



**PATIENT**

Shelly Brown

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Spayed female

**AGE**

11 years

**WEIGHT**

84.6 lbs

**PRESENTING CLINICAL SIGNS**

History: P presented 10/29 for not walking on back legs, ADR, and p did not eat that morning. Treated supportively. Started having diarrhea on 10/31. Returned on 11/3 for US. Owner reports P doing better. 3 rads attached  
 Abnormal PE/Chem/CBC/UA Results: ALKP 264, Lipase 5387

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is small with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 7.0 cm, right measured 7.6 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

**INTERPRETED BY**

Remo Lobetti, BVSc,  
 MMedVet (Med),  
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**Adrenal Glands**

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 3.04 cm in length x 0.7 cm and 0.7 cm in width. The right adrenal gland measured 3.01 cm in length x 0.56 cm and 0.6 cm in width.

**IMAGING PERFORMED BY**

Kathleen Byrnes

**Spleen**

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 2.5 cm in width.

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**Liver**

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. Focal, mottled echogenic, parenchymal nodule in the cranial aspect of the left lobe measuring approximately 1.5 x 1.9 cm in size with a hyperechogenic center measuring 0.8 cm in size. No additional nodules or masses are evident. Normal appearance of the hepatic and portal vasculature.

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**Gallbladder**

The gallbladder is full containing a moderate amount of non-adhered, hyperechogenic sediment. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

**Gastrointestinal**

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.

**Pancreas**

The left pancreatic lobe is normal in size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

The right pancreatic lobe is normal in size with a mottled echogenic appearance and an irregular capsule, hyperechogenic appearance of the mesentery surrounding the lobe.

**Free Abdomen**

Enlarged mesenteric lymph nodes in the region of the right lobe of the pancreas measuring up to 1.8 x 2.4 cm in size with a rounded shape, but maintained a normal echogenic appearance. Hyperechogenic appearance of the mesentery surrounding the lymph nodes. The rest of the mesenteric lymph nodes are of normal size and appearance.

No ascites evident.

**Thorax**

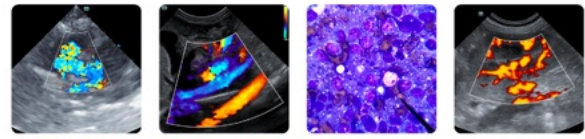
Normal appearance of the heart. No pericardial or pleural effusion evident.

**ULTRASONOGRAPHIC FINDINGS**

- Pancreatic pathology.
- Regional mesenteric lymphadenomegaly.
- Hepatic nodule.
- Gallbladder sediment.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Etiologies for the pancreas would be chronic pancreatitis, pancreatic fibrosis and possibly emerging neoplasia.



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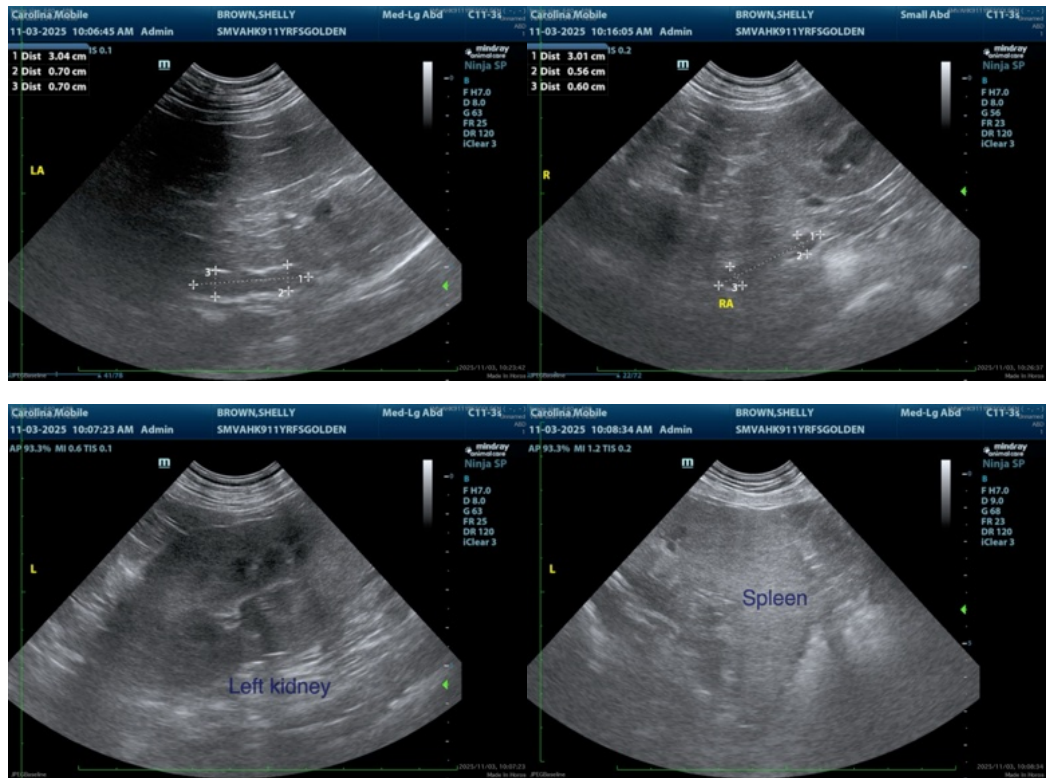
Etiologies for the regional mesenteric lymphadenomegaly would be reactive hyperplasia, lymphadenitis and infiltrative neoplasia. The most likely etiology for the hepatic nodule would be incidental nodular hyperplasia, with organized hematoma, granuloma and abscess differential diagnosis and neoplasia an unlikely differential diagnosis.

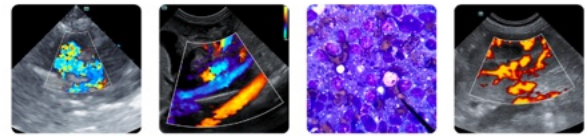
The gallbladder sediment is most likely an incidental finding.

Further assessment would be CPL/PSL assay and FNA cytology of the pancreas and regional lymph nodes.

If possibly FNA cytology of the hepatic nodule could also be considered.

Specific therapy would be dependent on an etiological diagnosis.





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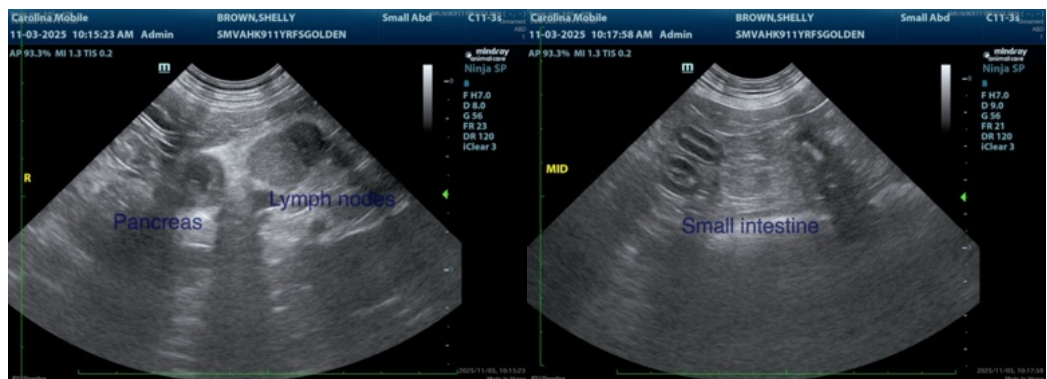
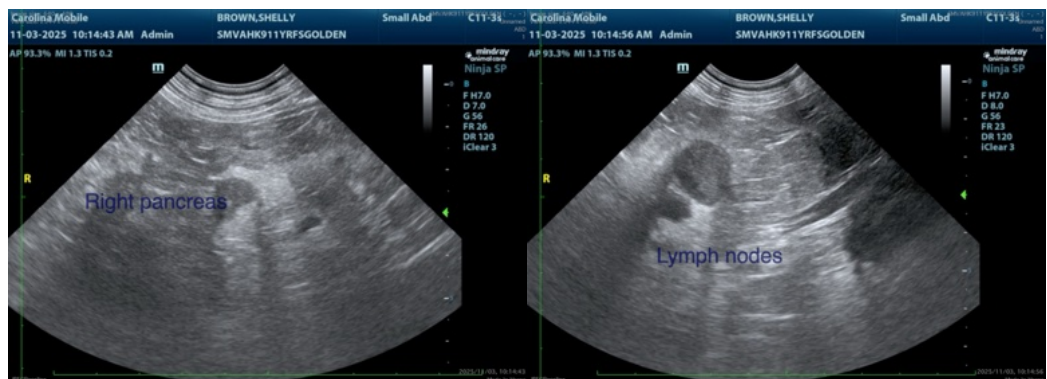
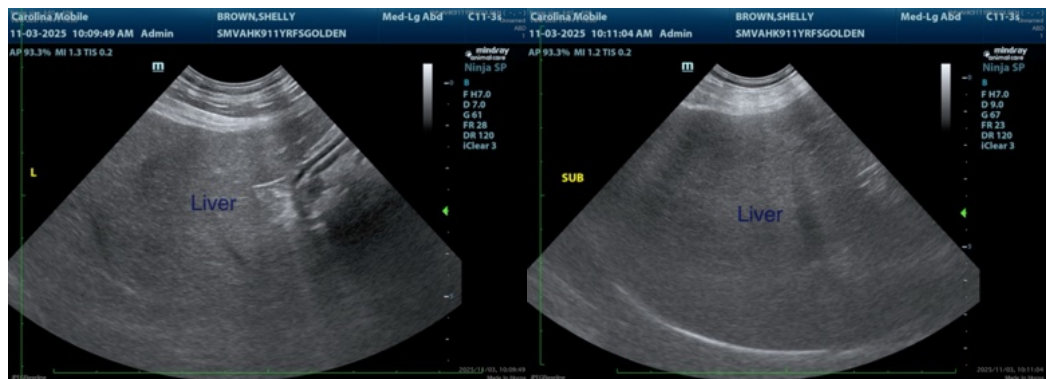
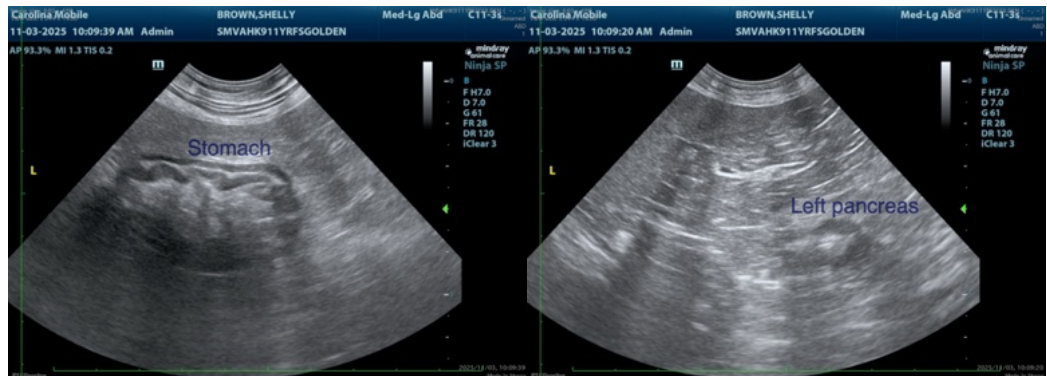
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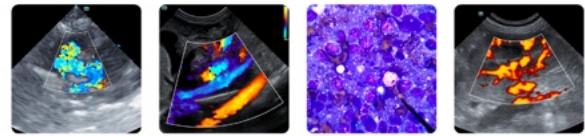
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

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