

**DATE PRESENTING CLINICAL SIGNS**

9/2/21

History: Presented on 7/19 for exam to have some lumps checked and concern for increased panting/breathing harder at night. On exam an arrhythmia was ausculted. Bloodwork was taken and was unremarkable. Chest and abdominal films were unremarkable. ECG revealed frequent single VPC's occurring in a bigeminal pattern. Treatment of arrhythmia has not improved breathing/panting, but VPC improved. Rare APC on repeat ECG with suggestion of cardiac enlargement.

PATIENT

Rocky Garland

Current Medications: Sotalol 80 mg- 3/4 tab BID, Gabapentin 300mg BID, Trazadone 100mg - 1 tablet 2 hours prior to bed, Carprofen 100mg BID.

SPECIES

Canine

Lab Results: Unremarkable. 4DX negative

Radiographs: Not provided by the veterinarian.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Sedation not required for scan.

BREED

German shephred

Stat Report: STAT report not requested by the veterinarian.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Male, neutered

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is mildly distended. A small amount of aggregated echogenic gravity-dependent debris is observed within the lumen. 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

1/1/2010

The prostate is normal in size (1.29 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

WEIGHT

95.5 lbs.

The left kidney is normal size (8.26 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

INTERPRETED BY

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

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 loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

HOSPITAL NAME

Fullerton AH

Adrenal Glands

The left adrenal gland is normal size (0.61 cm at cranial pole) (0.72 cm at caudal pole) (2.81 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. Unger

The right adrenal gland is mildly enlarged (1.03 cm at cranial pole) (1.08 cm at caudal pole) (3.13 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.

Spleen

The spleen is normal in size (1.79 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

12015

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 is distended. The wall is normal in thickness. A moderate amount of gravity-dependent mineralized sand and echogenic debris is observed within the lumen. A scant amount of debris is also suspended within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is not overtly 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 pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. 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:

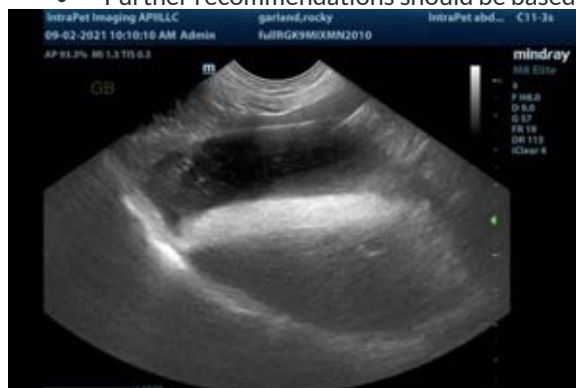
- An obvious cause for the patient's arrhythmia/clinical signs is not identified in this study.

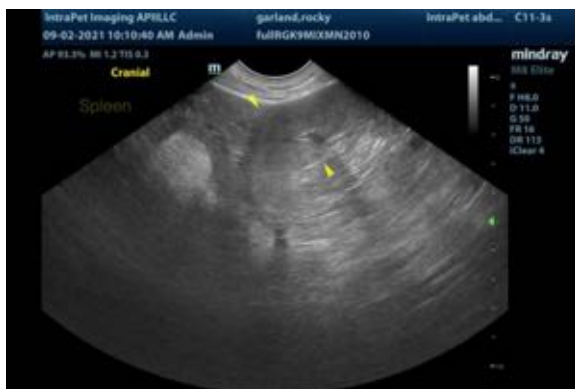
Secondary Findings:

- Mild right adrenomegaly. This may be a normal variant for this patient or may represent early hyperplastic change. An early neoplastic process is possible but considered less likely.
- Urinary bladder debris.
- Minor age-related renal pathology.
- Mineralized gallbladder sand.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Thorough orthopedic and neurologic evaluations are recommended to assess for pain, which can result in excessive panting.
- A T4/free T4 by equilibrium dialysis should also be considered if not already performed.
- Further recommendations should be based on the echocardiogram report.







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.

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)
 Andrea.nicastro@sonopath.com