

**DATE PRESENTING CLINICAL SIGNS**

1/13/23

History: Was seemingly healthy and was seen at CVSS for TPLO. Mild anemia diagnosed on pre-op BW. surgery was done and at recheck with CVSS still had mild anemia. Follow-up with H@H showed continued mild anemia and 7# weight loss. Patient not eating well since surgery.

**PATIENT**

Coal Bodis

**SPECIES**

Canine

**BREED**

Labrador

**SEX**

Neutered Male

**AGE**

4/1/2015

**WEIGHT**

67 Pounds

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**HOSPITAL NAME**Happier at Home  
Mobile Vet**REFERRING VET**

Dr. Haskin

**INVOICE**

20553

Current Medications: mirtazapine 15mg 1/2 tab PO QD PRN appetite stimulation  
 Lab Results: all LE at low normal end of range, chol low, eosinophilia present  
 Date of Previous IntraPet Ultrasound: No previous.  
 Sedation: Patient sedated with Torbugesic.  
 Stat Report: Not requested.  
 Imaging Performed By: Andi Parkinson, BS, RDMS.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized, and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 6.5 cm. The left kidney measured 6.94 cm.

**Adrenal Glands**

The **left adrenal gland** was subnormal in size, measuring 2.0 mm in width

The **right adrenal gland** was subnormal in size measuring 0.4 cm at the cranial pole and 0.2 cm at the caudal pole.

**Spleen**

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

**Liver**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

**Gastrointestinal**

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear

patterns were maintained throughout the GI tract. No evidence of pathology. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

### **Pancreas**

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

### **Free Abdomen**

The sublumbar **lymph node** (3.5 cm x 1.6 cm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

### **Other**

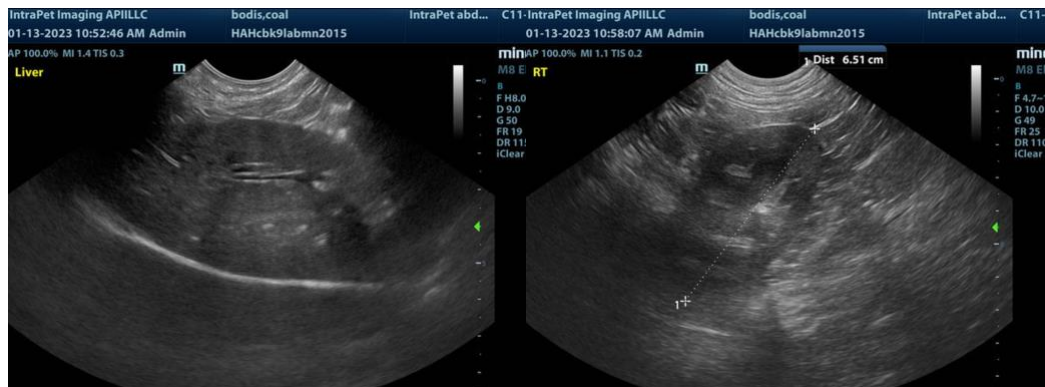
A rapid view of the **heart** revealed hypocontractility that would fit with Addisons.

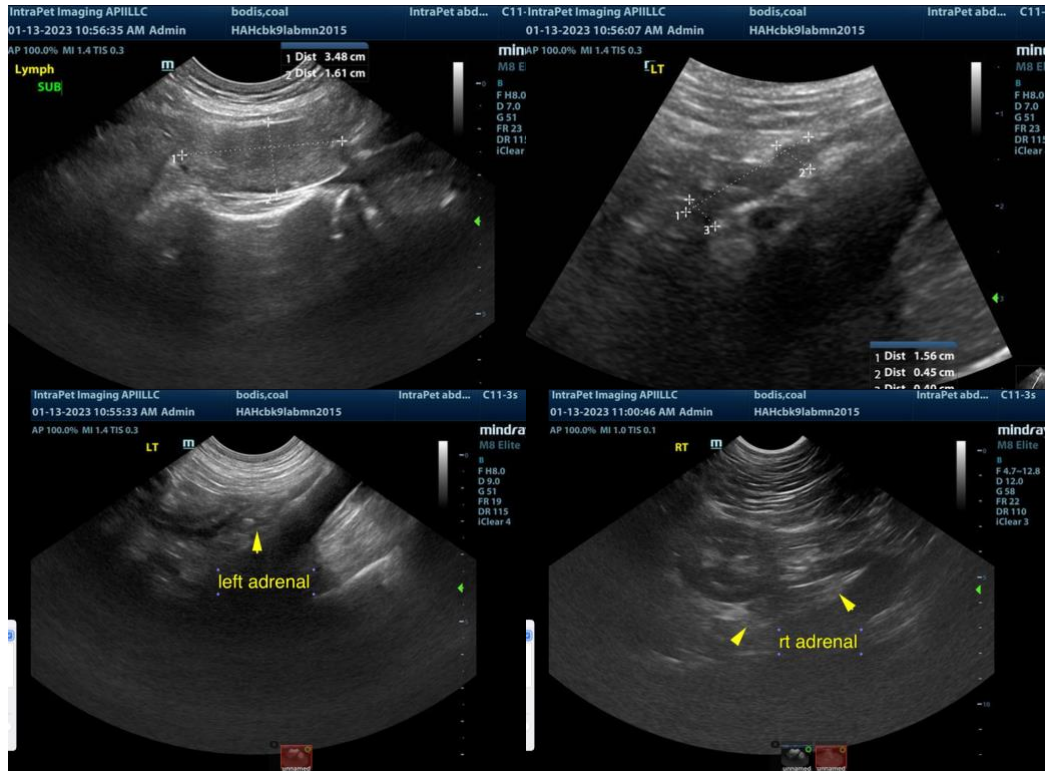
## **ULTRASONOGRAPHIC FINDINGS**

- Sublumbar lymphadenopathy, reactive
- Subnormal adrenal size, strong concern for underlying Addisons
- Partially full stomach
- Unremarkable abdomen otherwise

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

FNA of the sublumbar lymph node could be considered for further definition.





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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