IMAGING PERFORMED BY

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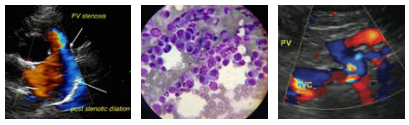

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE
10/26/21

PATIENT
Bella Hannah

SPECIES
Canine

BREED
Yorkshrie Terrier

SEX
Spayed Female

AGE
9/30/10

WEIGHT
6.8 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME
Animal Emergency Hospital

REFERRING VET
Dr. King

INVOICE
92668

PRESENTING CLINICAL SIGNS

History: **Presenting Complaint:** Vomiting with Blood; Bloody Diarrhea. **Date:** 10-25-2021 **Notes:** Has history of collapsing trachea and possible enlarged heart never had CHF, has had goose honk, will occasionally gag/cough-- not currently on meds for Was here in 2020, had a prolonged GI episode, ultimately had US-- possible IBD/Gastritis type changes -Chronic gastritis. Irregular right adrenal gland – potential for emerging pheochromocytoma. Age-related vacuolar hepatopathy liver pattern with nodular changes. Minor intestinal mucosal speckling Interpretation of the findings & further recommendations: Serial blood pressures warranted, I. A recheck sonogram is recommended in 10 – 14 days to monitor the liver nodules and the right adrenal gland, as well as the stomach lesions. A clinical trial of Zithromax (Dogs: 5-10 mg/kg p.o. q24h. May increase dosing interval to q48h after 3-5 days of treatment), Metronidazole (10-20 mg/kg p.o. b.i.d.), Sucralfate (0.5-2 g/dog PO) and Omeprazole (1 mg/kg p.o. s.i.d.) over the next 3 weeks along with a novel-protein or hydrolyzed diet with slurry feeding b.i.d./t.i.d. Currently owner only has on hydrolyzed diet (occasionally does chicken, we will see how she does once realiment, then decide about trying chicken, owner to bring in food.) CURRENT ISSUE ate pizza about 1 week ago-- started with diarrhea, has not really stopped, also vomiting tried to drink last night, vomited back up looking thin. **Assessment:** Discussed potential causes such as ingestion, foreign body, metabolic , pancreatitis, HGE viral, parasites. With her history, may just be that she has a flare up from getting the pizza from her sensitive/IBD. Discussed recommend rehydration with IVF, treat supportively with gi medications, ab if indicated and monitor for improvement. Last time it did take some time to respond, but hopefully if we treat in hospital we can see a more rapid response, if not, consider recheck US/other. Recommend looking for underlying cause with lab work, abdominal radiographs, fecal parasite exam. Often, workup is not remarkable except for dehydration
If this is the case- we treat supportively. in most cases the signs will improve in 24 hours, if they do not start to improve or declining will need to consider additional diagnostics such as abdominal ultrasound.
Current Medications: Proviable, Metronidazole, Cerenia, Protonix.
Lab Results: Attached separately.
Radiographs: stomach small, but thickened stomach, SI is uniformly fluid dilated, large gas in colon chest clear, narrow trachea, heart appears large.
Date of Previous IntraPet Ultrasound: 3/6/20.
Sedation: not needed
Stat Report: not requested

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 **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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 3.91 cm. The left kidney measured 3.39 cm.

Adrenal Glands

The right **adrenal gland** was slightly irregular at the midbody and measured 1.99 x 0.51 cm at the caudal pole and 0.62 cm at the cranial pole. The left adrenal gland was heterogenous and measured 2.09 x 0.71 cm at the caudal pole and 0.75 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 was noted.

Liver

The nodular changes in the **liver** have further progressed and coalesced. The coalescing nodular hepatic changes created a mass effect measuring 3.6 x 3.3 cm with mild disruption of architecture impinging upon the diaphragm. This may represent simple hepatoma. Nodular changes were noted throughout the liver elsewhere. The gallbladder collapsed and mildly thickened deviated caudally.

Gastrointestinal

The **stomach** revealed retention of chyme. The small intestines and colon were unremarkable.

Pancreas

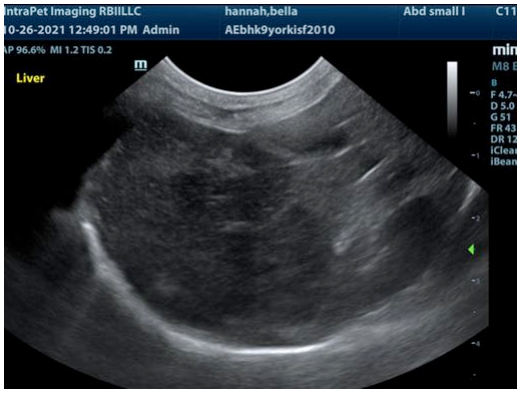
Diffuse hyperechoic changes were present in the area of the **pancreas**. The pancreatic remodeling was evident with multifocal to diffuse hyperechoic changes. These changes are consistent with fibrosis, amyloid, saponification of fat and may contain areas of low-grade chronic active inflammation especially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

ULTRASONOGRAPHIC FINDINGS

Pronounced, nodular changes, progressed from the prior sonogram. Mass effect in the left cranial liver, possible benign hepatoma versus carcinoma or pronounced nodular hyperplasia.
Heterogenous adrenal glands, mildly enlarged.
Retention of ingesta.
Pancreatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver presentation is strongly recommended. Serial blood pressure measurements are warranted. If the patient appears Cushingoid then work-up for PDH is warranted. The right adrenal gland does not appear to have progressed from the prior sonogram, yet remains enlarged. The nodular changes in the liver do not appear resectable. Bile acid profile would be appropriate to assess for early hepatic dysfunction.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hannah,bella
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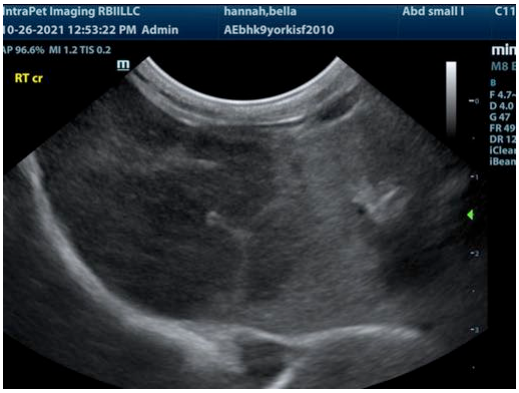
Liver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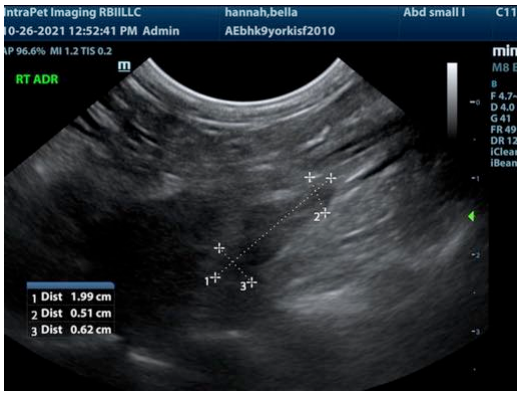
P 96.6% MI 1.2 TIS 0.2
RT cr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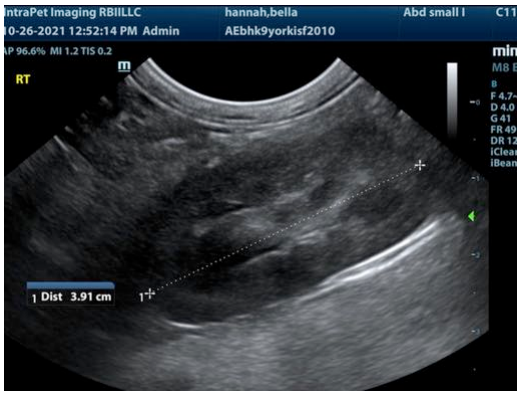
P 96.6% MI 1.2 TIS 0.2
RT ADR
1 Dist 1.99 cm
2 Dist 0.51 cm
3 Dist 0.62 cm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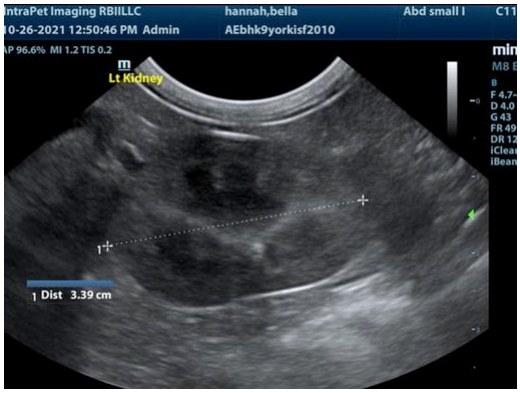
P 96.6% MI 1.2 TIS 0.2
RT
1 Dist 3.91 cm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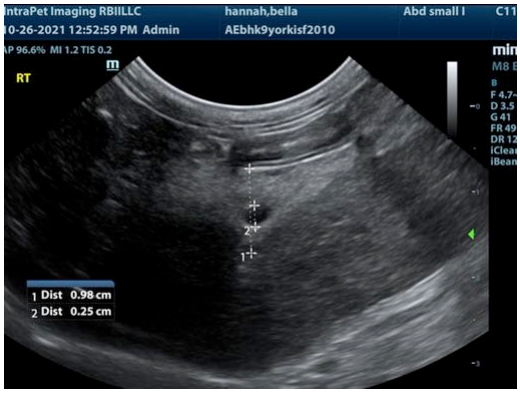
P 96.6% MI 1.2 TIS 0.2
Lt Kidney
1 Dist 3.39 cm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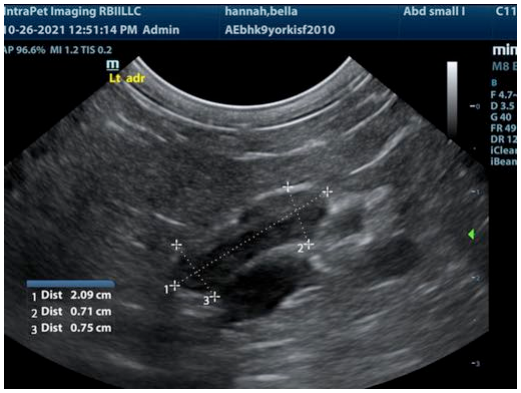
P 96.6% MI 1.2 TIS 0.2
RT
1 Dist 0.98 cm
2 Dist 0.25 cm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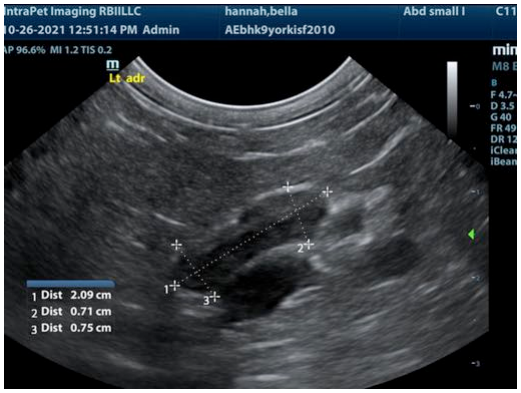
Lt adr
1 Dist 2.09 cm
2 Dist 0.71 cm
3 Dist 0.75 cm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Abd small I
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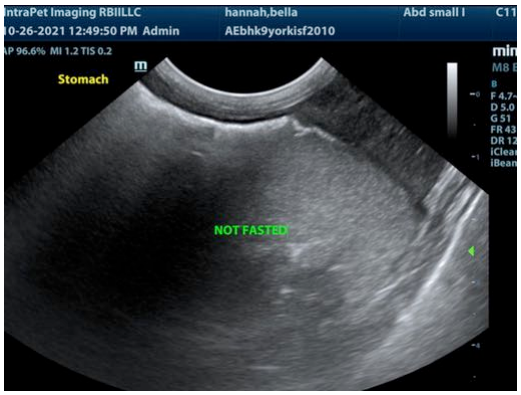
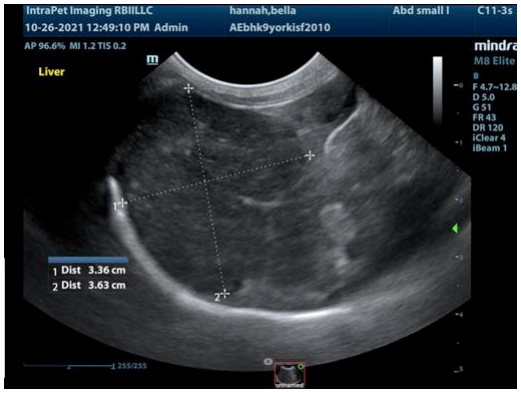
Lt adr
1 Dist 2.09 cm
2 Dist 0.71 cm
3 Dist 0.75 cm


IntraPet Imaging RBIILLC
hannah,bella
Abd small I
10-26-2021 12:49:50 PM Admin
AEbhk9yorkisf2010
Stomach
NOT FASTED


IntraPet Imaging RBIILLC
hannah,bella
Abd small I
10-26-2021 12:49:26 PM Admin
AEbhk9yorkisf2010
Liver
fna here


IntraPet Imaging RBIILLC
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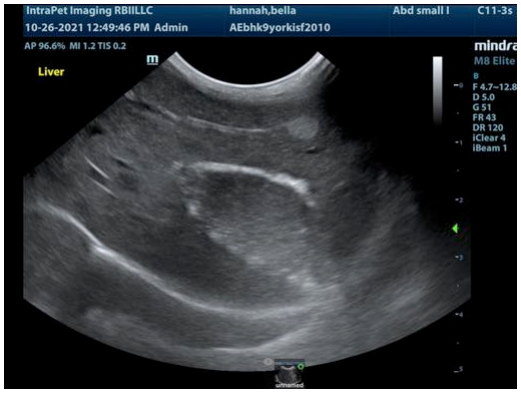
Liver
1 Dist 3.36 cm
2 Dist 3.63 cm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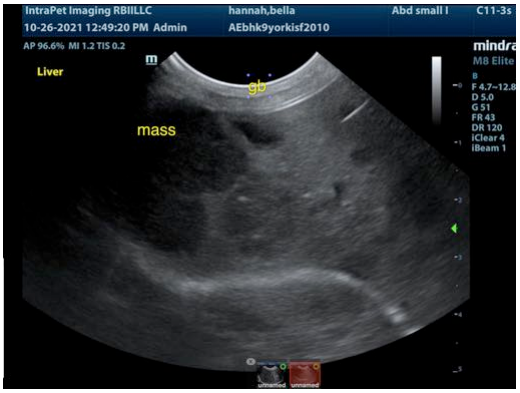
Liver



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
Eric.Lindquist@SonoPath.com