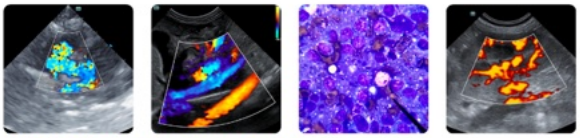



**PATIENT**

Bindi Rodgerson

**SPECIES**

Canine

**BREED**

Border Collie

**SEX**

Spayed female

**AGE**

14 years

**WEIGHT**

52.8 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

Pet Care Clinic of the High Country

**REFERRING VET**

Dr. Russell

**INVOICE**

69374

**DATE**

12/17/25

## PRESENTING CLINICAL SIGNS

History: P presented for US due to not eating for 3-4 days and vomiting. P had senior bloodwork about a month ago which was normal and started Carprofen at that time for osteoarthritis. Bloodwork today ALT, ALKP, GGT, Tbili increased Lepto Negative. rdvm stopping Carporfen

## 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 5.5 cm, right measured 4.9 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.

### *Adrenal Glands*

The adrenal glands are mildly enlarged, but maintained a normal echogenic appearance, position and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.72 cm in length x 0.83 cm and 0.93 cm in width. The right adrenal gland measured 2.02 cm in length x 0.91 cm in width.

### *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. Focal, hyperechogenic parenchymal nodule on the head of the spleen measuring 1.5 x 2.0 cm in size with bulging of the overlying capsule present. The spleen measured 1.8 cm in width.

### *Liver*

Normal size, echogenic appearance, prominent portal markings, and regular curvilinear capsule. Focal, hypoechogenic parenchymal nodule in the left lobe measuring 1.5 x 1.8 cm in size. No additional nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

### *Gallbladder*

The gallbladder is full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

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### *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. A small amount of fluid is present in the stomach.

### *Pancreas*

Normal size with a hypoechogenic appearance and an irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

### *Free Abdomen*

Normal mesenteric lymph nodes.

No ascites evident.

### *Thorax*

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

## ULTRASONOGRAPHIC FINDINGS

- Pancreatitis.
- Splenic nodule.
- Hepatic nodule.
- Bilateral adrenomegaly.
- Prominent hepatic portal markings.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the pancreas is consistent with pancreatitis.

Etiologies for the splenic nodule would be hematoma, granuloma and emerging neoplasia with extramedullary hemopoiesis/reactive hyperplasia unlikely differential diagnosis.

The most likely etiology for the hepatic nodule would be an incidental nodular hyperplasia.

The most likely etiology for the adrenomegaly would be disease, stress or age related reactive hyperplasia with pituitary dependent Cushing's disease a less likely differential diagnosis.

The prominent hepatic portal markings can be considered an incidental age related finding.

Initial further assessment would be CPL/PSL assay, monitoring of the splenic nodule would be recommended and if there is any progressive enlargement then a splenectomy should be considered.

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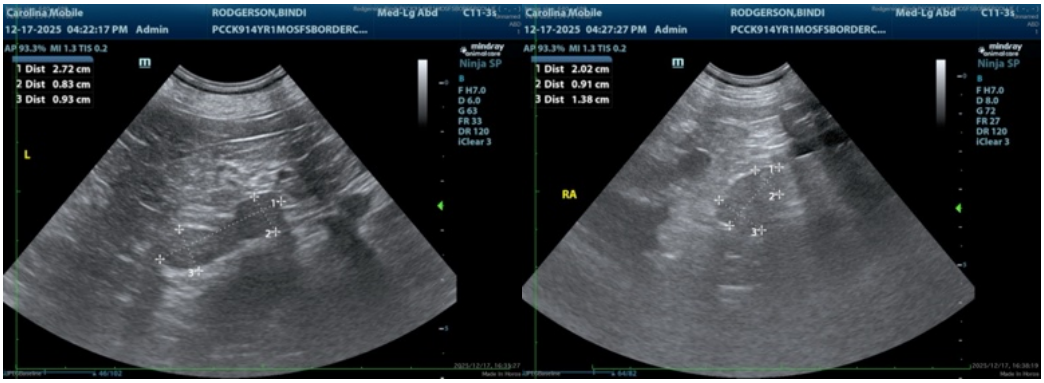
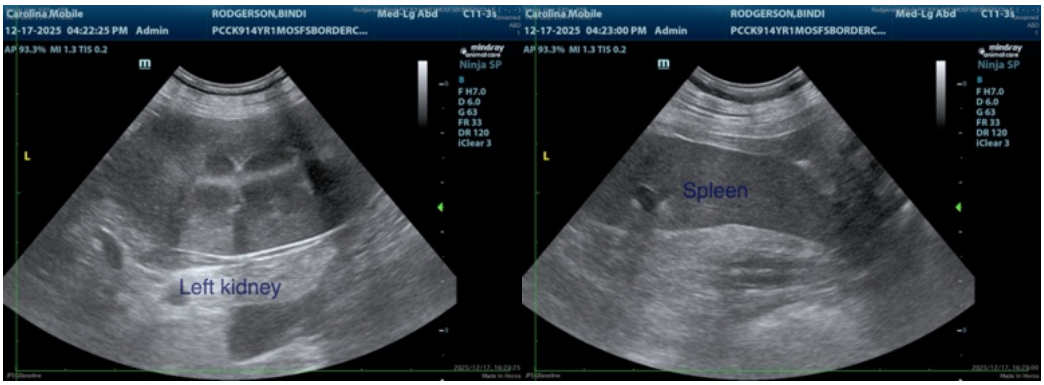
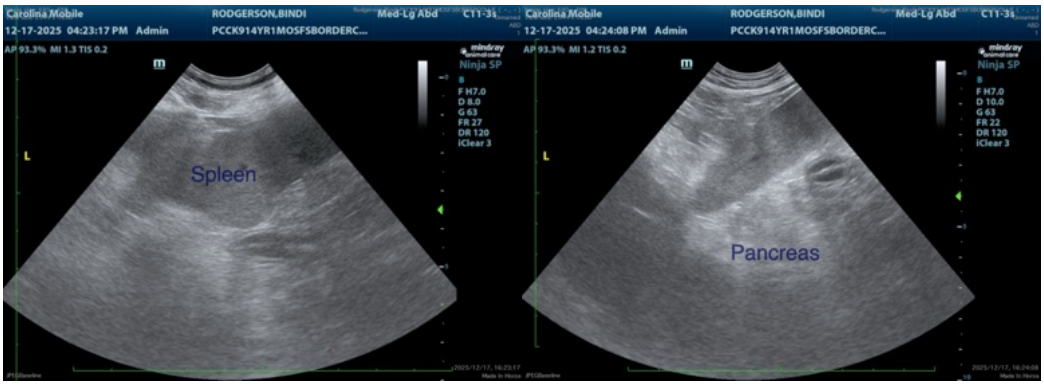
Management of the pancreatitis would be fluid therapy, correction of any electrolyte anomalies, opioid analgesics, antiemetics, and feeding small frequent meals of a low-fat intestinal diet. The use of fuzapladib (Panoquell) could also be considered.





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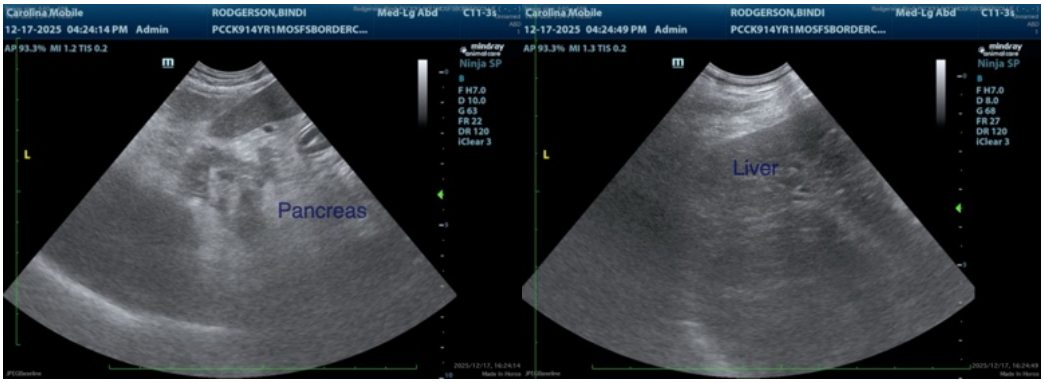


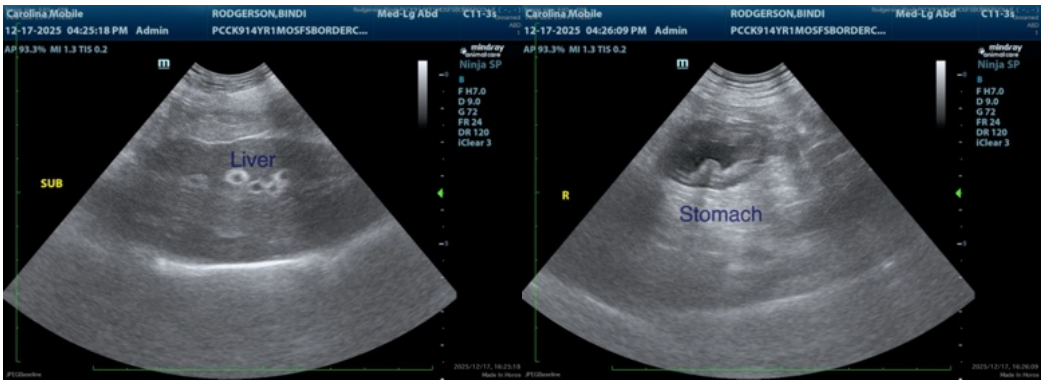


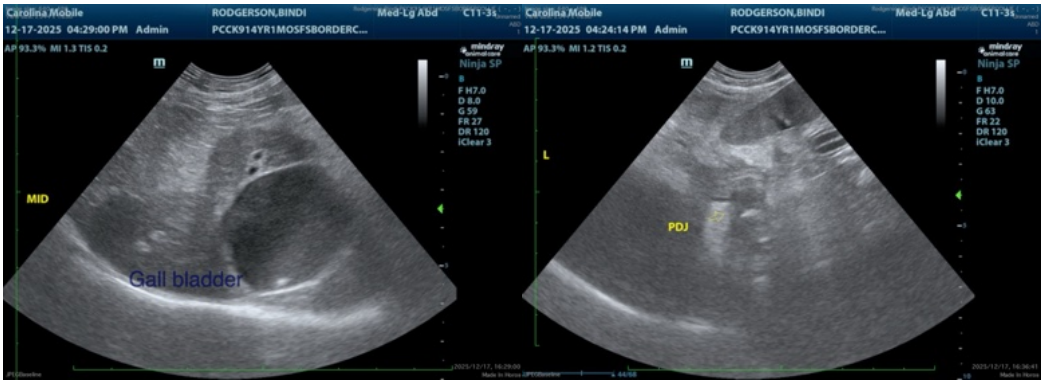

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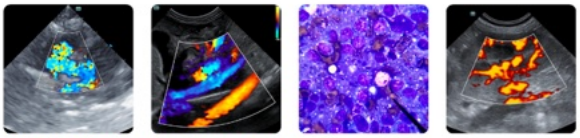

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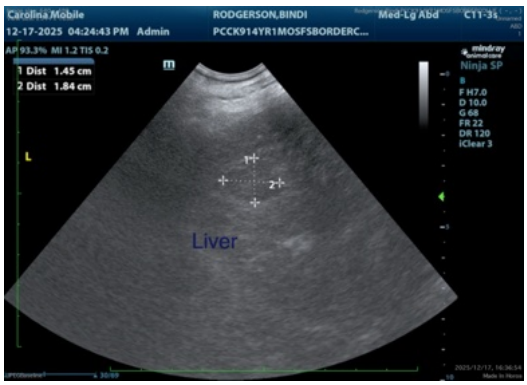


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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)

info@sonopath.com