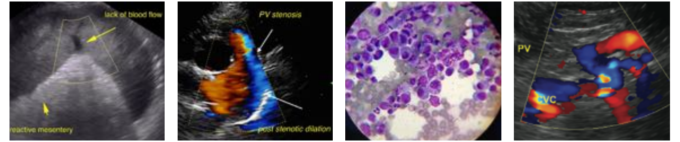


SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Olive Hollerith

SPECIES

Canine

BREED

Mix

SEX

Female

AGE

12 years

WEIGHT

56 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Byron Cabrera

HOSPITAL NAME

All Creatures Great and Small Denville

REFERRING VET

Silas Ashmore

INVOICE

39617

DATE

9/26/22

PRESENTING CLINICAL SIGNS

History: No PU/PD, ANOREXIA, FEVER OF UNKNOWN ORIGIN (106). Mid abdominal opacity in abdominal rads.
Abnormal PE/Chem/CBC/UA Results: high ALP (1913) high ALT (283) hIGH glob = 4.8, BUN= 30 WBC-WNL

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.

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 5.0 cm. The right 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 left adrenal gland measured 0.5 cm.

Spleen

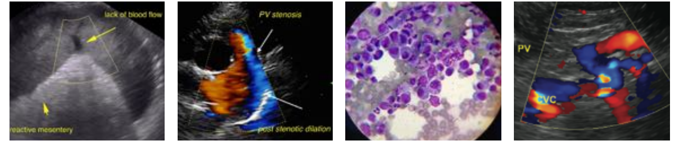
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The right **liver** revealed an echogenic, heterogenous mass that measured 5.0 cm with ill-defined margins. The gallbladder was edematous with sand and calculi.

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio.



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The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.

Pancreas

The visible **pancreas** was unremarkable other than minor enhanced mesentery in the region.

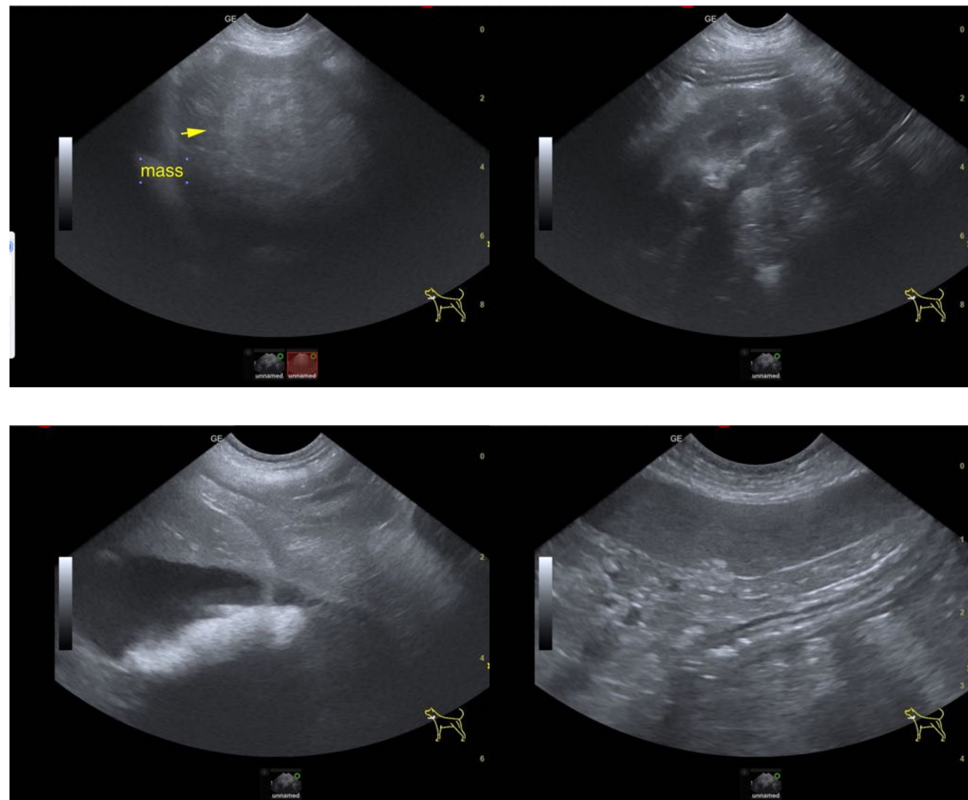
ULTRASONOGRAPHIC FINDINGS

Hepatic mass/possible granulomatous change.

IBD GI pattern with reactive mesentery.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the hepatic mass is indicated as well as bile acids. Treatment for enteritis is warranted. Further imaging is indicated of the right adrenal gland is recommended if adrenal disease is suspected.



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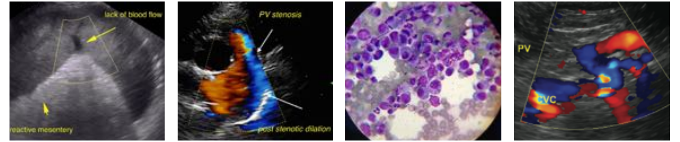

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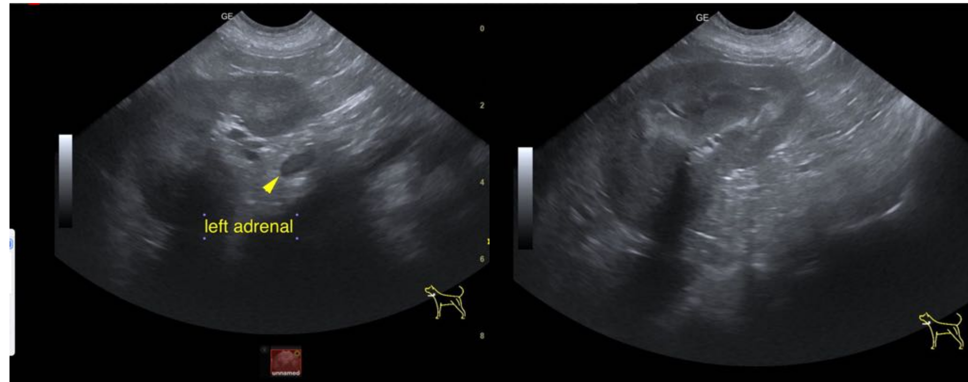

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com