



**PATIENT PRESENTING CLINICAL SIGNS**

Copper Bateman

Presented 11/29/2022 for 2 day history of lethargy, anorexia, and weakness. No current medications. Hx IVDD. No v/d. No history FB, toxin, medication ingestion. Fever on presentation. Treated with Rimadyl injection, Cerenia, Famotidine, SC fluids. Sent home on doxycycline, gabapentin, tramadol. Liver mass seen on AFAST. Ultrasound to assess for FUO.

**SPECIES**

Canine

**BREED**

Foxhound

**SEX**

Neutered Male

**AGE**

12 Years

Abnormal PE/Chem/CBC/UA Results: On exam 11/28/2022 temp 104.9F. Pain on caudal thoracic and lumbar spine palpation. Tense on abdominal palpation. Remainder neuro exam normal. Today temp 102.9F. Lethargic overnight. cbc/chem 11/28/2022 Lymphocytes low 0.98 Platelet low 77 - adeq on manual count (11-12/hpf) ALP high 647 Sodium low 135 remainder cbc/chem wnl UA/culture/Accuplex 11/28/2022 USG 1.012 Protein 2+ Cloudy appearance RBC greater than 50 Accuplex all negative urine culture negative Abdominal rads 11/28/2022 CONCLUSIONS: The source of the fever is not definitively identified. Fevers of unknown origin are commonly seen with pyelonephritis, endocarditis, meningitis, or occult malignancy. Soft tissue opacity seen in the right cranial abdomen and may represent a fecal ball given the lack of reported vomiting however a small intestinal foreign body cannot be entirely ruled out. RECOMMENDATIONS: Further diagnostics and therapy should depend on the results of the pending blood work. Urinalysis with culture and sensitivity is strongly recommended. Abdominal sonography is likely needed to further evaluate for evidence of occult disease within the abdomen. 3 view thoracic radiographs are recommended to rule out evidence of intrathoracic disease. CSF tap and an MRI of the spine may be needed to rule out evidence of meningitis given the reported physical exam findings and the fever. FNA liver mass pending

**WEIGHT**

49 Pounds

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

The left kidney has a normal shape and size (5.94 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.15 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.91 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.75 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

**INTERPRETED BY**

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(Small Animal Internal  
Medicine)

**IMAGING PERFORMED BY**

Dr. Lucas Budden

**HOSPITAL NAME**

Frontier Vet Hospital

**REFERRING VET**

Dr. Lucas Budden

**INVOICE**

43031

**DATE**

11/29/22



**PATIENT**

**Spleen**

Copper Bateman

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a very ill-defined, slightly hyperechoic lesion visualized at the splenic hilus measuring 1.4 cm x 1.41 cm.

**SPECIES**

Canine

**Liver**

**BREED**

Foxhound

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. There is a hyperechoic nodule/mass lesion visualized within the parenchyma measuring 2.38 cm x 2.14 cm.

**SEX**

Neutered Male

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

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**Gastrointestinal**

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

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The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.41 cm. Jejunum wall measures 0.36 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

**Pancreas**

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The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

**Free Abdomen**

**HOSPITAL NAME**

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Evaluation of the peritoneal cavity did not reveal any evidence of effusion. A normal mesenteric lymph node is visualized measuring 0.45 cm. The omentum is of normal echogenicity.

**ULTRASONOGRAPHIC FINDINGS**

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- Ill-defined hyperechoic lesion visualized at the splenic hilus – This could represent an atypical benign myelolipoma due to location or could represent a benign or neoplastic lesion. Recommend continued monitoring.
- Hyperechoic nodule/mass lesion visualized within the hepatic parenchyma – The appearance of this lesion trends towards a benign lesion. Consider a fine needle aspirate.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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An obvious source for the fever reported is not visualized. Both of the lesions observed are mild, relatively non-specific, and appear somewhat benign in appearance, although continued monitoring



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and/or sampling is recommended. Given the history provided, I would be concerned about possible discospondylitis. Recommend lumbar radiographs and a urine culture (off of antibiotic for 3-5 days). Additionally, a more extensive vector borne disease panel could be considered. I like NC State's canine comprehensive panel. I would also consider screening for Leishmania, as Foxhounds have a predilection for this disease.

**SPECIES**

Canine

Carefully examine the joints for any effusion/pain and the eyes for any evidence of uveitis. I will often tap multiple joints on these patients to look for evidence of polyarthritis provided thoracic radiographs are normal, bloodwork is normal, and no other sources for the fever are identified.

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Foxhound

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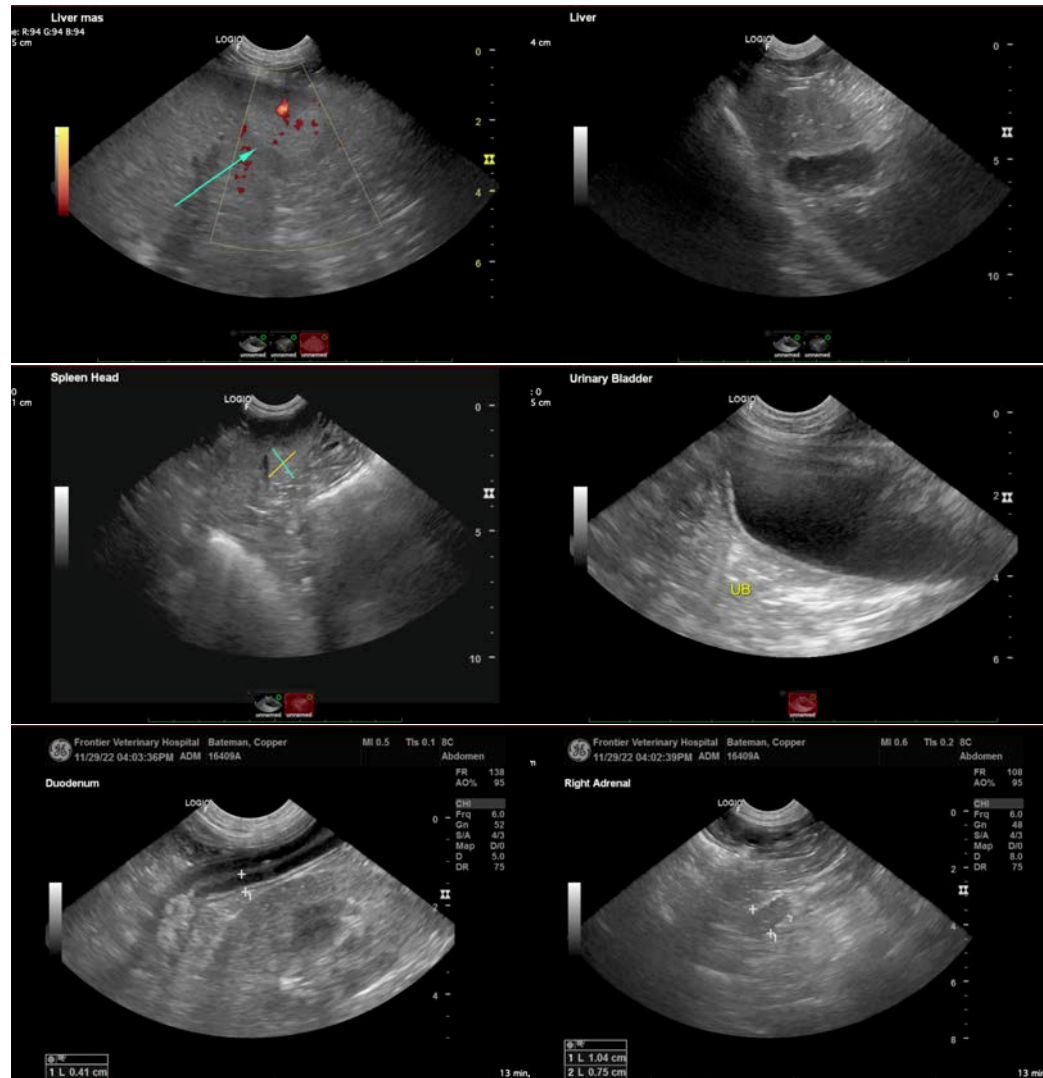
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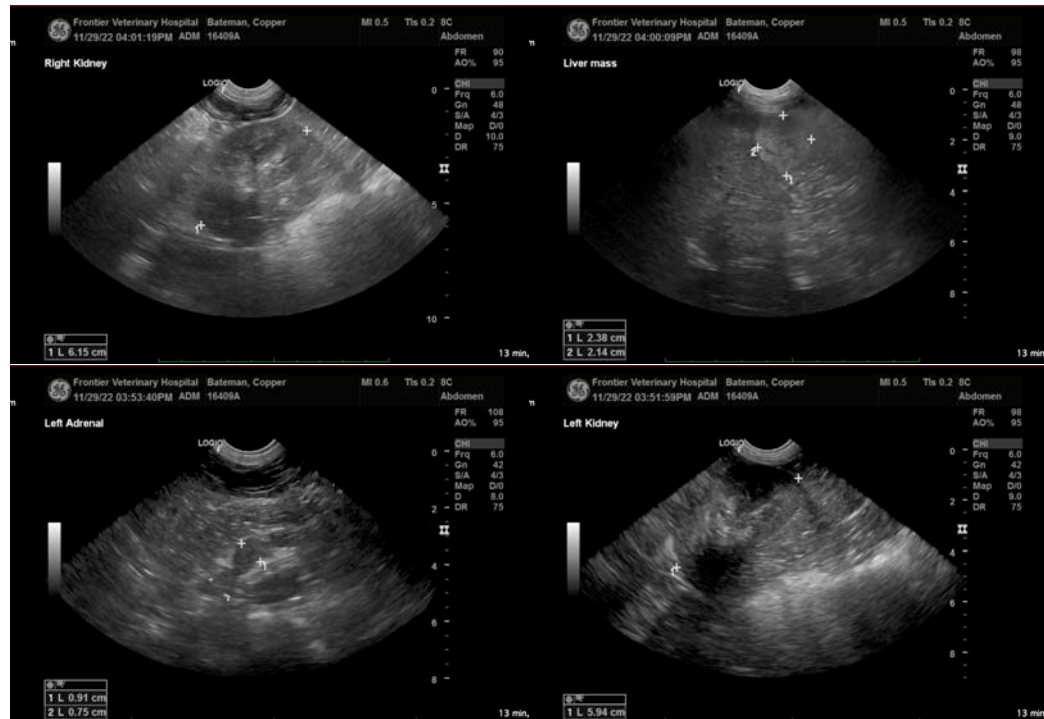
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

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