



**PATIENT**

Stewie Zilenziger

**SPECIES**

Canine

**BREED**

Australian Shepherd

**SEX**

Neutered Male

**AGE**

10 Years

**WEIGHT**

80 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Ho-Ho-Kus VH

**REFERRING VET**

Dr. Kelly Gannon

**INVOICE**

41009

**DATE**

9/2/22

**PRESENTING CLINICAL SIGNS**

Patient presents for chronic diarrhea. Current meds: Tylan powder, probiotic, and I/D diet.

Abnormal PE/Chem/CBC/UA Results: PCV 54%, maldigestion panel pending.

**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 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. The right kidney measured 6.0 cm. The left kidney measured 6.0 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 0.60 cm.

**Spleen**

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The spleen was folded upon itself caudally. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

**Liver**

The **liver** presented multifocal macronodular changes and an overt 6.0 cm ill-defined mass in the left medial liver. Micronodular changes also noted. Right medial liver mass also noted measuring 4.47 cm. If any crusting skin lesions are present, the parenchymal hepatic presentation is reminiscent of potential hepatocutaneous syndrome. However, the nodular changes are largely localized to the left medial liver but do extend to the right. The lesions are not resectable and also occupy the caudate process and right medial liver, extending dorsally to the vena cava. The gallbladder and common bile duct were unremarkable.

**Gastrointestinal**

The **stomach** was unremarkable. The small intestine revealed some hyperperistalsis and irritability pattern, non-specific.



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**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.

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Canine

**ULTRASONOGRAPHIC FINDINGS**

- Diffuse nodular hyperplasia liver pattern with potential for carcinoma
- Small intestinal hyperperistalsis and irritability pattern

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Treatment should be based on FNA results and bile acid profile. The process may be very low-grade, such as pronounced nodular hyperplasia with underlying hepatoma. However, carcinoma or other neoplasia is possible. Diet change would be appropriate to hydrolyzed or hepatic friendly diet.

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For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

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10 Years

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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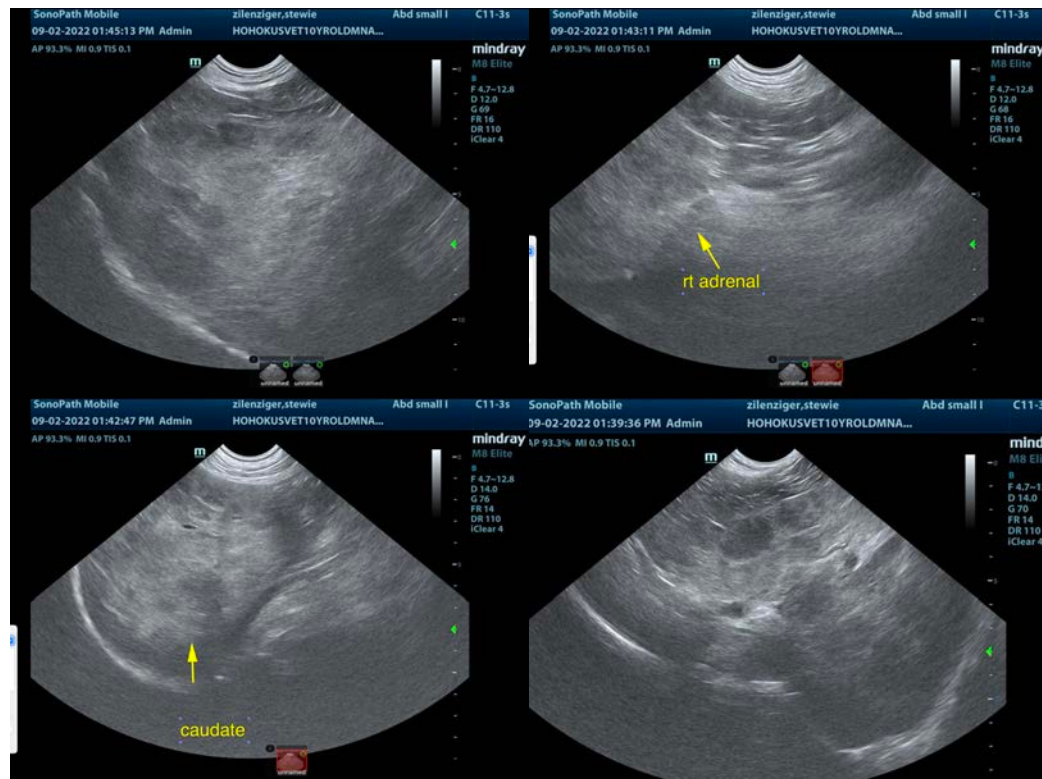
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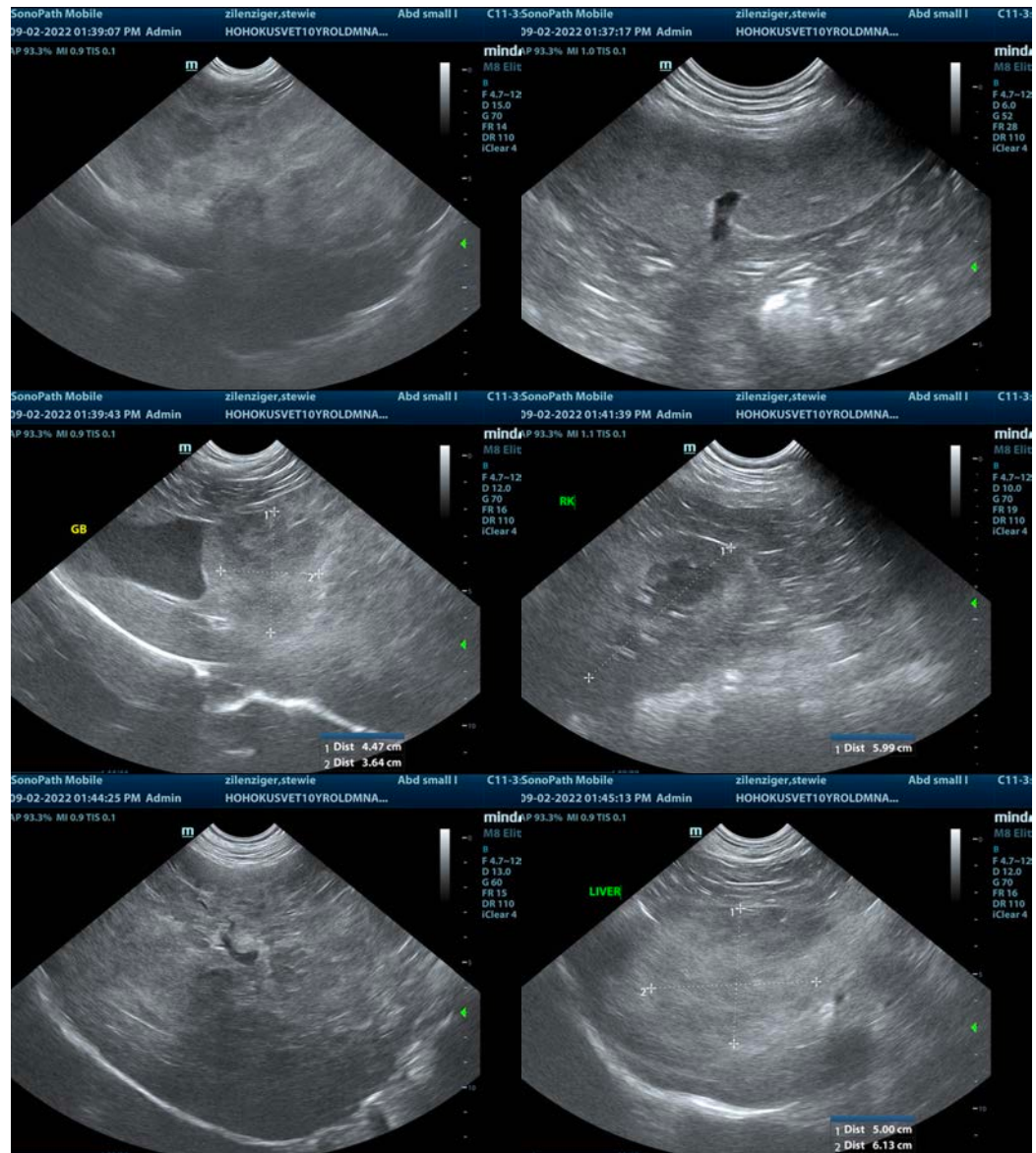
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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