

**DATE**

11/18/22

**PRESENTING CLINICAL SIGNS**

History: Increased expiratory effort, few crackles ausculted. thoracic rads consistent with interstitial lung pattern consistent with neoplastic disease process vs less likely fungal vs eosinophilic

**PATIENT**

Rucker Cope

**SPECIES**

Canine

**BREED**

German Shepherd

**SEX**

Neutered Male

**AGE**

2/4/13

**WEIGHT**

109 Pounds

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**HOSPITAL NAME**

Claws N Paws AH

**REFERRING VET**

Dr. Singh

**INVOICE**

18132

Current Medications: Fluconazole,, Enrofloxacin, temaril P

Lab Results: See attached.

Radiographs: Radiologist report attached.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Patient sedated with Dexdomitor &amp; Torbugesic.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, RDMS.

**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 moderate 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. Corticomedullary mineralization was noted. The right kidney measured 6.84 cm. The left kidney measured 7.47 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 2.43 cm x 0.52 cm at the cranial pole and 0.52 cm at the caudal pole.

**Spleen**

Uniform to slightly heterogenous parenchymal changes were noted in the **spleen**, typical for the breed. Splenic fold was noted.

**Liver**

The **liver** itself was unremarkable. Excessive gallbladder sand and debris were noted, a grouping of which measured approximately 3.0 cm.

**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. Minor excessive GI gas was noted, yet not pathological.

**Pancreas**

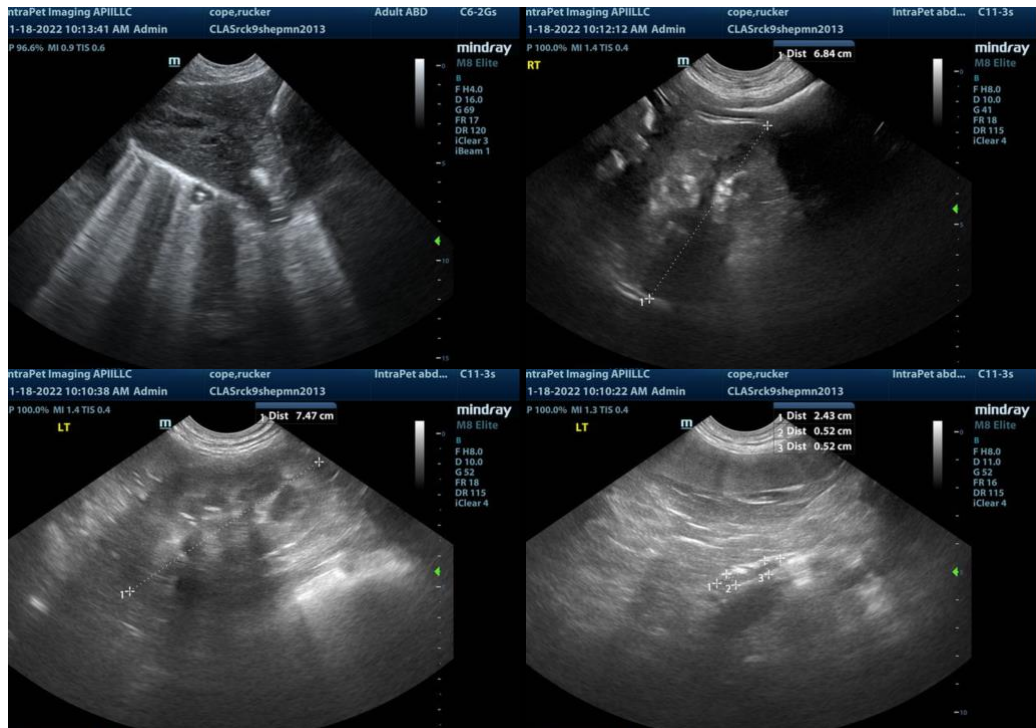
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

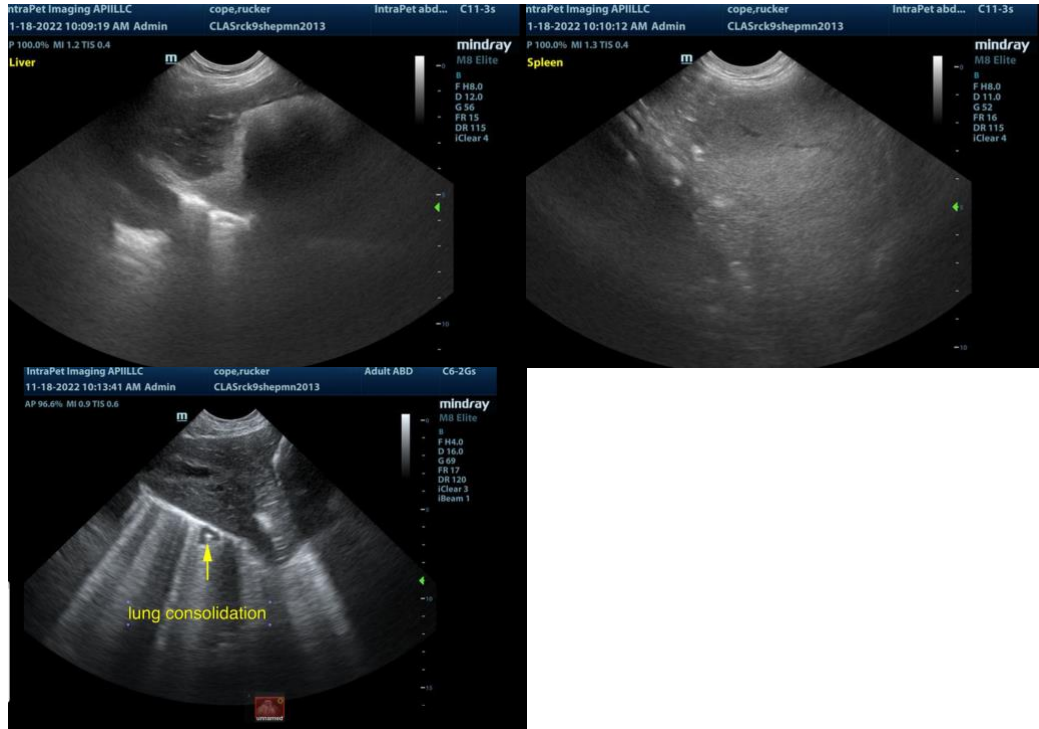
### ULTRASONOGRAPHIC FINDINGS

- Mild splenic enlargement
- Minor gallbladder sand/debris
- Age-related renal changes
- Minor excessive GI gas, not pathological
- Comet tail lung pattern through the diaphragm

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend focusing on the thoracic presentation in this patient. Areas of consolidation were also noted. Bronchoalveolar lavage is likely in this patients best interest and/or CT for further definition of the thoracic presentation. Ursodiol therapy could be considered from an abdominal perspective, yet the remainder of the abdomen appears normal.





**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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