

**DATE**

1/29/23

PATIENT

Raven Anderson

SPECIES

Canine

BREED

American Bulldog X

SEX

Spayed Female

AGE

2012

WEIGHT

78.1 Pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**Animal Emergency
Hospital**REFERRING VET**

Dr. Nacke-Horney

INVOICE

44601

PRESENTING CLINICAL SIGNS

Presenting Complaint: Lethargic. Vomiting. Inappetence.

History: Date: 01-27-2023 Notes: Owner came home from vacation on Tuesday and picked patient up on Wednesday from being watched by a family member - did not have her normally energy level That night ate her food fine and seemed to be ok excluding her energy level The next day was not interested in eating but was still drinking - had regular bowel movement, urinating ok As the time went she continued to seemed off or lethargic - owner needed to help her get up to go outside - does have known hind limb issues and arthritis, will take a bit for her to get up When walking it looked like she was swaying Started vomiting 3x throughout the night - yellowish bile - did drink a bit of water for the owner after By 2am owner needed to carry her outside - would walk a few step then sit/lay back down Has 2 other occasions of vomiting This AM: did not want to get up - stool found this AM was loose - had to carry her today Did have one event of knuckling in the front one time when owner picked her up but she corrected them herself Was given peanut butter when being watch - known to get this for meds Known to get into the garbage, did not see her get into it when she was being watched Fed raw diet Known cancer was dx a few years ago (potentially) - had a small lump that formed on her left hip and was reactive to palpation - rdvm initially thought it was benign - lab came back and they recommended removal Hx of cruciate ligament repairs bilaterally Current meds: - Meloxicam 1/2 tablets q24 - last given Tuesday

Assessment: Vomiting. Bloody diarrhea. Hyporexia.

Current Medications: Metronidazole 5mg/mL Injection
Pantoprazole (Protonix) 40mg/vial Injection (Per mL)
Maropitant Citrate (Cerenia) 10mg/mL Solution Injection (Per mL) Buprenorphine 0.6mg/mL

Lab Results: ALT >1000

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, 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 7.95 cm. The left kidney measured 7.95 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 right adrenal gland measured 2.77 cm x 1.07 cm at the caudal pole and 1.0 cm at the cranial pole. The left adrenal gland measured 3.3 cm x 1.01 cm at

the caudal pole and 1.1 cm at the cranial pole. The right adrenal gland measured 2.77 cm x 1.07 cm at the caudal pole and 1.0 cm at the cranial pole.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** presented coarse architecture and heterogeneous mixed hyperechoic parenchymal changes, coalescing to create mass effects in the right cranial liver, measuring 7.3 cm x 6.6 cm. Increased portal markings noted. Chronic inflammatory hepatopathy noted elsewhere. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **stomach** was overdistended with anechoic fluid, consistent with metabolic ileus. Duodenum presented minor spastic contour. 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.

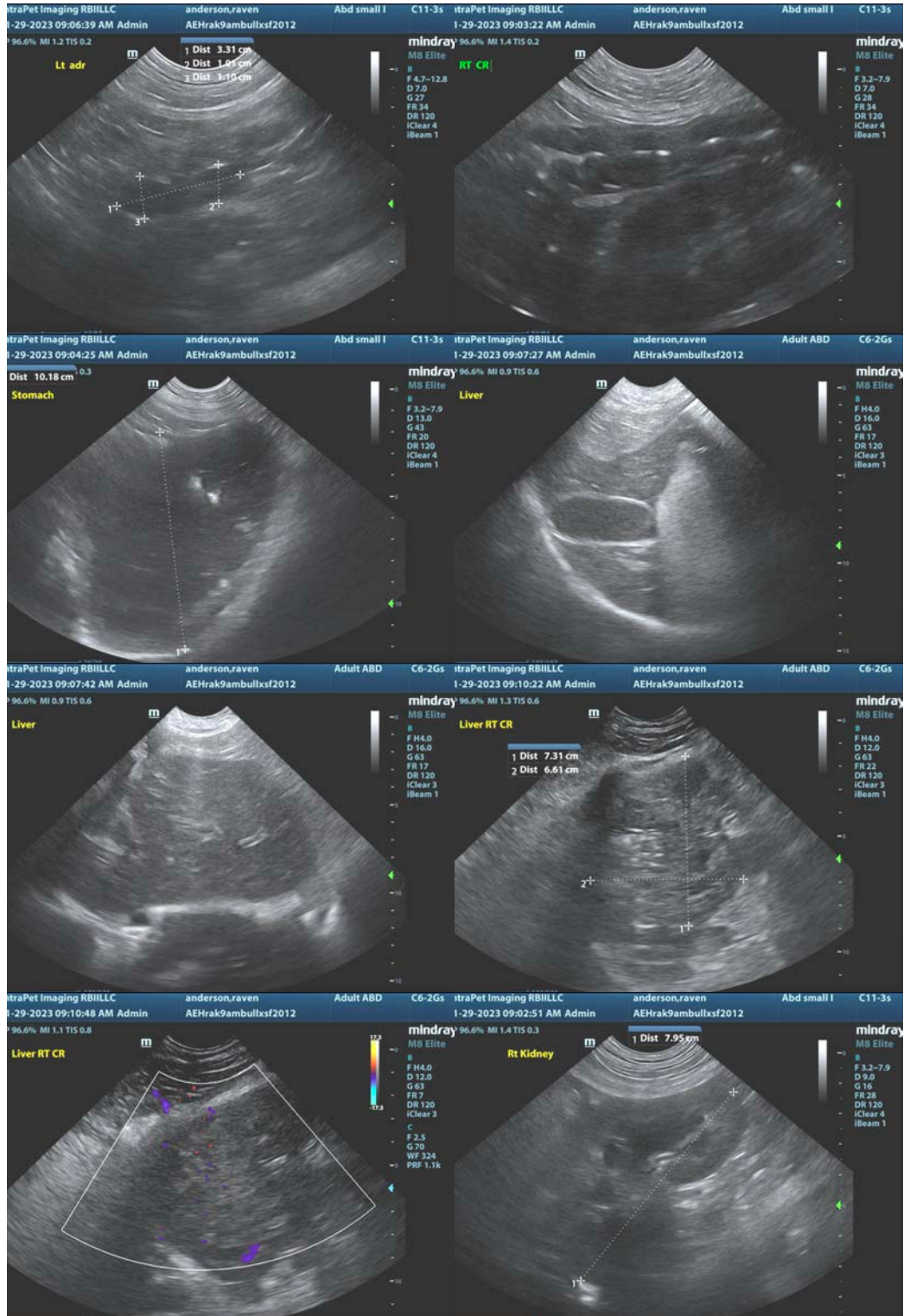
ULTRASONOGRAPHIC FINDINGS

- Chronic inflammatory hepatopathy with concurrent hepatic mass
- Age related splenic changes
- Gastric ileus and spastic duodenal contour

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Core liver biopsies recommended. CT evaluation warranted for potential surgical planning. Abscessation possible. Suppurative changes/granulomatous disease possibly causing the mass. However, carcinoma is a strong potential and sampling is essential. Leptospirosis titers warranted as well.







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.

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