

**DATE**

8/23/21

**PATIENT**

Rex Zimmerman

**SPECIES**

Canine

**BREED**

German shepherd

**SEX**

Male, neutered

**AGE**

5/25/2007

**WEIGHT**

82 lbs.

**INTERPRETED BY**

Andrea Nicastro, DVM,  
Diplomate ACVIM  
(Small Animal Internal  
Medicine)

**HOSPITAL NAME**

Churchville VC

**REFERRING VET**

Dr. Hoerle

**INVOICE**

11939

**PRESENTING CLINICAL SIGNS**

History: Presented in lateral recumbency this morning, pale mm, febrile T 104F, hypotensive. BP responsive to IV fluids. Pt was normal yesterday. Decreased lung sounds and heart sounds on left, reduced heart sounds on right, unable to visualize heart on fast scan, no notable FAF. Neuro: Absent PLRs all day unchanged. Positive menace. Brighter through the day. Absent CPs pelvic limbs, normal forelimbs. Superficial pain present in all limbs.

Current Medications: Galliprant, Gabapentin. Administering Cefazolin today and IV Dexamethasone 4 mg IV as last-ditch effort.

Lab Results: Not provided by the veterinarian.

Radiographs: see DVM notes.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Sedation not required for scan.

Stat Report: STAT report not requested by the veterinarian.

**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 mostly 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.

The prostate is not definitively visualized due to its pelvic location.

The left kidney is normal size (7.13 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. Mild pyelectasia is present (0.28 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter.

The right kidney is normal size (7.24 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. Trace pyelectasia is present (0.19 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter.

**Adrenal Glands**

The left adrenal gland is normal size (0.61 cm at cranial pole) (0.55 cm at caudal pole) (3.36 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.

The caudal pole of the right adrenal gland is well visualized and is normal size (0.78 cm in width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature appears normal.

**Spleen**

The spleen is normal in size (1.95 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is diffusely mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

**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 distended. The wall is normal in thickness. A moderate to large amount of echogenic debris is observed within the lumen, most of which is gravity-dependent and some of which is suspended or adherent. The cystic and common bile ducts are normal/not seen.

### ***Gastrointestinal***

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is gas distended. The 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 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. The abdominal lymph nodes are normal/not visible.

### ***Other***

A brief echocardiogram reveals no evidence of pericardial effusion or obvious chamber enlargement. A few ring down lesions are observed within the thoracic cavity. There is no obvious evidence of a cardiac mass.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings:**

- The ring down lesions are consistent with pulmonary parenchymal disease.

### **Secondary Findings:**

- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- Bilateral age-related renal pathology.
- The bilateral pyelectasia may be secondary to fluid therapy, age-related remodeling and/or pyelectasia. Correlation with clinical findings is recommended.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Consider broadening the spectrum of antibiotic therapy (i.e., fluoroquinolone) as empirical treatment for pneumonia.
- Consider further testing for fungal disease.
- If the patient's neurologic signs persist, referral to a board-certified veterinary neurologist may be warranted once the patient's pulmonary disease is stabilized.





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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