



PATIENT

Zizek Maggiulli

SPECIES

Canine

BREED

Australian Kelpie

SEX

Neutered Male

AGE

9 Years

WEIGHT

77 Pounds

PRESENTING CLINICAL SIGNS

History: Referred from Echo Hollow Veterinary Hospital, p is an epileptic with a long hx of polypharmacy requiring constant monitoring and is being managed currently for it with NWVS by Dr. Klein, hx of multiple foreign body surgeries requiring enterotomies, resections and anastomosis and p has a historical septic abdomen 4-5 yrs prior. Currently management of seizures (approximately 1 every month) achieved with Keppra 750mg q 12hr, phenobarb 64.8mg q 12hr, K Bro liquid 250mg/ml (3ml q 24hrs), recently o was told p has elevated pheno levels and has been more weak in hind end and p was started on Topiramate 200mg q 12hr, started on 10/14 in PM. P had abnormal hunched appearance on 10/15 was painful in topline and had bulge over topline, o called NWVS and got no response on medication concerns, p had cursory ultrasound at echo hollow and hx was P has generalized weakness, increased respiratory effort. Client is concerned for swelling in the abdomen. Lab work in WNL (note that it had a mild neutrophilia $14.15 \times 10^9/l$ and ALT 137 U/l elevation). Upon FastScan with ultrasound, kidneys are significantly different in size. Unsure which is enlarged vs. which one may be small. Left kidney - Width 3.56 cm, Length 6.84 cm unable to obtain right kidney's measurements. P was febrile at rdvm and they sent p home on ace codeine. P presenting today febrile- 104.8 F, p given buprenex 0.02mg/kg as was painful and had swelling over left mid lumbar region that appeared swollen and warm to touch was painful, had two seizures in hospital during first 15 minutes, given midazolam 0.5mg/kg IV and p became quiet, ultrasound performed, in house labs revealed- Leukocytosis 23.54 (n 5.05-16.76), neuts 20.64 (n 2.95-11.64), Mono 1.32 (n 0.16-1.12), GLOB 5.2 (n2.5-4.5), ALT 150 (n10-15). Area over topline was shaved and ultrasounded, very painful to touch and mild remodeling (p has been historically getting acupuncture-last completed 4 weeks prior)-suspect possible sterile abscess?

Abnormal PE/Chem/CBC/UA Results:

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

IMAGING PERFORMED BY

Laura Couser, DVM

HOSPITAL NAME

Willamette VH

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 kidneys measured 5.0 cm each. Caudal to the right kidney, in the body wall, a 5.0 cm irregular peripherally inflamed structure was noted in the deep musculature- The exact position of this cannot be ascertained, however, appeared to be outside the body cavity with mixed echogenic changes suggestive for abscessation, tumor and/or cellulitis.

REFERRING VET

Tessa Maggiulli, DVM

INVOICE

13819

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Adrenal Glands

The **left adrenal gland** was 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 0.5 cm.



PATIENT

The **right adrenal gland** was not visualized.

Zizek Maggiulli

Spleen

SPECIES

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.

Canine

BREED

Liver

Australian Kelpie

The **liver** revealed heterogeneous parenchymal changes with increased portal markings. Minor gallbladder debris was noted.

SEX

Gastrointestinal

Neutered Male

The **gastrointestinal tract** was unremarkable with normal transit of chyme.

AGE

Pancreas

9 Years

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.

WEIGHT

ULTRASONOGRAPHIC FINDINGS

77 Pounds

- Undefined lesion in the body wall of the right kidney- Ultrasound guided FNA warranted.

INTERPRETED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Ultrasound guided FNA warranted.

IMAGING PERFORMED BY

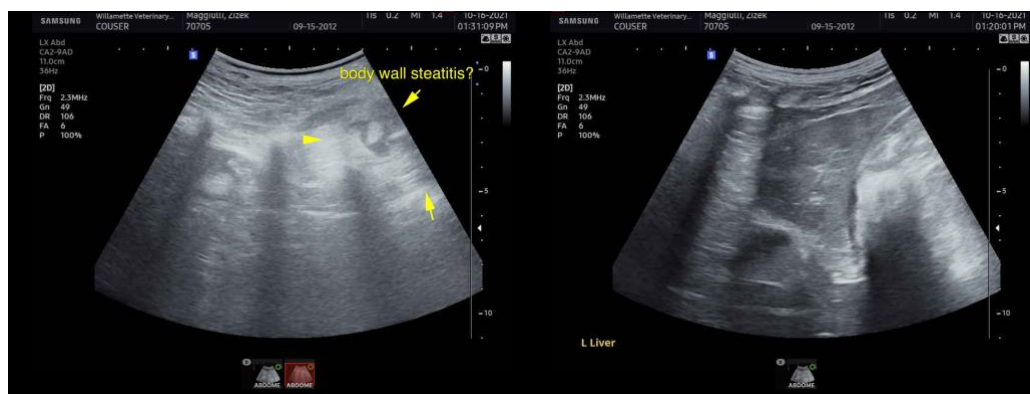
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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