

**DATE PRESENTING CLINICAL SIGNS**

10/19/21

Vomiting

PATIENT

History: Date: 10-18-2021 Notes: Dakota is a 15 y/o FS eskimo who presents for acute vomiting - Vomited 3 times since last night, food

Dakota Clifton

initially, then unable to keep water down - pacing around house nauseous and uncomfortable last night, unable to settle - history of GI

SPECIES

Canine

upset/pancreatitis approximately 8 years ago, been on tylan since - No diarrhea, was interested in eating last night, has not been offered

BREED

food since vomiting - Undiagnosed neurologic condition causing tremors, managed on phenobarbital, gabapentin, and sunglasses -

Neurologic signs worsen when outside in sunlight - Seen by a cardiologist for suspected murmur, no murmur at cardiologist, no significant findings on echo Medications: - Phenobarbital - Gabapentin - Tylan powder

American Eskimo/Spitz

Current Medications: O Phenobarbital 1/4gr 16.2mg (per tab), O Gabapentin 100mg (per cap), Pantoprazole (Protonix) 40mg/vial Injection (Per mL)

SEX

Lab Results: ALP 1679

Spayed Female

Date of Previous IntraPet Ultrasound: No previous

Sedation: not needed

Stat Report: not requested

AGE

2005

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**WEIGHT**

22.7 Pounds

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.

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 right kidney measured 4.05 cm. The left kidney measured 5.41 cm with slight mineralization.

HOSPITAL NAMEAnimal Emergency
Hospital**Adrenal Glands**

The **right adrenal gland** was enlarged. The right adrenal gland measured 2.8 cm x 1.32 cm at the cranial pole and 0.79 cm at the caudal pole. The left adrenal gland measured at upper limits of normal. The **left adrenal gland** measured 2.61 cm x 0.62 cm at the caudal pole and 0.62 cm at the cranial pole.

REFERRING VET

Dr. Thompson

Spleen

The **spleen** presented minor heterogenous parenchymal changes and slight uniform swelling. Trace free fluid noted adjacent to the spleen.

INVOICE

26377

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. Minor biliary sand noted. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

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

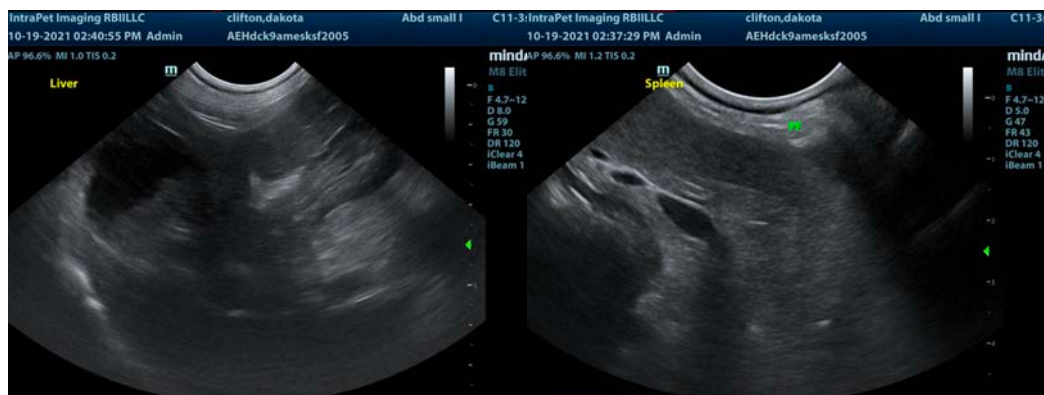
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

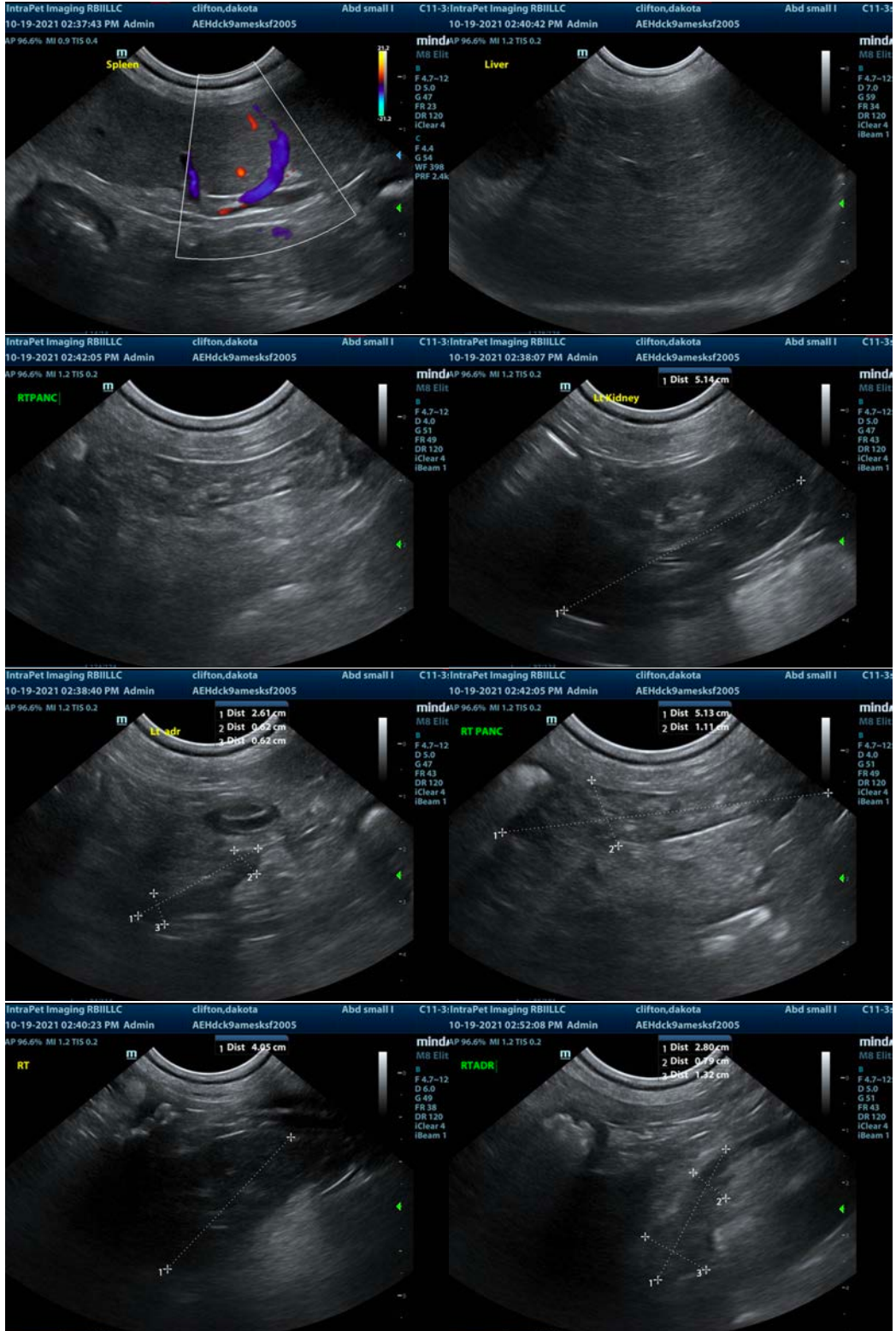
ULTRASONOGRAPHIC FINDINGS

- Enlarged right adrenal gland – differentials include hyperplasia, emerging carcinoma, or pheochromocytoma less likely. Hyperplasia is most likely. However, this should be monitored.
- Upper limits of normal left adrenal gland
- Splenic swelling and adjacent free fluid
- Vacuolar hepatopathy liver pattern
- Pancreatic remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend FNA spleen and liver in this patient, especially given the free fluid formation adjacent to the spleen. This may be owing to history fo splenic malpositioning or early infiltrative process. Recheck sonogram in one month of the right adrenal gland. Splenic and hepatic FNAs warranted to screen for more significant disease. GI protectant protocol warranted in the meantime. History of pancreatitis likely in this patient given the pancreatic remodeling. No obvious evidence of neoplasia. However, early splenic +/- hepatic neoplasia cannot be completely ruled out without FNA.





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