



DATE PRESENTING CLINICAL SIGNS

10/19/21 Vomiting, Diarrhea, Drinking More.

PATIENT History: Date: 10-17-2021 Notes: Patient has been vomiting last night and has been restless all night owner gave 300 mg of gaba to try and help calm patient down at 2:30am. Owner thinks patient had a seizure because patient was shaking/tremors for about 2-3 minutes. Owner said patient has had seizure before in the past but it did not look like the seizure patient had. Owner said patient was dysphoric and gradually came back to normal. Owner said patient had diarrhea last week but resolved. Today around 4am patient has soft serve stool. Patient was diagnosed with cushings about 2 years ago and is on Vetoryl 15mg bid.

Clyde Brown

SPECIES

Canine

BREED

American Cocker
Spaniel

SEX

Neutered Male

AGE

2009

WEIGHT

59.6 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Animal Emergency
Hospital

REFERRING VET

Dr. Roper

INVOICE

26376

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 6.84 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 2.77 cm x 0.58 cm at the caudal pole and 0.58 cm at the cranial pole. The right adrenal gland measured 2.47 c x 0.75 cm at the caudal pole and 0.80 cm at the cranial 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. The spleen was folded upon itself caudally.

Liver

The **liver** revealed coarse architecture and increased portal markings. Moderate degenerative changes noted. The gallbladder was unremarkable. Coalescing micronodular changes also noted. A hyperechoic nodule in the caudal aspect of the left liver measured 2.0 cm, likely incidental.

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. Reactive mesenteric lymph node measured 1.63 cm x 1.17 cm.

Pancreas

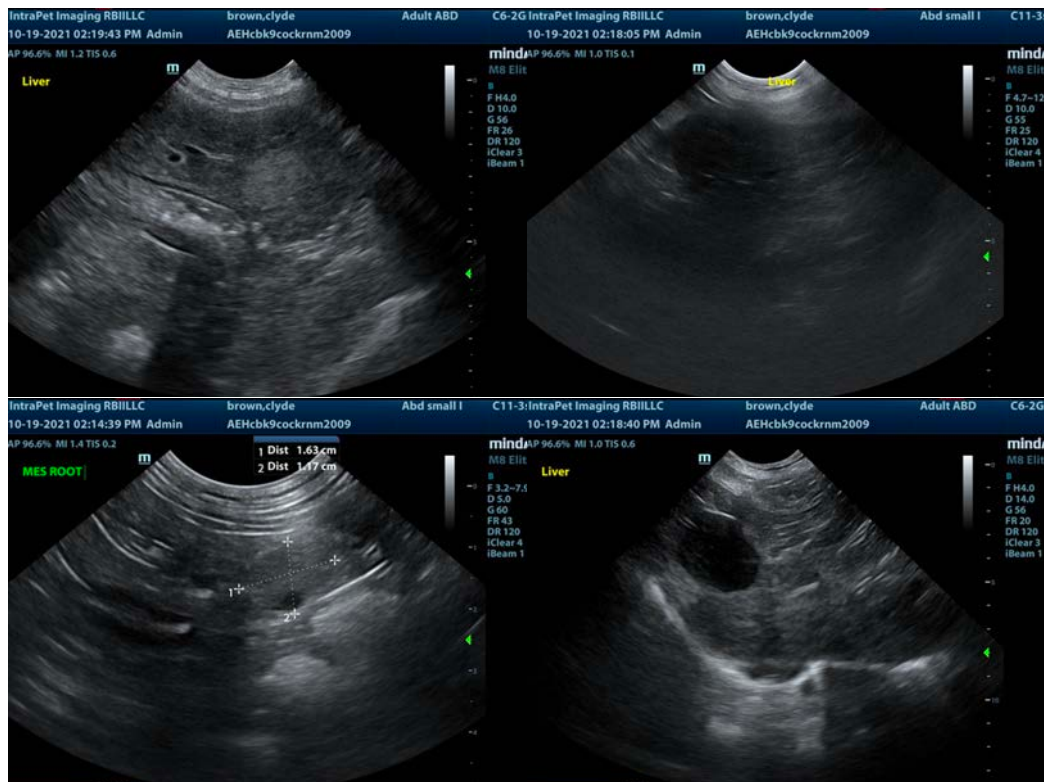
Diffuse hyperechoic changes were present in the area of the **pancreas**. The pancreatic remodeling was evident with multifocal to diffuse hyperechoic changes. These changes are consistent with fibrosis, amyloid, saponification of fat and may contain areas of low-grade chronic active inflammation especially if pain on imaging (+ Murphy sign) was present +/- focal subxyphoid palpation reveals pain response. No overt masses were noted.

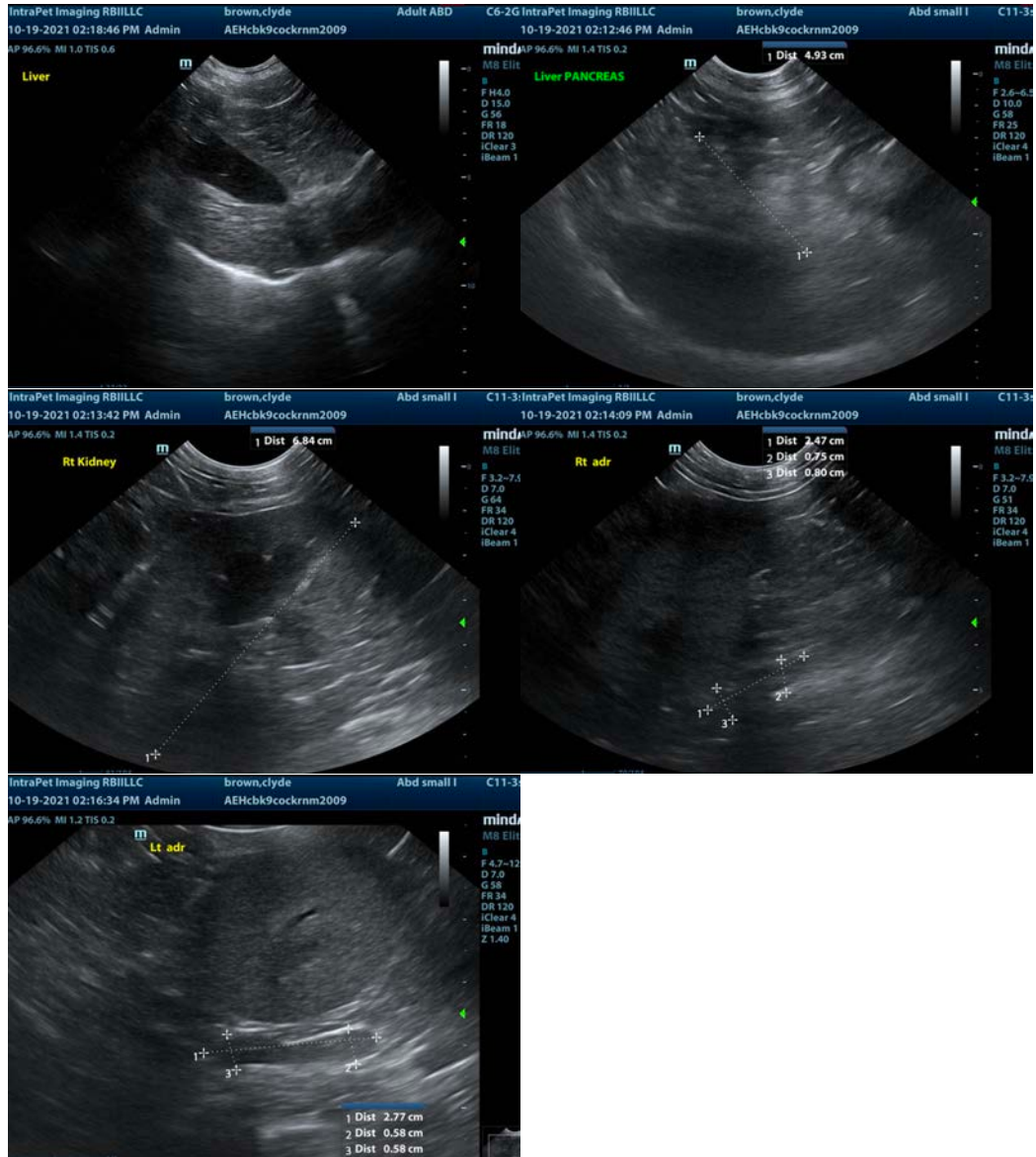
ULTRASONOGRAPHIC FINDINGS

- Non-specific chronic inflammatory hepatopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Leptospirosis titers warranted. Core liver biopsy ideal. Ampicillin/Metronidazole, nutraceuticals all indicated. No evidence of post-hepatic disease. FNA may provide information on inflammatory cell type. However, core biopsy would be best. Guarded prognosis.





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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