

**PATIENT**

Kootenai Feingold

**SPECIES**

Canine

**BREED**

Australian Shepherd

**SEX**

Spayed female

**AGE**

11 years

**WEIGHT**

42.5 lbs

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

VCA Salem AH

**REFERRING VET**

Dr. Walling

**DATE**

8/23/23

**Invoice**

46749

**PRESENTING CLINICAL SIGNS**

History: Pale MM, In appetite, exercise intolerance  
Abnormal PE/Chem/CBC/UA Results: **ABNORMAL** Laboratory Findings Microcytic, hypochromic anemia, decreased total protein, decreased globulins. PCV 11% TP 3.6g/dL Clear serum Chemistry: WNL with the exception of low TP/Glob, ALB WNL Current Medications Dasoquin, Simparica Trio Radiographic Findings 7 radiographs dated August 23, 2023. Thorax: opposite lateral and ventrodorsal views are available. On the lateral views, there are several questionable pulmonary nodules measuring up to 4 mm in diameter. These are towards the lower limits of detectability for survey radiography and cannot be confirmed on the ventrodorsal view. There is a mild diffuse bronchial pattern considered unremarkable for the age of the patient. The heart is subjectively of normal size and shape. The heart measures approximately 10.2 V on the vertebral heart scale, which is within normal limits. The pulmonary vasculature is normal, with symmetry between the pulmonary arteries and veins. No abnormalities are noted within the pleural space and mediastinum. No significant skeletal abnormalities are noted. There is a fat opaque subcutaneous nodule along the left caudal thoracic wall. Abdomen: opposite lateral and ventrodorsal views are available. The liver extends slightly beyond the costal arch and has a mildly rounded caudal margin. The spleen, visible portions of the kidneys, and urinary bladder are unremarkable. The stomach contains a moderate volume of heterogenous soft tissue and gas opaque material. The small intestines are within normal limits for size and contain gas and fluid. The large intestines contain a moderate volume of feces. Peritoneal and retroperitoneal details are normal. The skeletal structures are unremarkable. Assessment: 1. Questionable pulmonary nodules. These may represent benign granulomas. Metastatic neoplasia cannot be excluded. A definitive primary lesion is not seen. Recheck radiographs are suggested in 4 to 6 weeks to evaluate for progression. If more immediate and thorough evaluation is desired, thoracic CT is suggested. Otherwise normal thorax for the age of the patient with no signs of intrathoracic lymphomegaly or cardiovascular disease. 2. Borderline hepatomegaly. This may be normal for this patient; alternatively, vacuolar hepatopathies, inflammation, or round cell neoplasia. Follow-up is suggested based on laboratory test results. Otherwise normal abdomen. Comments: a definitive cause for the patient's clinical signs is not seen.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

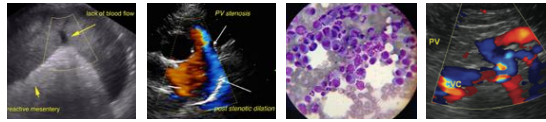
**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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 right kidney measured 5.91 cm. The left kidney measured 5.54 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



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unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 2.53 x 0.57 cm at the caudal pole and 0.62 cm at the cranial pole. The right adrenal gland measured 2.1 x 1.54 cm at the cranial pole and 0.9 cm at the caudal pole.

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**Spleen**

The **spleen** revealed a micronodular, non-disruptive changes with a mild amount of remodeling. This is consistent with hyperplasia. Neoplasia is not suspected. There was no evidence of masses.

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**Liver**

The **liver** in this patient revealed left-sided, mixed hypoechoic mass with peripheral inflammation. The right liver was unremarkable. Minor, heterogenous parenchymal changes were noted. The gallbladder and common bile duct were unremarkable.

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**Gastrointestinal**

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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**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.

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Sara Hansen

**ULTRASONOGRAPHIC FINDINGS**

**HOSPITAL NAME**

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Left-sided liver mass, nodular hyperplasia splenic pattern.

**REFERRING VET**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

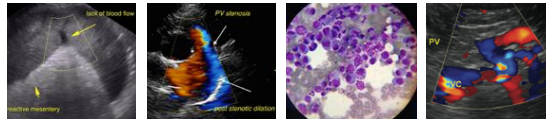
The left liver mass appears resectable, yet no free fluid or evidence of hemorrhage was noted. I believe this is likely a comorbidity scenario in this patient. Left liver mass differentials include carcinoma, abscessation and less likely hemangiosarcoma. CBC path review is recommended if not already performed as well as bone marrow aspirate. The pulmonary nodules may represent metastatic disease. Intercostal ultrasound or CT is indicated with 25-gauge FNA of the non-cavitated portion of the liver mass and spleen is warranted. The prognosis is guarded. Prior to any sampling blood transfusion is necessary to reach a hematocrit of at least 20, but preferably 25. Bone marrow aspirate would likely be appropriate in this patient.

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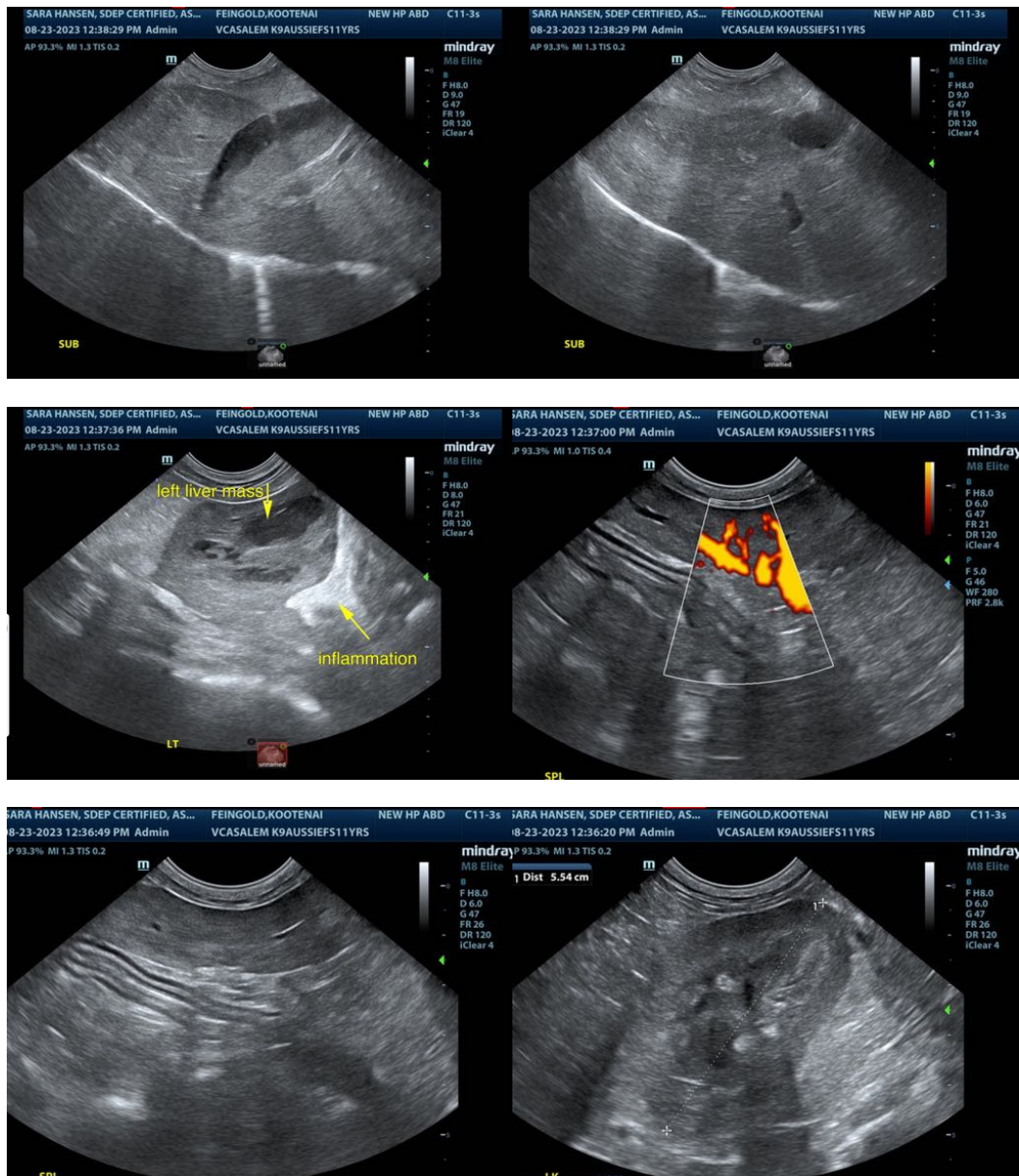
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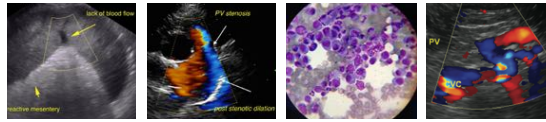
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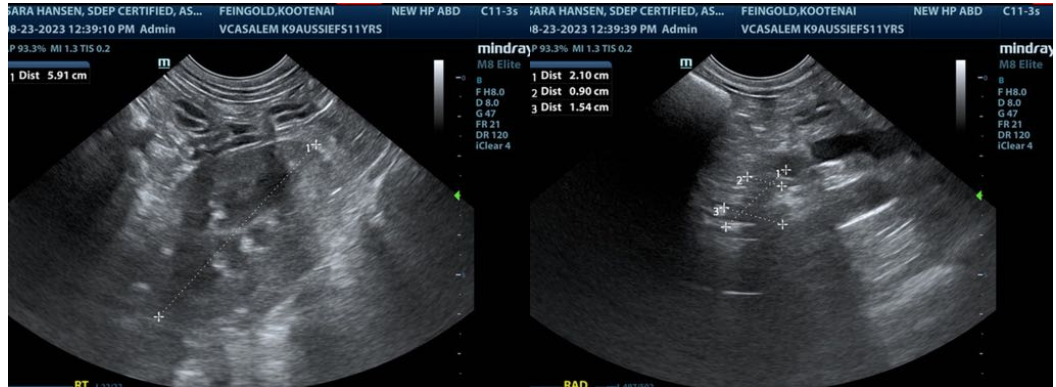
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com