

**DATE**

6/13/22

PRESENTING CLINICAL SIGNS

Cutaneous fungal disease ventral abdomen. Morphology on biopsy consistent with oomycete (pythium, lagenidium, parlagenidium) vs zygomycete. Lesions have been present for about two years and wax and wane but the overall trend is slow progression. Mild cough present as well as some behavioral and appetite changes (voriconazole side effect vs disseminated disease)

PATIENT

Henry Thompson

Current Medications: Voriconazole 150mg BID, Terbinafine 750mg/day

Lab Results: Pending.

Radiographs: showed mild broncho interstitial pattern, radiologist read pending.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SPECIES

Canine

BREED

Labrador

Imaging Performed By: Andi Parkinson, BS, RDMS.

SEX

Male, neutered

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

AGE

6/5/2018

The prostate is normal in size (1.49 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

WEIGHT

29.6 kg.

The left kidney is normal size (6.29 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

INTERPRETED BY

The right kidney is normal size (6.22 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The caudal pole of the left adrenal gland is well visualized and normal size (0.53 cm at caudal pole) (1.38 cm in length) with normal shape, glandular echogenicity and detail. Surrounding vasculature appears normal. Sedation would be necessary to fully assess the left adrenal gland.

HOSPITAL NAME

Nexus Veterinary
Specialists

The caudal pole of the right adrenal gland is visualized and normal in size (0.51 cm in width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature is normal. Sedation would be necessary to fully assess the right adrenal gland.

REFERRING VET

Dr. Steele

Spleen

The spleen is normal in size (1.91 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

INVOICE

13469

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No

pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of mostly gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. 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 disease is noted.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. At least 2 prominent mesenteric lymph nodes are visualized, the largest measuring 1.93 cm in length. The nodes are normal in shape and echogenicity.

Other

A brief echocardiogram reveals no evidence of pericardial effusion.

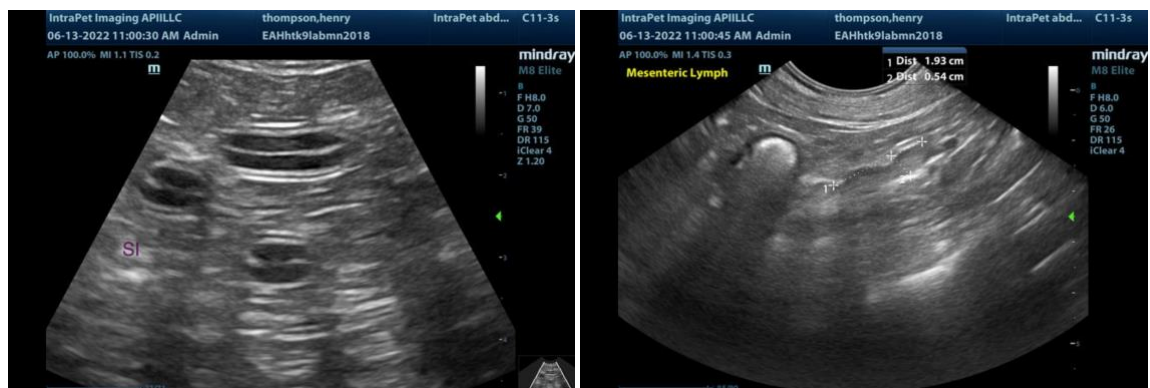
ULTRASONOGRAPHIC FINDINGS

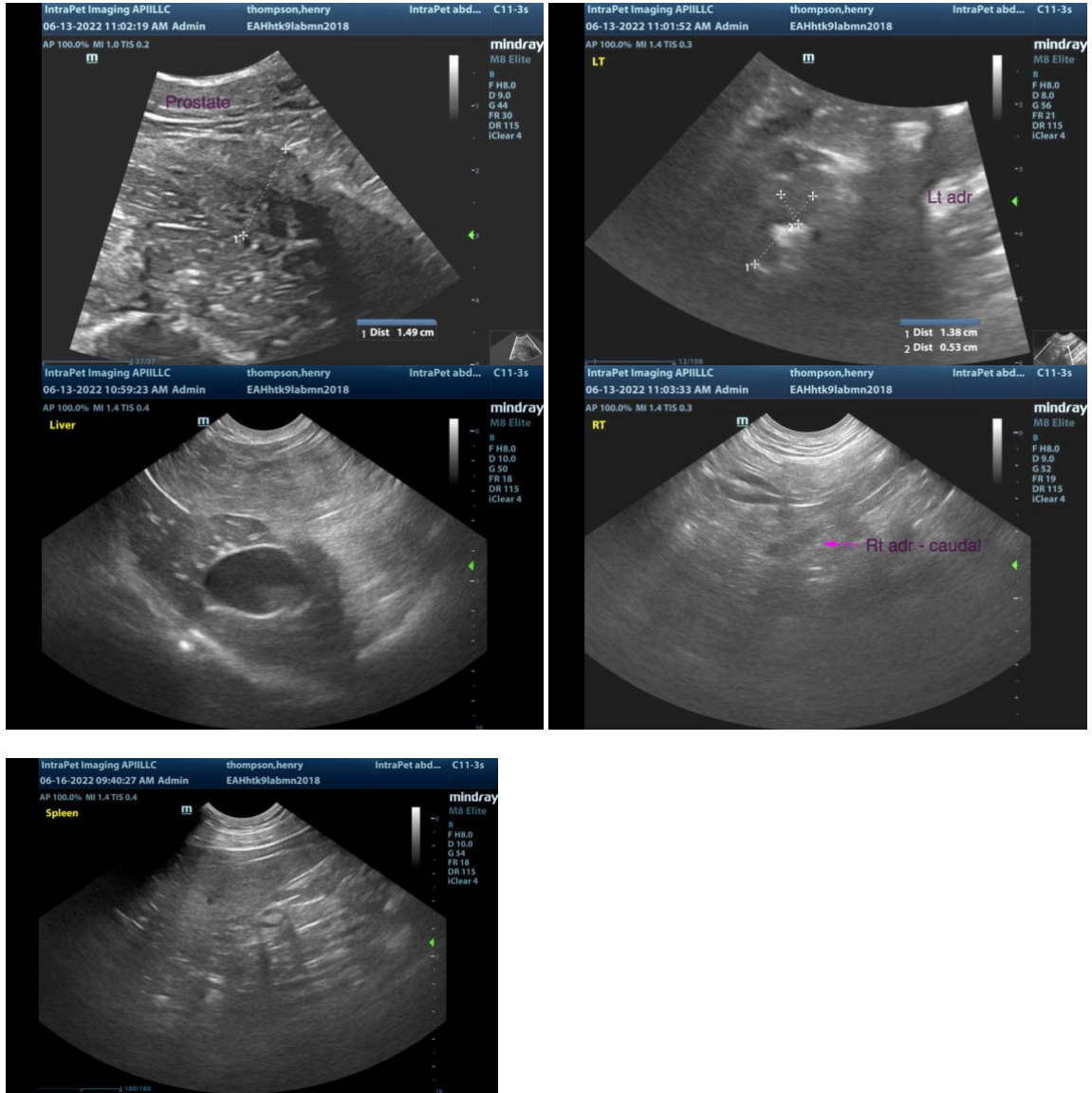
The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further diagnostics and therapeutics to be implemented by Dr. Steele.

Addendum (Splenic images obtained on 6/16/22)





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.