



**PATIENT**

River Lipperts

**PRESENTING CLINICAL SIGNS**

**SPECIES**

Canine

No sedation- did not seem painful when applying pressure to cranial abdomen but very sweet cooperative dog- vomit 5-6 times over the weekend, Historical DLE and SLE managed on Atopica 100mg SID for 3 years and ketonconazole- anorexia/hypoerexia- BAR  
Abnormal PE/Chem/CBC/UA Results: LABS: WBC 20,330, CPL normal, LYMPH 980, NEUT 17900, AL 189, ALT 458 RADS: mass effect caudal to stomach suggests pancreas, peritoneal fluid, liver appears small suggestive of chronic disease,

**BREED**

St. Bernard X

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**SEX**

Neutered Male

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.

**AGE**

5 Years

The prostate is normal in size (1.05 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

**WEIGHT**

115 Pounds

The left kidney has a normal shape and size (7.3 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 (6.79 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**INTERPRETED BY**

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

**Adrenal Glands**

**IMAGING BY**

Loetitia Saint-Jacques,  
LVT

The left adrenal gland is normal in size measuring 0.48 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 0.68 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.

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Desert Hills AH

**Spleen**

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. No focal parenchymal abnormalities are visualized.

**REFERRING VET**

Dr. Michelle Caldwell

**Liver**

The liver is subjectively normal/borderline small in size, and irregular in shape The parenchyma is heterogeneous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

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**PATIENT**

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

**SPECIES**

Canine

**Gastrointestinal**

The stomach is mildly dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

**BREED**

St. Bernard X

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. Jejunum wall measured 0.90 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

**SEX**

Neutered Male

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.

**AGE**

5 Years

**Pancreas**

The left limb of the pancreas appears relatively normal. There is a large, hypoechoic, mixed echogenic, irregular mass effect visible in the right cranial abdomen, which is likely either pancreatic in origin or an effaced lymph node. This measures 5.43 cm x 6.38 cm (described under free abdomen).

**WEIGHT**

115 Pounds

**Free Abdomen**

There is scant free abdominal fluid. There is a severe lymphadenopathy present with a large, hypoechoic and round gastric lymph node measuring 2.41 cm. A mesenteric lymph node measures 0.75 cm. A large, mixed echogenic, irregular, hypoechoic mass effect is caudal to the stomach, most consistent with either a pancreatic mass or a large effaced lymph node, measuring 5.43 cm x 6.38 cm. The omentum is hyperechoic around the lymph nodes and this mass effect.

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**IMAGING BY**

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**Other**

Questionable scant pleural effusion.

**ULTRASONOGRAPHIC FINDINGS**

**HOSPITAL NAME**

Desert Hills AH

- Large, irregular, hypoechoic and heterogeneous mass effect in the right cranial abdomen. This mass is surrounded by hyperechoic mesentery and appears severely inflamed. This is most consistent with either a pancreatic mass or an effaced lymph node. Recommend a fine needle aspirate.

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Dr. Michelle Caldwell

- Irregular/lobulated heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. The irregular appearance is concerning for possible early cirrhotic type change. Recommend a liver function test and fine needle aspirate.

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- Severe lymphadenopathy – There are large, hypoechoic, rounded lymph nodes in the cranial abdomen that are concerning for possible metastatic disease. Recommend fine needle aspirate.

**SPECIES**

Canine

- Scant abdominal effusion and questionable pleural effusion – Recommend 3-view thoracic radiographs.

**BREED**

St. Bernard X

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is a large, inflamed, hypoechoic and heterogeneous mass effect in the right cranial abdomen that is concerning for either pancreatic origin or a large effaced lymph node. Recommend a fine needle aspirate of this lesion. If fluid is obtained, consider fluid analysis and culture (aerobic and anaerobic). Additionally, consider a fine needle aspirate of a cranial abdominal lymph node and the liver, provided coagulation parameters are normal.

**SEX**

Neutered Male

The liver changes appear somewhat consistent with a shrunken/cirrhotic type change, but these could also represent nodular change.

**AGE**

5 Years

**WEIGHT**

115 Pounds

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**REFERRING VET**

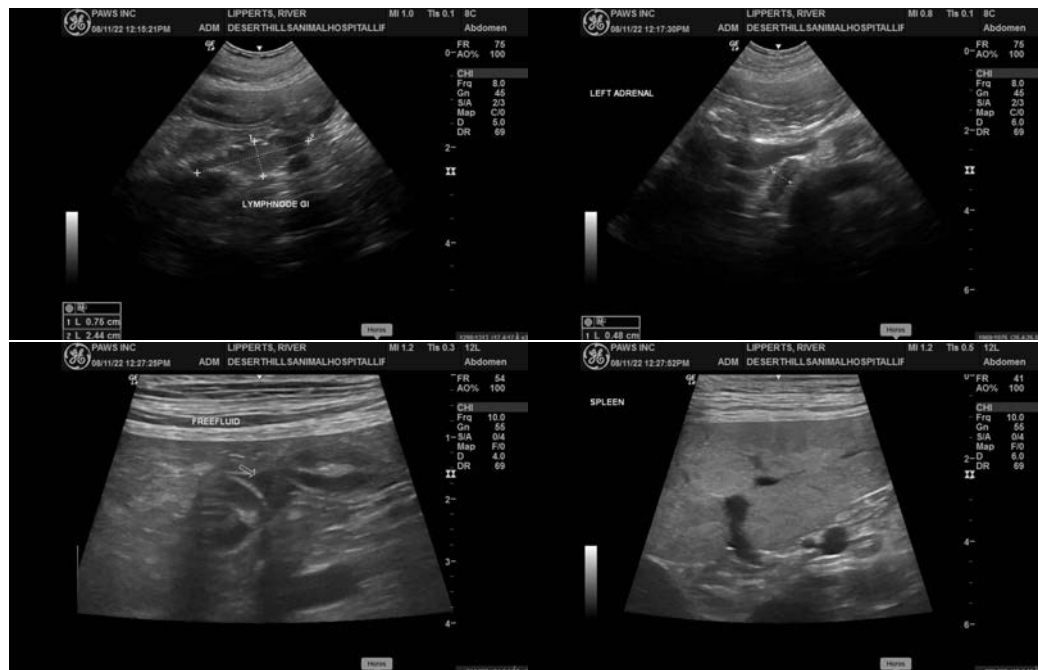
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**SPECIES**

Canine

**BREED**

St. Bernard X

**SEX**

Neutered Male

**AGE**

5 Years

**WEIGHT**

115 Pounds

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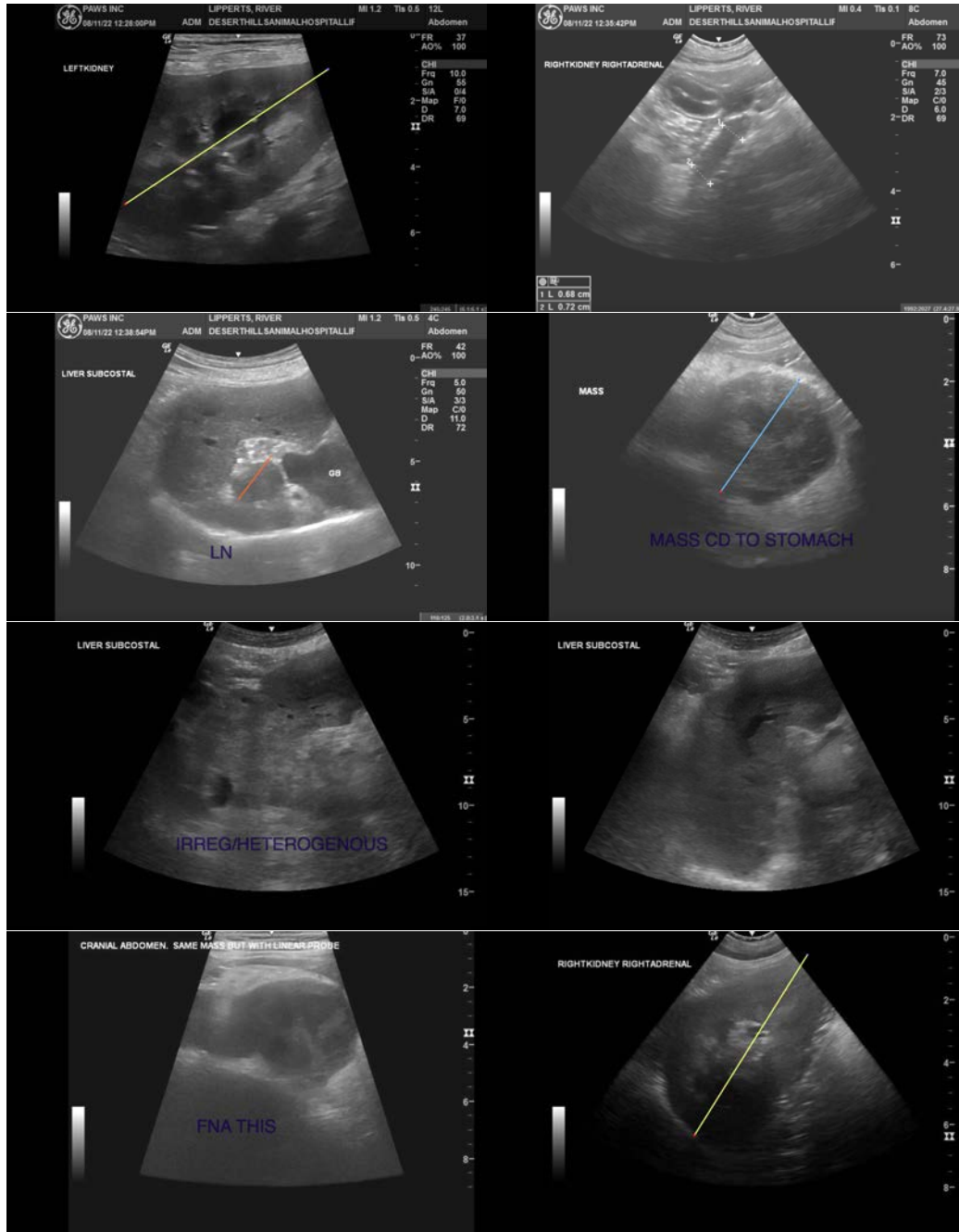
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## PATIENT

River Lipperts

**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.**

## SPECIES

Canine

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.

## BREED

St. Bernard X

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## SEX

Neutered Male

## AGE

5 Years

## WEIGHT

115 Pounds

## INTERPRETED BY

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Medicine)

## IMAGING BY

Loetitia Saint-Jacques,  
LVT

## HOSPITAL NAME

Desert Hills AH

## REFERRING VET

Dr. Michelle Caldwell

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