

**DATE**

12/17/21

**PRESENTING CLINICAL SIGNS****PATIENT**

Coco Weikle

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Spayed Female

**AGE**

12/16/14

**WEIGHT**

91 Lbs.

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**IMAGING PERFORMED BY**

Rachel Brillhart RDMS

**HOSPITAL NAME**

Animal Emergency H

**REFERRING VET**

Dr. Thompson

**INVOICE**

13102

History: Presenting Complaint: Vomiting; Cushing's Disease. Date: 12-16-2021 Notes: Coco is a 7 y/o FS Lab who presents for intermittent vomiting and inappetence - currently being managed for Cushing's for 10 months, no longer PU/PD on medication - Saturday started vomiting and not eating, progressed into Sunday - Monday, dropped off urine with RDVM treated for UTI, ate Monday - Tuesday continued to be inappetent - Wednesday seen by RDVM for BW and AXR, unremarkable - Vomiting through antinausea medications, continued to not eat - vomit is white foam and bile - no diarrhea, one very dark formed stool - decreased drinking and urination - decreased activity, vomiting 2-3 times daily - BW at RDVM unremarkable Medications: - Vetoryl SID - Ciprofloxacin 1000mg PO SID - Cerenia 90 mg SID - not currently on any medications aside from Cerenia. Assessment: Vomiting, inappetence (Partial obstructive FB vs metabolic disease vs gastroenteritis vs GI parasites vs IBD vs pancreatitis vs neoplasia vs other). Plan: Recommended hospitalization, IVF, supportive care, AUS +/- repeat BW. If AUS unremarkable potential GI panel or referral to specialist for additional diagnostics.

Current Medications: Unasyn, Ondansetron, Pantoprazole, Gabapentin.

Lab Results: PCV/TS 49%,8.2. Labs from rDVM attached separately.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

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 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 left kidney measured 6.62 cm. The right kidney measured 7.24 cm.

**Adrenal Glands**

The **right adrenal gland** was 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 3.67 cm x 0.98 cm at the caudal pole and 0.83 cm at the cranial pole.

The **left adrenal gland** was slightly enlarged, uniform, measuring 2.84 cm x 1.2 cm at the caudal pole and 0.92 cm at the cranial pole.

**Spleen**

The **spleen** revealed subtle micronodular changes and enhanced surrounding mesentery.

**Liver**

The liver revealed coarse architecture and mild heterogeneous parenchymal changes. The gallbladder and common bile duct were unremarkable.

### ***Gastrointestinal***

The gastric wall was thickened (up to 2.26 cm). The small intestine and colon were unremarkable.

### ***Pancreas***

The right pancreatic limb presented mixed echogenic inflammatory pattern.

### ***Free Abdomen***

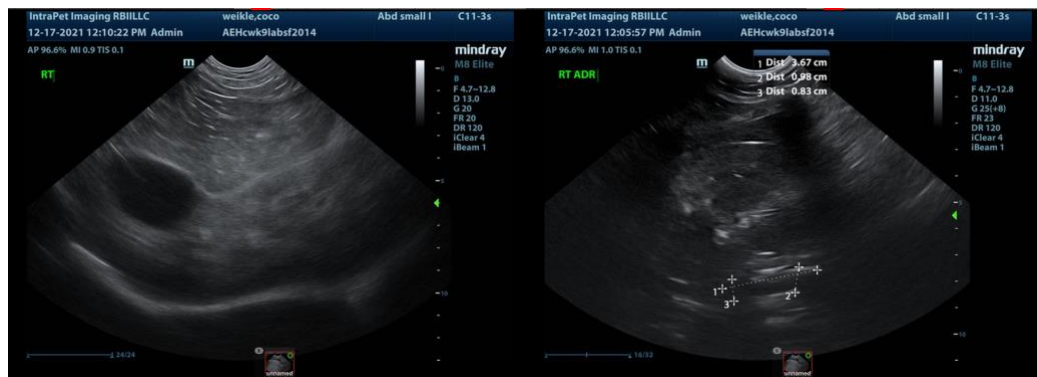
A lymph node was enlarged in the portal hilus, measuring 3.5 cm and 2.63 cm with regional inflammation. Other epigastric lymph nodes enlarged.

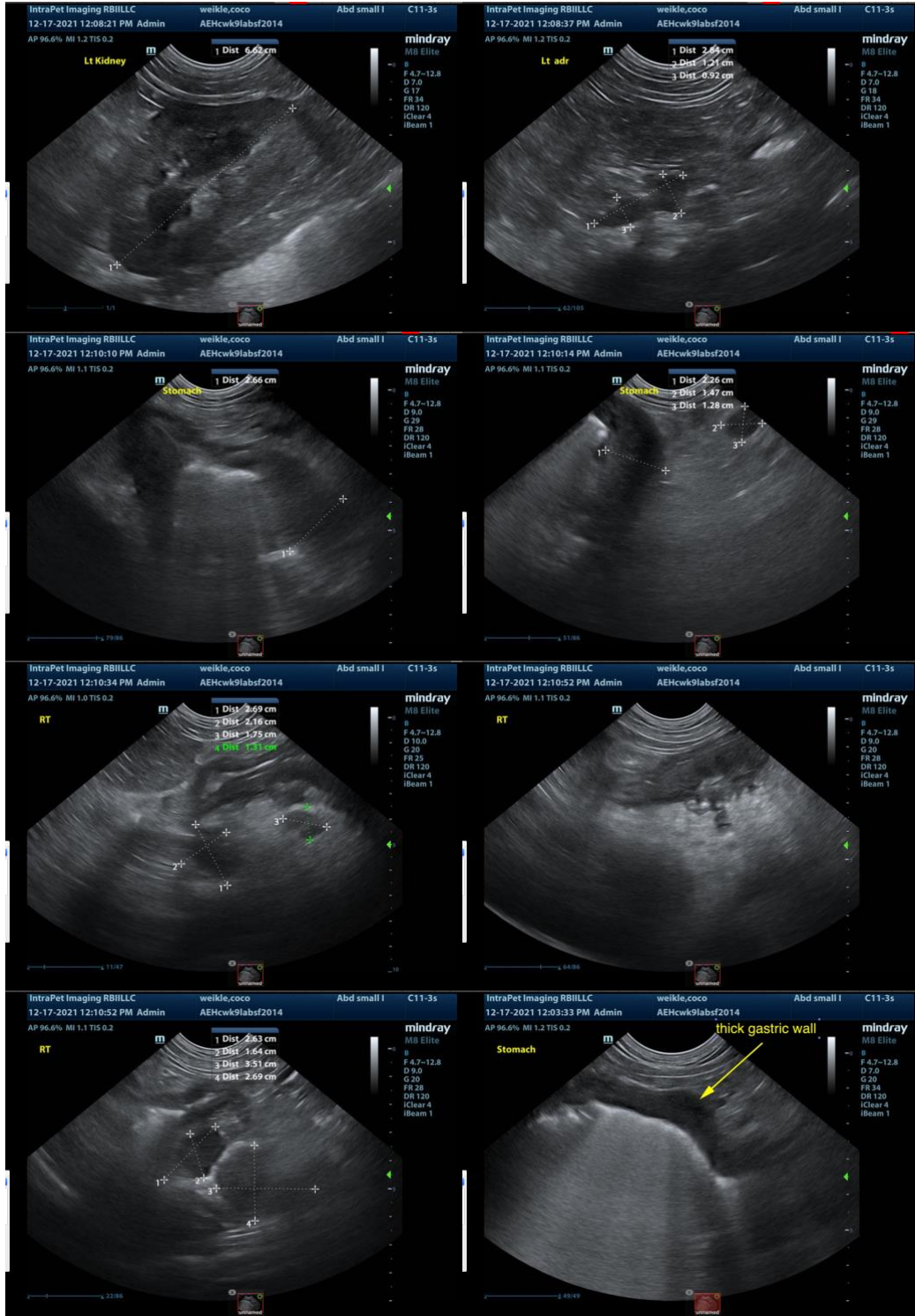
## **ULTRASONOGRAPHIC FINDINGS**

- Infiltrative gastric pattern with aggressive lymphadenopathy and secondary pancreatitis. Gastric neoplasia (such as lymphoma) suspected with regional lymph node involvement and possible hepatic +/- pancreatic involvement.
- Spleen, micronodular changes
- Left adrenal gland slightly enlarged

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ultrasound guided FNA of the lymph nodes and gastric wall strongly recommended. Surgical biopsies of the lymph nodes, stomach and liver could also be considered. This is a particularly aggressive presentation. All neoplastic criteria are met. There is minor potential for non-neoplastic granulomatous/inflammatory disease.





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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