



## PATIENT

Reese Austin

## SPECIES

Canine

## BREED

Australian Shepherd

## SEX

Spayed female

## AGE

6 years

## WEIGHT

43 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

JK

## HOSPITAL NAME

Hamburg VC

## REFERRING VET

Dr. DenHeyer

## INVOICE

91978

## DATE

9/23/21

## PRESENTING CLINICAL SIGNS

History: Bloating abdomen, elevated liver values, PU/PD, poor appetite. Urine bright orange  
Abnormal PE/Chem/CBC/UA Results: ALB 1.9, AST 576, ALT 500, ALK PHOS 179, GGT 27, BILI 0.5, UA SG 1.034, BILI 2+

## 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 6.45 cm with pinpoint mineralization.

### 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** was enlarged, uniform and mildly congested.

### Liver

The **liver** was subnormal in size, nodular and irregular. This is consistent with cirrhosis. 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 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.



**PATIENT**

**Pancreas**

Reese Austin

The **pancreas** was unremarkable, yet enhanced.

**SPECIES**

**Free Abdomen**

Canine

Ascites was noted. This is likely owing to portal hypertension and would also justify the splenic congestion. Variable lymph nodes are enlarged and mildly irregular. The lymph node mass measured 4.0 x 3.0 cm.

**BREED**

Australian Shepherd

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Mesenteric lymph node mass.

Spayed female

Hepatic cirrhosis pattern, possible neoplasia.

**AGE**

Secondary ascites owing to portal hypertension.

6 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

Abdominocentesis and cytospin is recommended. FNA of the lymph node mass +/- liver would be appropriate. However, prognosis long term is poor.

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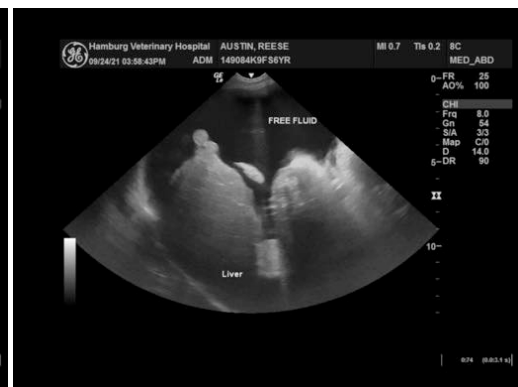
Dr. DenHeyer

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**PATIENT**

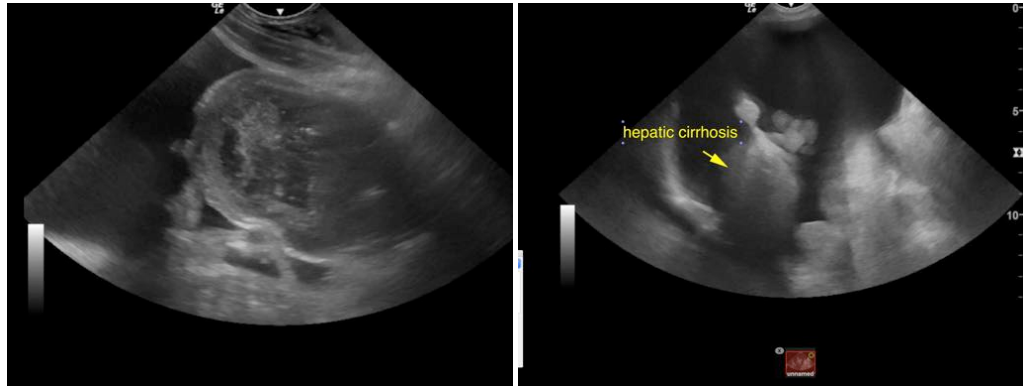
Reese Austin

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**SEX**

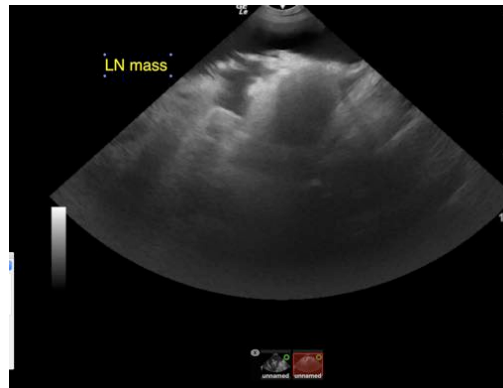
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
info@SonoPath.com