



**PATIENT**

Loch Alberts

**SPECIES**

Canine

**BREED**

Border Collie

**SEX**

Neutered Male

**AGE**

15 Years

**WEIGHT**

18.9 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Dr. Sarah Barthelemy

**HOSPITAL NAME**

Healing Traditions VC

**REFERRING VET**

Dr. Vockeroth

**INVOICE**

23896

**DATE**

8/11/23

**PRESENTING CLINICAL SIGNS**

History: Intermittent diarrhea since early July with chronic history of GI upsets. Non-responsive to medical trial therapy.

Abnormal PE/Chem/CBC/UA Results: Moderate liver enzyme elevations ALT, GGT, ALP. Mild SDMA elevation. Moderate amylase elevation.

**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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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. Minor pyelectasia was noted in the left kidney. The left kidney measured 5.53 cm. The right kidney measured 5.4 cm.

**Adrenal Glands**

The **left adrenal gland** was enlarged, heterogenous and nodular, measuring 1.18 cm at the cranial pole and 1.11 cm at the caudal pole. The left adrenal gland was expansive without capsular escape.

The **right adrenal gland** was heterogenous at the caudal pole, measuring 0.9 cm at the caudal pole. The cranial pole was not visualized.

**Spleen**

The **spleen** exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or mild age-related remodeling with minor potential for inflammatory or neoplastic disease. Occasional hypoechoic nodule was noted, measuring up to 0.46 cm, and 0.35 cm, nondisruptive. Caudal folding of the spleen was noted. Mild generalized enlargement was noted in the spleen.

**Liver**

The **liver** in this patient revealed multifocal mixed hyperechoic "puffy cloud" type coalescing masses, measuring up to 8.0 cm with ill-defined margins. Areas of cystic parenchymal changes were present. The coalescing hepatic masses appeared to be occupying the medial aspect of the liver. Significant gallbladder debris and overdistention were noted. Striating bile and calculi were noted, consistent with mucocele with calculi. Subjectively, the liver pathology appears to be mainly left medial, however,



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some heterogenous changes were noted in the right. I recommend CT evaluation for potential surgical planning.

**Gastrointestinal**

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The **stomach** itself was unremarkable. Soft stool was noted in the colon without loss of mural detail, yet minor wall thickening was present. The remainder of the GI tract was unremarkable.

**Pancreas**

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A separate mass (3.6 cm) was noted in the region of the left **pancreatic** base with peripheral inflammation. Areas of mineralization were noted.

**ULTRASONOGRAPHIC FINDINGS**

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- Nodular hyperplasia splenic pattern- mild potential for emerging round cell neoplasia.
- Liver mass- potentially resectable
- Gallbladder mucocele with calculi
- Mass in the area of the left pancreatic base- possible granulomatous changes
- Age-related renal changes with. left kidney pyelectasia
- Enlarged nodular left adrenal gland
- Heterogenous right adrenal gland
- Soft stool in the colon with minor wall thickening

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The lesion in the region of the left cranial pancreatic limb very well could be an abscess. I strongly recommend CT evaluation in this patient to assess the cranial pole of the right adrenal gland, potential resectability of the liver pathology with cholecystectomy and further definition of the left cranial pancreatic lesion (that technically could be resected). FNA of the liver, pancreatic lesion and spleen would all be valid. Full adrenal work up would be ideal, as well as blood pressure measurements. Prognosis is very guarded given the comorbidities, all of which are fairly serious from a clinical standpoint. Like hepatocellular carcinoma of the liver and possibility of metastatic disease deriving from the pancreatic lesion.

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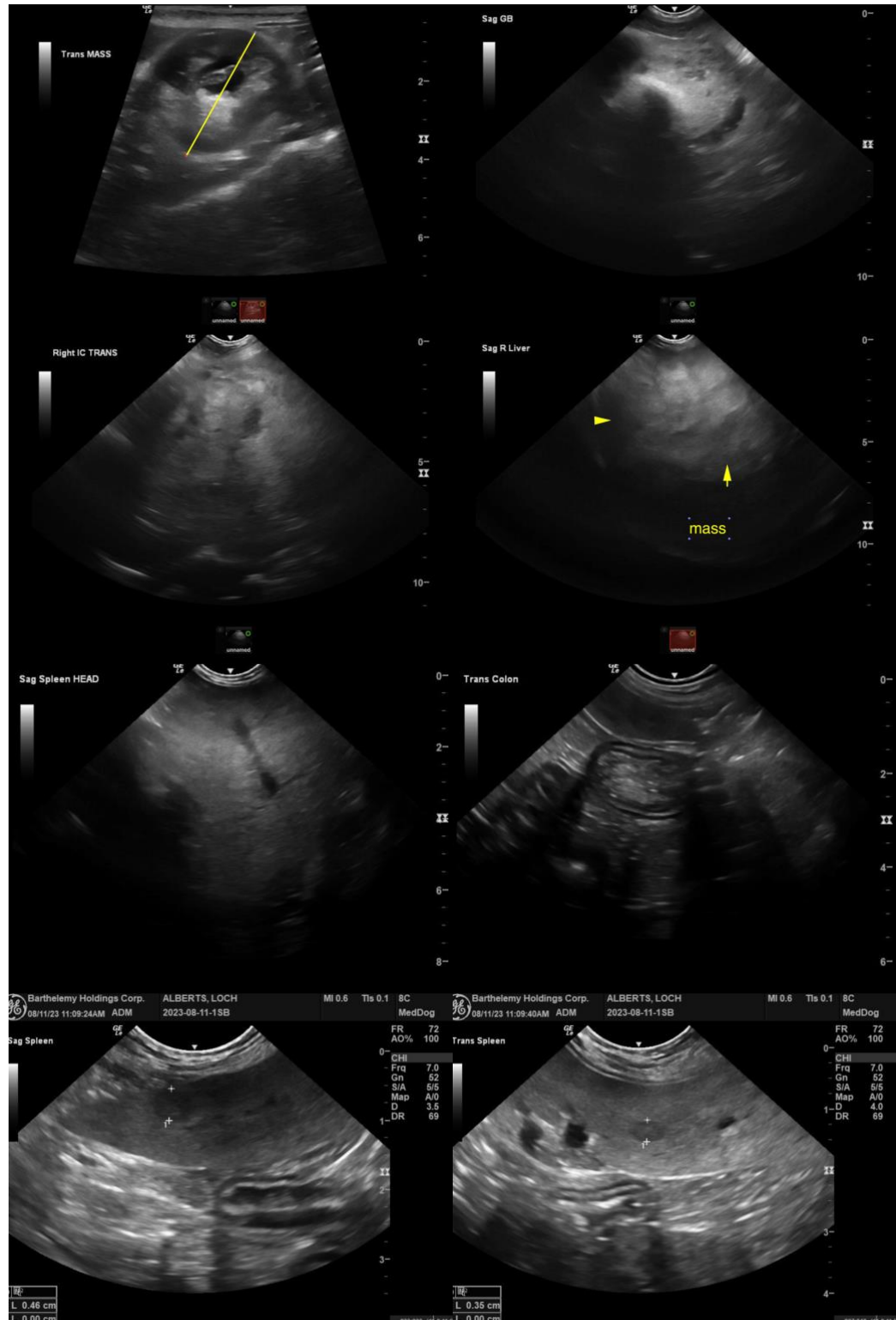
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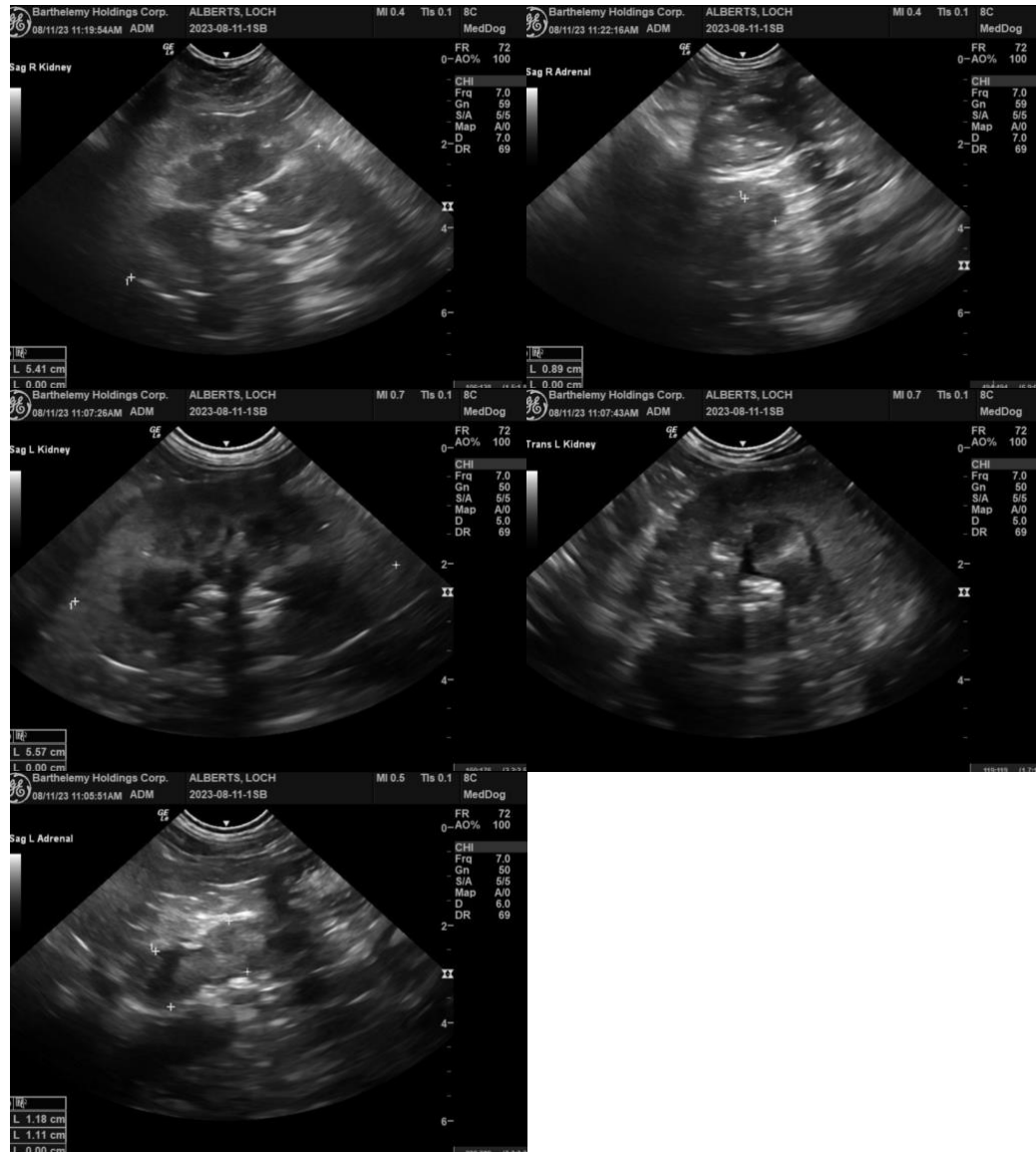
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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