



**PATIENT**

Pepper Cappello

**SPECIES**

Canine

**BREED**

Pitbull Mix

**SEX**

Spayed female

**AGE**

5 years

**WEIGHT**

58 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jessica Miller

**HOSPITAL NAME**

All Creatures Great  
and Small

**REFERRING VET**

Dr. Ashmore

**INVOICE**

47857

**DATE**

6/20/23

**PRESENTING CLINICAL SIGNS**

History: Anorexia, wt loss, diarrhea  
Abnormal PE/Chem/CBC/UA Results: mild ^ ALP, rest ok

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** presented a relatively uniform thickening of the cranioventral and craniodorsal mucosae with micropolypoid mucosal changes without involvement of the submucosae. The urine presented some echogenicity consistent with suspended debris. Sand was noted at the apex of the bladder. No evidence of urethral pathology was present. This presentation is most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out without histopathological review but is not overtly suspected based on this pattern. Cystocentesis and urine culture +/- pathological review of urine cytology would be warranted. No overt calculi were present at this time.

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 7.05 cm. The left kidney measured 6.67 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 2.13 x 1.41 cm at the cranial pole and 0.46 cm at the caudal pole. The left adrenal gland measured 2.47 x 0.57 cm at the caudal pole and 0.45 cm at the cranial pole.

**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 **liver** was mildly swollen and irregular in contour with slight free fluid noted between the liver lobes. The gallbladder and common bile duct were unremarkable.



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**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. Variable gastrointestinal thickening was noted. Colonic wall thickening measured 1.0 cm. Reactive mesentery was noted around the colon. The colic lymph node was enlarged. Significant inflammation was noted around the mesenteric lymph nodes.

**Pancreas**

Heterogenous parenchymal changes were noted around the **pancreas**. Regional pancreatic lymphadenopathy was present.

**Free Abdomen**

Multiple, rounded, iliac lymph nodes were noted and measured up to 3.0 cm.

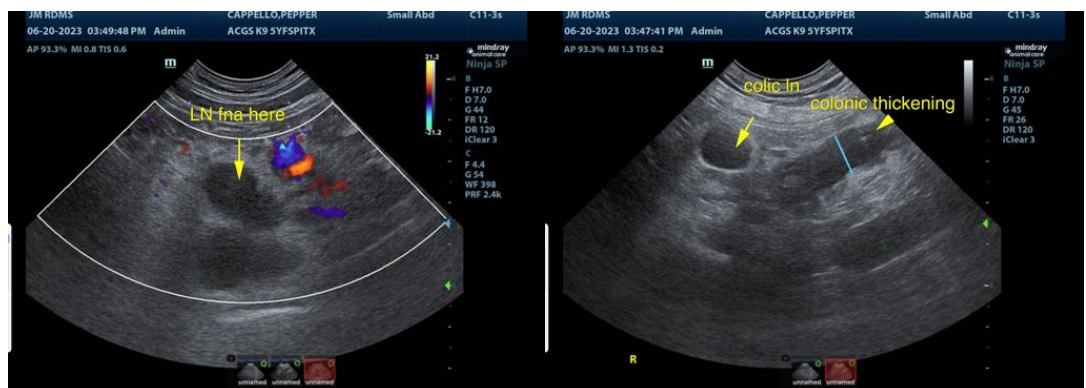
**ULTRASONOGRAPHIC FINDINGS**

Multi-centric lymphadenopathy with colic thickening and regional pancreatic inflammation. This is strongly suggestive for round cell neoplasia. Lymphadenitis, colitis and pancreatitis is possible yet less likely.

Mildly swollen liver, potential early infiltrative disease.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA, cytology and culture of the lymph nodes is indicated. Hepatic FNA is also indicated.





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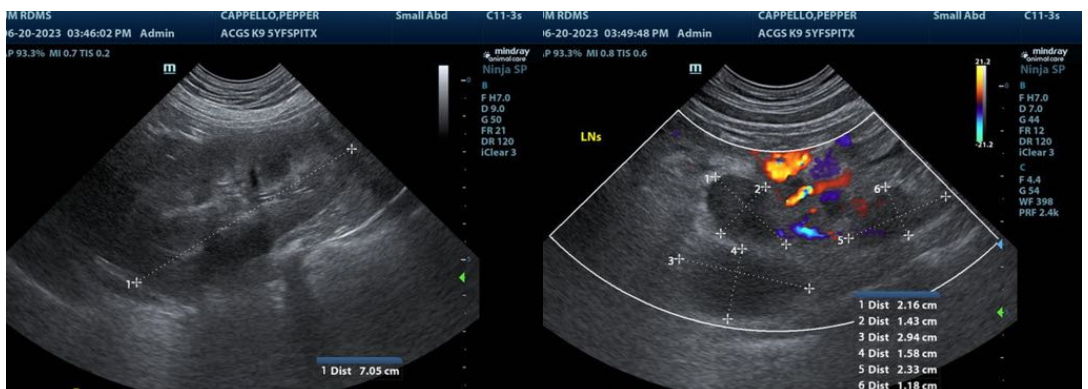
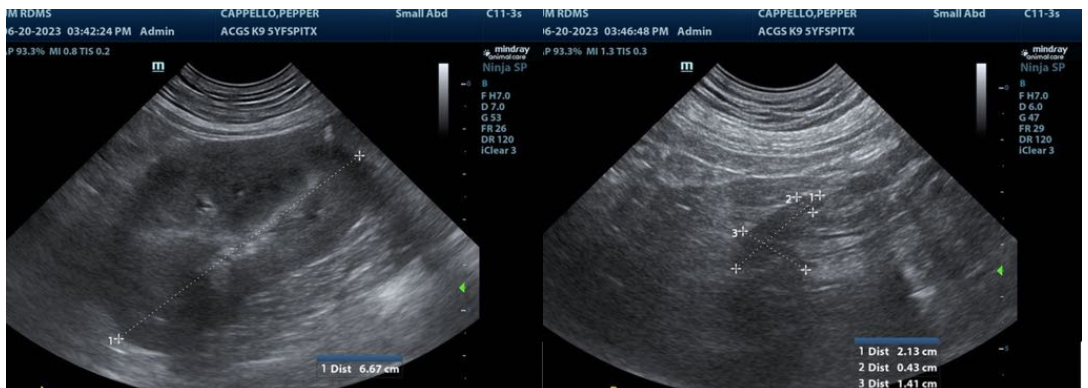
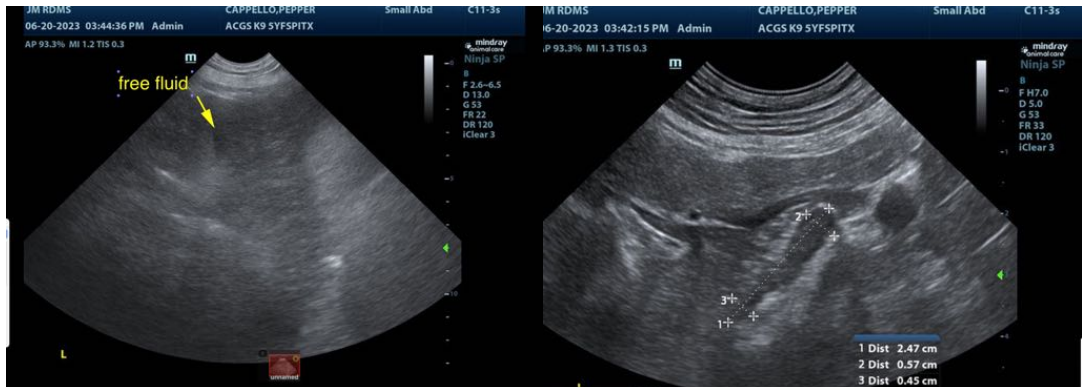
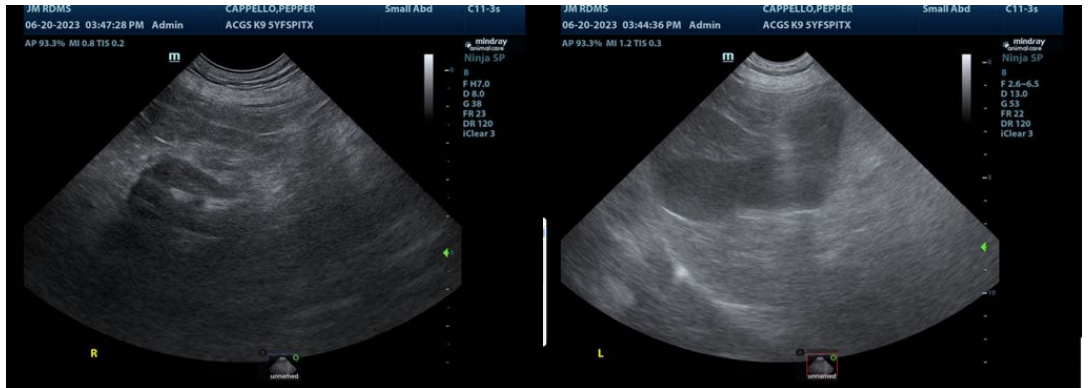
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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