



PATIENT

Jack O Fernandez

SPECIES

Canine

BREED

Jack Russell Terrier

SEX

Neutered male

AGE

15 years

WEIGHT

26 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ferrer

HOSPITAL NAME

Paseos VC

REFERRING VET

Dr. Ferrer

INVOICE

42376

DATE

1/28/23

PRESENTING CLINICAL SIGNS

History: Presented for evaluation on 1-26-23 as pt had a seizure episode and was depressed afterward. Pt has hx of epilepsy and is on Keppra. We monitored for seizures and gave Keppra IV and increased the dose to 375mg q 8 hrs and no more seizures and went home. Pt presented again on 1-27-23 as developed vomiting and diarrhea. The vomiting was brown fluid and the diarrhea was melena. Pt was placed on IV fluids and pantoprazole, ondansetron, sucralfate and continue Keppra IV. Presented on 1-28-23 as pt continued with diarrhea, vomiting fluid, and lethargy. An abdominal ultrasound was done today. PT Also, pt has hx of chronic bronchitis and has been doing well. Previous abd ultrasound was done in 2021 and echocardiogram in 2023.

PE: depressed and lethargic, nervous system wnl. Pt is having tension on abdominal palpation, melena diarrhea was present. Some crackles bilateral. no heart murmurs. CBC: Wbc- 19.54 K/ μ L RETIC-HBG- 20.7 pg BAND * Suspected MONO * 5.40 K/ μ L Chem: GLU- 197 mg/dL BUN- 66 mg/dL ALT 219 U/L ALKP 836 U/L Na 143 mmol/L Cl 101 mmol/L Fecal: NPS

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 was noted. Ureteral papillae were normal.

The residual prostate was uniform and measured 1.14 cm.

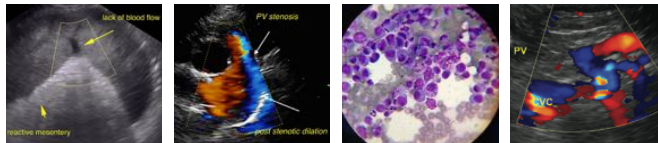
The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 5.05 cm. The left kidney measured 5.34 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 2.55 x 0.67 cm.

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 was noted.



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Liver

The **liver** revealed slightly increased portal markings and coarse architecture. The gallbladder is slightly echogenic with uniform enlargement. An isoechoic nodule was noted in the right medial liver. The nodule measured 2.9 cm.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The colon was unremarkable.

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.

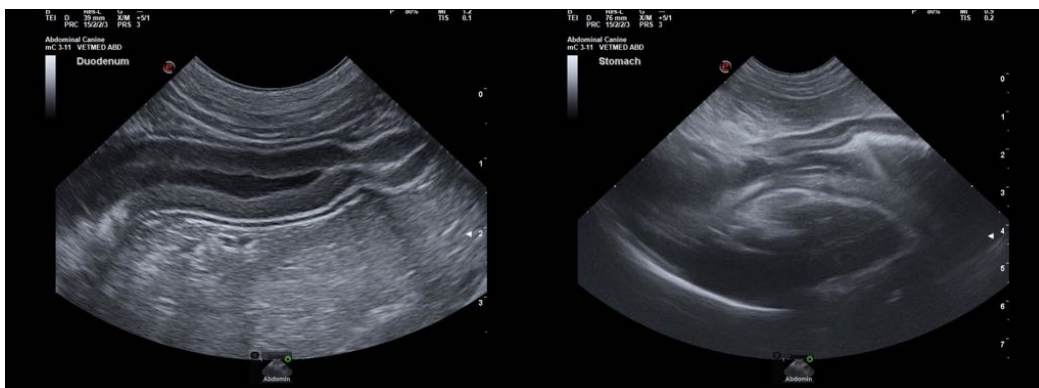
ULTRASONOGRAPHIC FINDINGS

Subjectively benign hepatopathy with inflammatory component and hepatic nodule. The nodule is likely hepatoma with a potential for underlying neoplasia.

Gastroenteritis presentation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the general parenchyma of the liver and nodule is recommended. Consideration and empirical management for gastritis is recommended. The liver may be reactive to underlying GI upset. There was no evidence of obstruction. 24-hour n.p.o., hepatic FNA, GI protectants and anti-parasitic protocol is all indicated.





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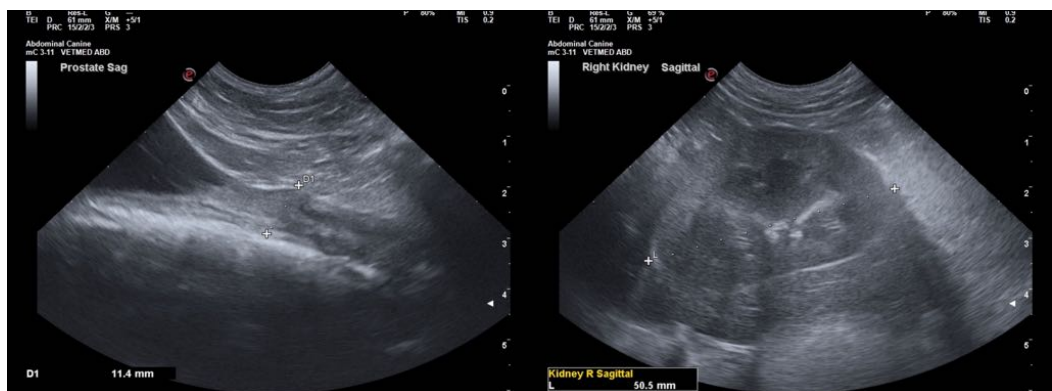
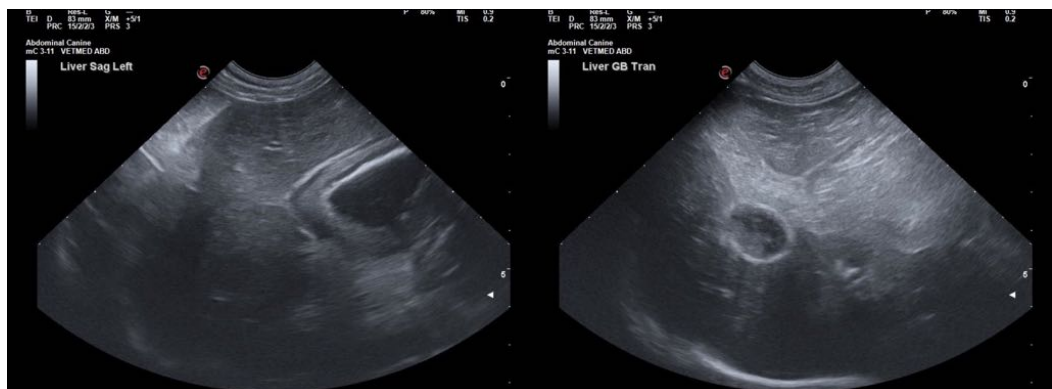
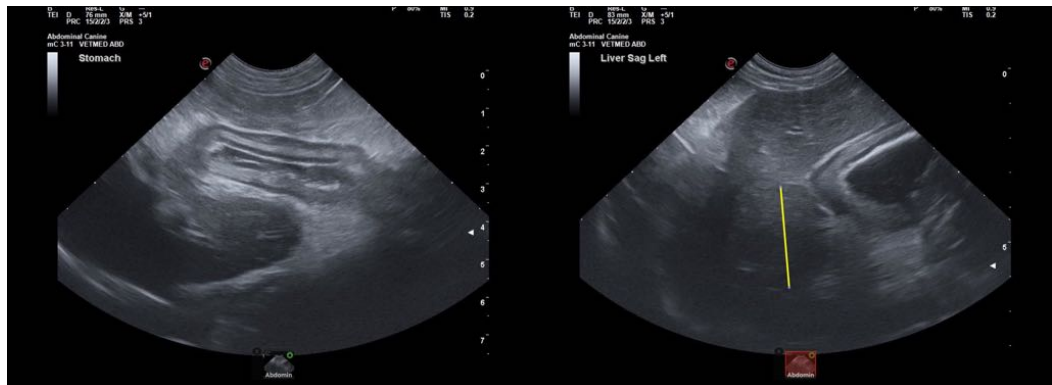
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com