**DATE PRESENTING CLINICAL SIGNS**

1/21/22

History: Presenting Complaint: Unable To Walk; Diarrhea; Urinary Tract Infection. Date: 01-20-2022 Notes: Has had numerous UTI in past-- suspect contributing factor of hooded vulva- never any renal/liver changes on labs, no stone on films in past. Last one was a year or so ago- noted signs of straining and frequency increased. Hx of sarcoma on

PATIENT

Aayla Lehr

left forelimb/axilla, found in 7/2020. Based on CT too invasive for surgery has steadily grown. Did have CT about 1 year ago, chest as well as per owner. Has been having diarrhea a few days-loose, dark. No change in diet/ingestion noted, no vomiting noted. Very lethargic, not walking well/not walking for owners. Assessment: Fever, diarrhea, sarcoma.

SPECIES

Canine

Current Medications: Cerenia, Unasyn, Buprenex.

BREED

Golden Retriever

Lab Results: Attached separately.

Radiographs: concern in cranial abdomen-- unclear if just ingesta vs a distinct circular structure, more caudal then would expect for a pylorus, gas and ingesta through SI-- consistent with diarrhea. AFAST- negative for FF, very thickened bladder TFAST- negative for FF or pericardial fluid.

SEX

Spayed Female

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

AGE

8/4/09

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

66 Pounds

The **urinary bladder** presented a large amount of debris and a trace amount of sand.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 7.14 cm. The right kidney measured 6.63 cm.

Adrenal Glands**IMAGING PERFORMED BY**

Rachel Brillhart RDMS

The **left adrenal gland** presented an irregular, swollen caudal pole, measuring 2.75 cm x 1.0 cm at the caudal pole and 0.72 cm at the cranial pole. The **right adrenal gland** measured 2.6 cm x 1.1 cm at the cranial pole and 1.05 cm at the caudal pole.

HOSPITAL NAMEAnimal Emergency
Hospital**Spleen****REFERRING VET**

Dr. King

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The spleen was folded upon itself caudally. 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**INVOICE**

35030

The **liver** presented increased portal markings, coarse architecture and areas of remodeling. Minor excessive gallbladder debris noted. Hepatic lymph nodes measured up to 1.5 cm, somewhat rounded.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. 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 **pancreas** was hypoechoic and irregular.

Free Abdomen

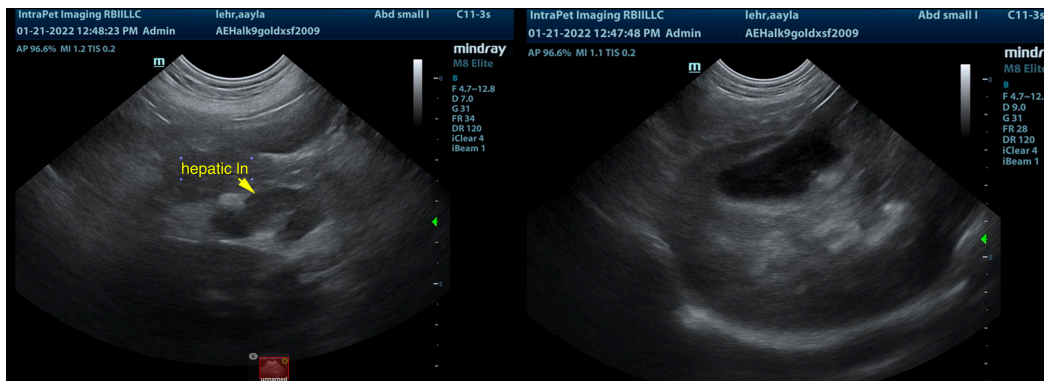
Cranial abdominal lymph nodes were mildly enlarged. A trace amount of free fluid was noted adjacent to the spleen.

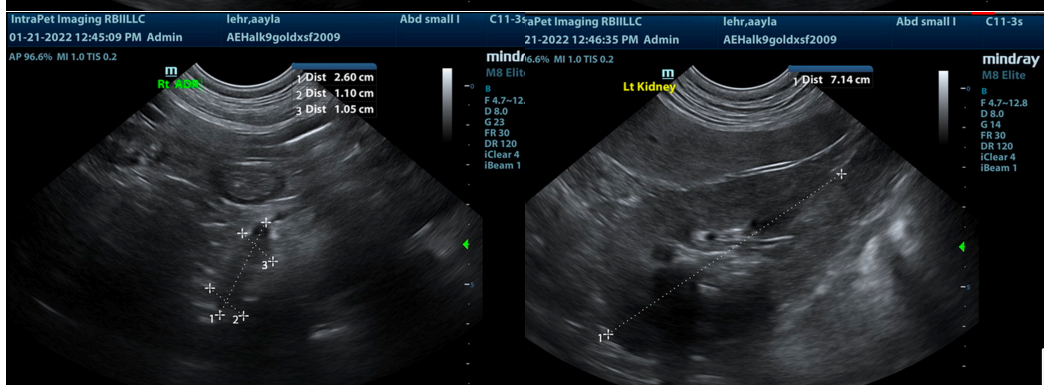
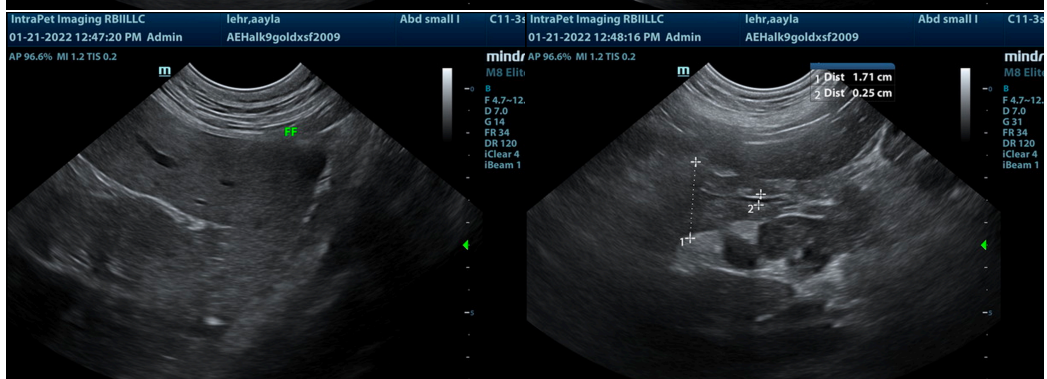
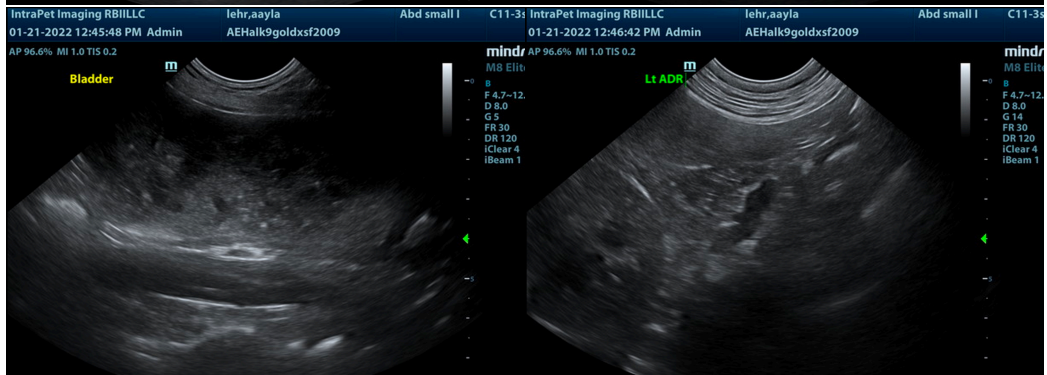
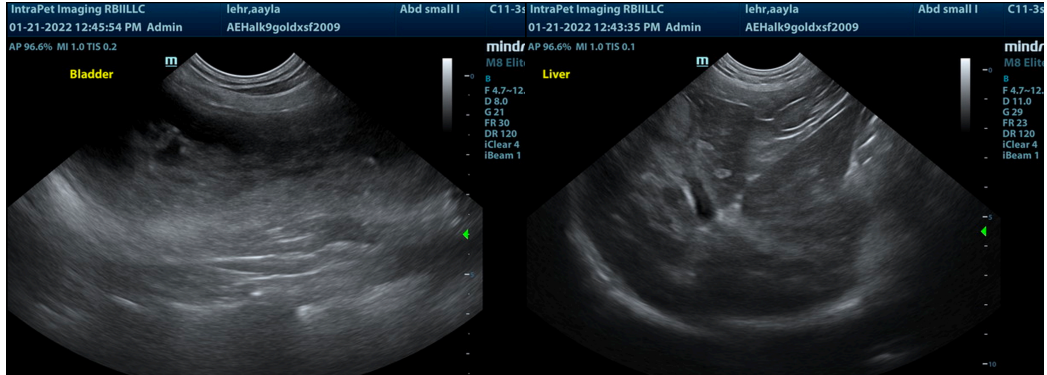
ULTRASONOGRAPHIC FINDINGS

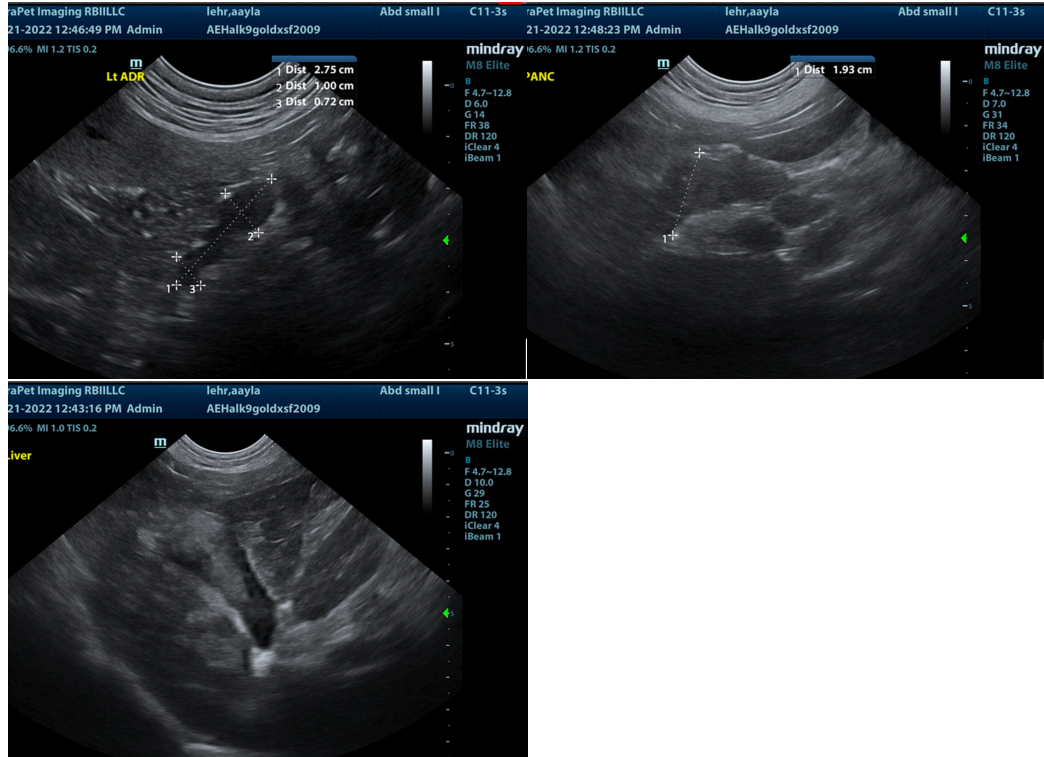
- Significant hepatic remodeling/chronic inflammatory hepatopathy pattern
- Cranial abdominal lymphadenopathy
- Urinary debris
- Chronic pancreatic changes, some level of inflammation suspected

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bile acid profile +/- core liver biopsy warranted. Possible emerging portal hypertension. No obvious evidence of neoplasia/lymphoma, however cannot be completely ruled out. Full urinary workup warranted to assess for UTI. The free fluid adjacent to the spleen may be owing to simple positional congestion. Mild potential for conversion of cholangiohepatitis to lymphoma, hence the necessity for core biopsy. Guarded prognosis depending upon histopathology results.







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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