

**DATE PRESENTING CLINICAL SIGNS**

11/28/21

History: Presenting Complaint: Toxicity. Shaking Body. Vomiting.

PATIENT

Logan Rupp

History: Date: 11-25-2021 --Presented for a Carprofen intoxication-- in renal/neuro range Treated appropriately as per Pet Poison. USG to start 1.050 Renal wnl after first 24 hours, ALKP was slightly up, but while treating-- at 48 hour mark started to strain to urinate and have very bloody urine coags wnl, platelets wnl, no sign of liver issues rads-- no uroliths passed u.cath easily, but seemed to have been partially obstructed. Rectal palpation wnl Is urinating freely, but still has moderate blood clots.

SPECIES

Canine

Medications: attached.

BREED

Beagle

Labs: attached.

SEX

Neutered Male

Date of Previous IntraPet Ultrasound: No previous.
 Sedation: Not required to complete full diagnostic ultrasound.
 Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**AGE**

2010

Urinary System

The urinary bladder is moderately distended. The wall is normal in thickness. In the region of the dorsal wall, an irregular, avascular echogenic structure is visualized. In addition, a small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

WEIGHT

40.5 Lbs.

The prostate is normal in size (0.93 cm in width) with a normal shape and smooth peripheral contours. A 0.25 cm focus of mineralization is observed within the parenchyma. The remainder of the parenchyma is homogeneous. The prostatic urethra is not overtly dilated.

INTERPRETED BY

Andrea Nicastro, DMV,
 Diplomate DACVIM
 (Small Animal
 Internal Medicine)

The left kidney presented normal size (6.54 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

IMAGING PERFORMED BY

Rachel Brillhart RDMS

The right kidney presented normal size (6.24 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

HOSPITAL NAME

Animal Emergency
 Hospital

Adrenal Glands

The left adrenal gland is normal size (0.66 cm at cranial pole) (0.59 cm at caudal pole) (2.20 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

REFERRING VET

Dr. King

The right adrenal gland is normal size (0.82 cm at cranial pole) (0.65 cm at caudal pole) (2.18 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable.

INVOICE

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Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is subjectively normal in (1.56 cm at the level of the hilus) with normal curvilinear peripheral contours. The parenchyma is subtly mottled with a few ill-defined hypoechoic nodules observed throughout the organ, the largest measuring 1.34 cm. In addition, a few small myelolipomas are observed in the region of the hilus. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. A 0.93 cm cystic lesion is observed deep mid liver. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of stranding echogenic to mineralized debris is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal

The gastric lumen is not distended. The gastric wall in the region of the fundus is normal to mildly thickened (up to 0.63 cm) with a slightly prominent muscularis layer. The remaining gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive or overt infiltrative disease is noted.

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The echogenic structure in the region of the dorsal wall of the urinary bladder is suspected to be a blood clot. A tumor is also possible but considered unlikely given the patients' history and the appearance of the lesion.
- The gastric wall thickening is most consistent with an inflammatory process with a lower possibility of emerging neoplasia.

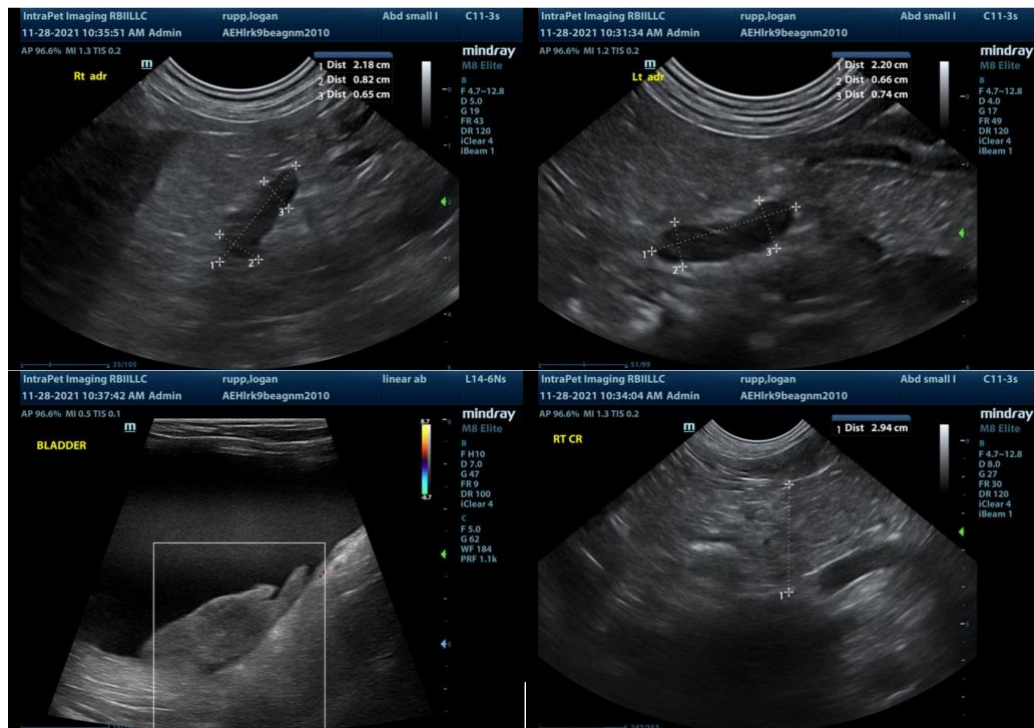
Secondary Findings

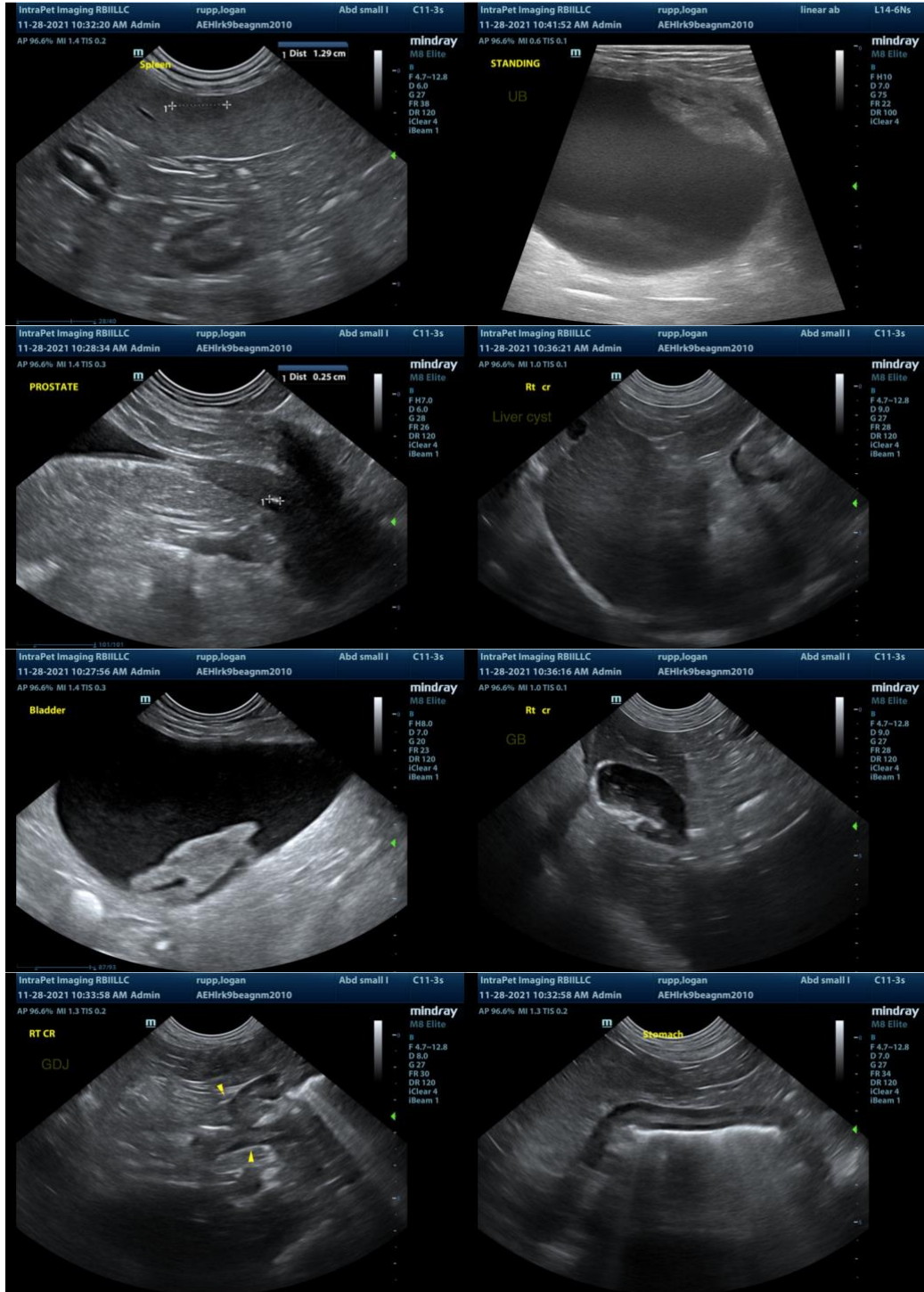
- Mineralized gallbladder debris, non-mucocele

- Minor age-related renal, pancreatic and hepatic changes. Small hepatic cyst, likely incidental.
- The splenic parenchymal changes trend toward the benign (i.e., lymphoid hyperplasia or extramedullary hematopoiesis) with a lower possibility of emerging neoplasia.
- The focus of mineralization within the prostatic parenchyma may be a benign incidental finding. However, prostatic mineralization has been associated with neoplasia in some instances. Therefore, serial sonographic monitoring is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider a buccal mucosal bleeding time to assess for thrombocytopenia as a possible cause for the suspected blood clot in the urinary bladder.
- Continued supportive care for carprofen toxicity is recommended with serial monitoring of the patients' blood work to assess for end organ damage.
- A recheck abdominal ultrasound is recommended in 10-14 days to reassess the urinary bladder.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

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