarged with slight scalloping contour. The spleen was folded upon itself caudally and cranially.



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**Liver**

Brick Roberson

The **liver** was uniform with mild enlargement. 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.

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**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**

Splenohepatomegaly.

Otherwise, unremarkable abdomen.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the spleen and liver is recommended to ensure that no emerging round cell neoplasia is present. If the splenic and hepatic aspirates are benign then the exact cause of the clinical signs is unclear. Orthopedic disease should be considered as a potential. CNS should be considered as a potential.





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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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