**DATE**

8/20/21

**PRESENTING CLINICAL SIGNS**

History: Patient presented on 7/26/21 for vomiting for 1 wk. Owner had been offering a bland diet, but patient unable to keep down. polydipsia per owner; but patient is on cyclosporine chronically for atopy. Patient also had diarrhea a few days prior, but that has since resolved. Additionally, patient has some hotspots on the medial aspect of both thighs. Patient has lost 9lbs in the past month.

**PATIENT**

Katie Grumbine

Current Medications: Cyclosporine 100mg: 1 cap PO EOD.

Cerenia 60mg: 1 tab PO SID for vomiting/nausea.

Lab Results: 7/26/21-GLOB 4.1

**SPECIES**

Canine

Radiographs: RL/VD Thorax: multifocal, generalized, radiopaque pinpoint lesions; irregular cardiac silhouette.

RL/VD: irregular rounded liver margins, lobes appear to be separated radiographically; radiopaque circular density ventral to stomach cranially displacing it.

**BREED**

Collie

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not needed.

Stat Report: Not requested.

**SEX**

Spayed Female

**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.

**AGE**

2011

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. The capsules were acceptably uniform without significant irregularities. The right kidney measured 6.59 cm with trace pyelectasia. The left kidney measured 6.76 cm.

**WEIGHT**

62 lbs

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**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 2.35 x 0.54 cm at the caudal pole and 0.54 cm at the cranial pole. The left adrenal gland measured 2.76 x 0.59 cm at the caudal pole and 0.53 cm at the cranial pole.

**HOSPITAL NAME**

Northwind AH

**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 was noted.

**REFERRING VET**

Dr. Repsher

**INVOICE**

91411

**Liver**

The **liver** revealed increased portal markings with coarse architecture and multi-focal, hyperechoic areas of mineralization that possibly related to the pulmonary presentation on radiographs. This appears subjectively passive or low-grade benign. The right liver was swollen and mildly irregular. 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***

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. The distal small intestine was mildly dilated. The mesenteric lymph nodes are reactive.

### ***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.

### ***Free Abdomen***

Iliac lymph nodes were reactive and measured up to 1.5 x 0.5 cm.

### ***Heart***

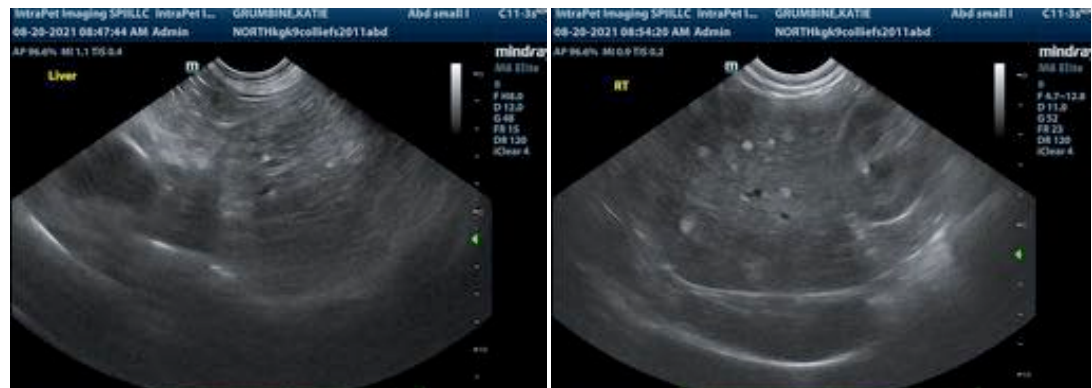
Rapid view of the heart revealed no evidence of pathology.

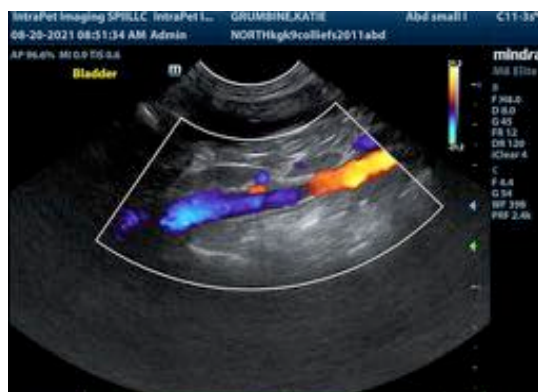
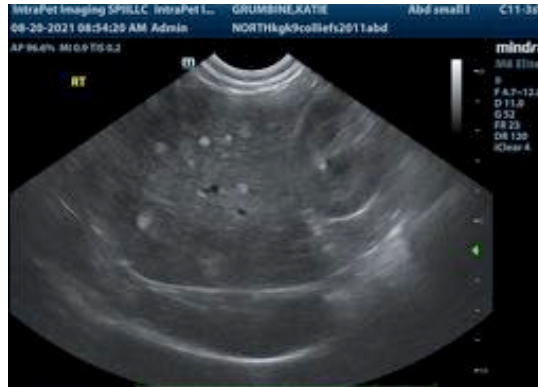
## **ULTRASONOGRAPHIC FINDINGS**

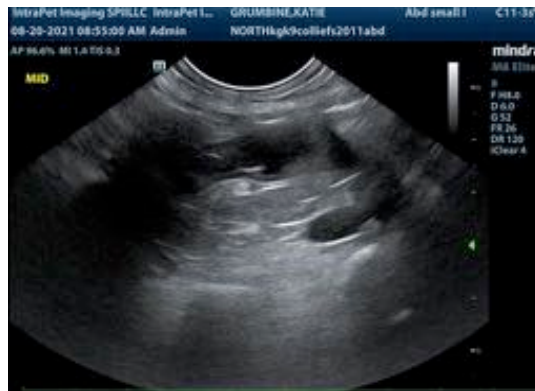
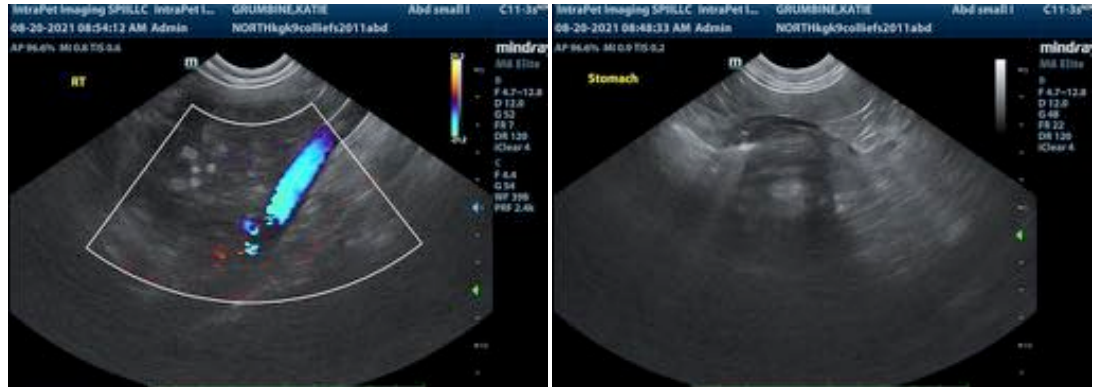
Structurally unremarkable gastrointestinal tract with heterogenous, undefined hepatic changes. Minor sublumbar lymphadenopathy.

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

FNA of the liver would be appropriate. Supportive care for gastrointestinal upset is indicated. Fecal test and anti parasitic protocol is indicated. Dietary indiscretion, food intolerance/indiscretion, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials.







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**  
Eric.Lindquist@SonoPath.com