IMAGING PERFORMED BY

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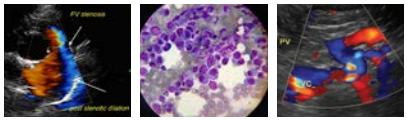

SonoPath

Clinical Sonography & Telecytology

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DATE

10/5/21

PATIENT

Summer Nagl

SPECIES

Canine

BREED

Papillon X

SEX

Spayed Female

AGE

2011

WEIGHT

24.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Nacke-Horney

INVOICE

26073

PRESENTING CLINICAL SIGNS

Lethargic, Drinking Less, Not Eating, & Urine Color Abnormal.
History: Date: 10-01-2021 Notes: Around Wednesday owner noted that she was lethargic - typically more active and can go up stairs -
recently will go up a few stairs and will stop and lay down on one. Not really eating or drinking around this time - had 1 episode of vomiting
bile. Urine last night was dark yellow, produced hard stool Known to lick at her paws - owners will be concern about hairballs - has had
episodes of coughing up might material - last night had an episode where she got dizzy and fell over UTD on vax - no bordetella - doesn't get
boarded or leave the house Child in the house is known to feed the dogs people food like candy - recently got twizzlers - known dietary
indiscretion.

Current Medications: Famotidine 10mg/mL Injection (Per mL), Maropitant Citrate (Cerenia) Tablets 24mg, Gabapentin Capsules 100mg, Clopidogrel Tablets 75mg, Mycophenolate Suspension 100mg/mL, Prednisone Tablets 20mg, Doxycycline Capsules 100mg
Lab Results: ALT 159, ALP 471, WBC 52, PCV 22-28.
Radiographs: Thorax 2 view- Lat and V/D thorax- mild increased opacity in right middle lung lobe, similar to radiographs from presentation.
Date of Previous IntraPet Ultrasound: No previous
Sedation: not needed
Stat Report: not requested

Included radiographs revealed excessive body score and thoracic fat, hepatic enlargement, ill-defined silhouette.

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 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. Coticomedullary and pelvic calculi were present in both kidneys. The right kidney measured 4.52 cm with largest calculus measuring 0.42 cm. The left kidney measured 4.85 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 1.69 cm x 0.73 cm at the caudal pole and 0.66 cm at the cranial pole. The left adrenal gland measured 2.12 cm x 0.72 cm at the caudal pole and 0.63 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.

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. 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. Mild hepatic vein dilation noted, consistent with passive congestion.

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.

Other

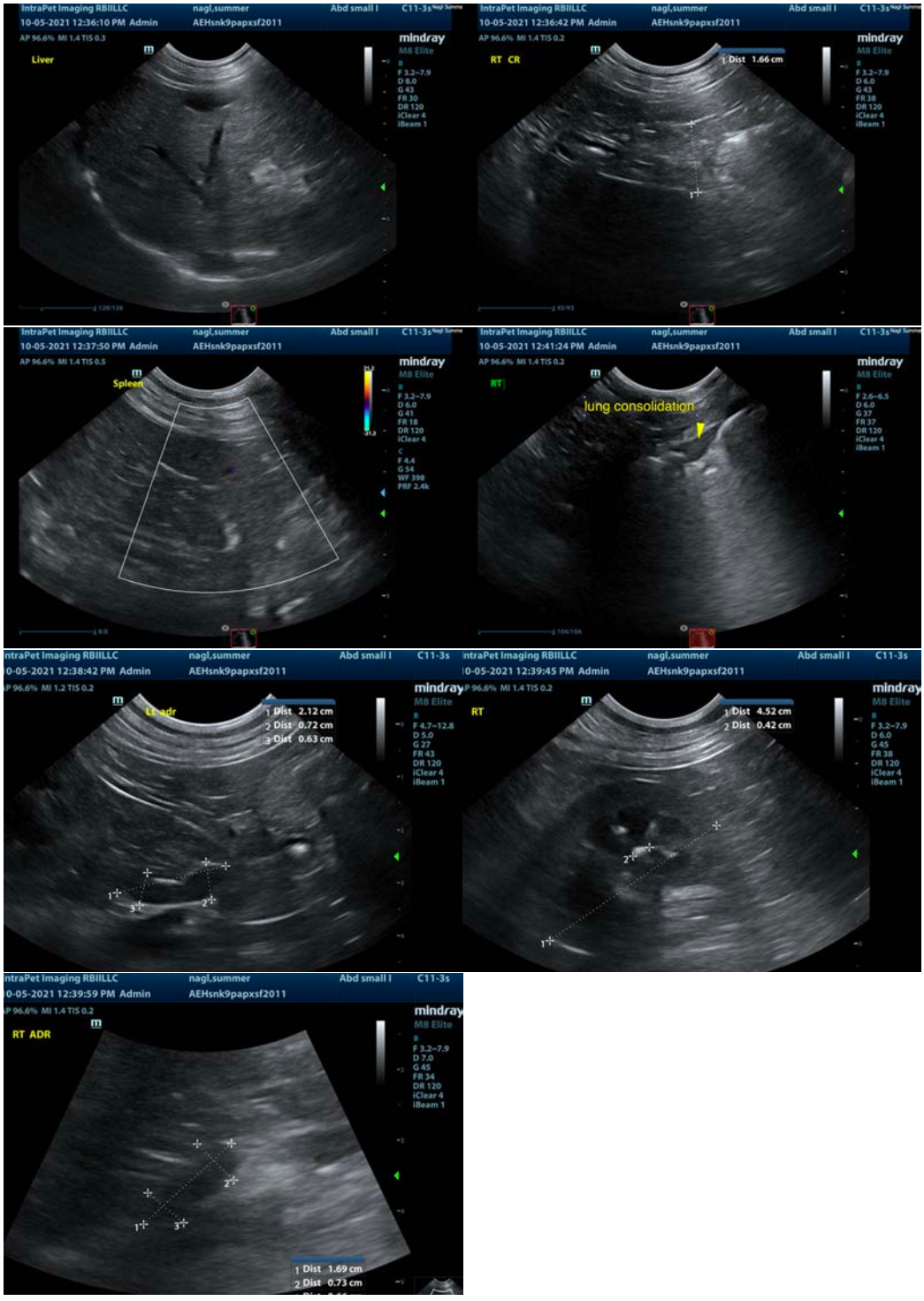
Areas of lung consolidation noted in the intercostal views, measuring up to 1.5 cm with comet tail lung pattern.

ULTRASONOGRAPHIC FINDINGS

- Unremarkable geriatric abdomen with mild passive congestion hepatic pattern – full echocardiogram strongly recommended to assess tricuspid insufficiency velocities.
- Slight lung consolidations and minor pleural effuson

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assessment of the chest with echocardiogram for emerging pulmonary hypertension, right-sided failure, and causes of pericardial effusion recommended. Concerned for a thromboembolic event/PTE given the IMHA status. No obvious masses noted. Heart volume was normal. However, full echocardiogram with doppler assessment of primarily the tricuspid valve would be appropriate. Serial 3-view chest radiographs warranted over the next 24-48 hours, especially if tachypnea is an issue in this patient to assess for potential progressive right-sided cardiac enlargement and pulmonary densities, as this patient is at high risk for pulmonary thromboembolic disease, especially given the unexplain lung consolidation. PTE is a strong potential.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RT ADR
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2 Dist 0.73 cm

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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