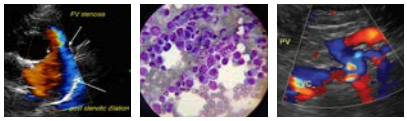
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

12/21/21

PATIENT

Bear Walker

SPECIES

Canine

BREED

Labrador Retriever X

SEX

Neutered Male

AGE

10/21/08

WEIGHT

44 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Kalwa

INVOICE

33628

PRESENTING CLINICAL SIGNS

History: Presenting Complaint: Trouble Breathing; Not Eating; Lethargic; Vomiting Date: 12-20-2021 Notes: He's having a hard time breathing, lethargic, vomiting, not eating well. He has laryngeal paralysis and Cushing's disease. He is on multiple medications- O worried about aspiration- has not been eating so O has been pureeing food. ATO- Tonight gasping, exhaling huff, Hx of gagging on food, aspirates- O tries to puree food but gags more. Has seen inverted/ gag/ sneeze then vomits. Tonight wobbly when tried to stand. Cushing's disease for a few months. Weight loss- normally 47-48 lbs now 44 lbs- lost this week sporadic diarrhea- off abx 2-2.5 weeks - hx of colitis, hx of laryngeal paralysis - O interested in tie back sx. Hx of Cushing's- few months- previously on 60 mg SID now 60 mg EOD (given today) Current medications: - Zyrtec - Tussigon - Vetoryl 60 mg EOD- given today. NO hx of heart murmur - checked last week BW done ~3 weeks ago- wnl. Hx of bronchitis few weeks ago and fluid in lung- put on abx. Urine WNL - urinating BID. Assessment: Dyspnea --> Increased RR/RE (no crackles), Pulse ox 90- 100 Febrile 103.8 F on presentation; Not eating; Lethargy; Severe muscle wasting on skull vomiting; Hx of cushings; Hx of Laryngeal paralysis; Possible 1/6 heart murmur. AFAST/ TFAST: no FF. DDX: aspiration and pneumonia risk for hypertension, risk of azotemia, risk for metastasis/ neoplasia risk for gastroenteritis vs pancreatitis etc. Plan: Hospitalization, IV catheter, fluid therapy, and further treatment as needed Full bw, BP, UA +-, X rays thorax and +- abdomen +- US.

Lab Results: Attached separately.
Radiographs: AFAST/ TFAST: no FF
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 residual prostate measured 1.37 cm.

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 5.78 cm. The left kidney measured 5.87 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 3.22 cm x 1.26 cm at the caudal pole and 1.15 cm at the cranial pole.

The **left adrenal gland** was moderately enlarged at the caudal pole, measuring 1.69 cm at the caudal pole, 1.04 cm at the cranial pole, and 3.55 cm in length.

Spleen

The **spleen** presented multifocal coalescing hypoechoic target nodules. The largest nodule measured 2.27 cm.

Liver

The **gallbladder** wall was thickened and echogenic with suspended debris. Gallbladder wall measured 0.58 cm. The remainder of the liver was unremarkable.

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.

Heart

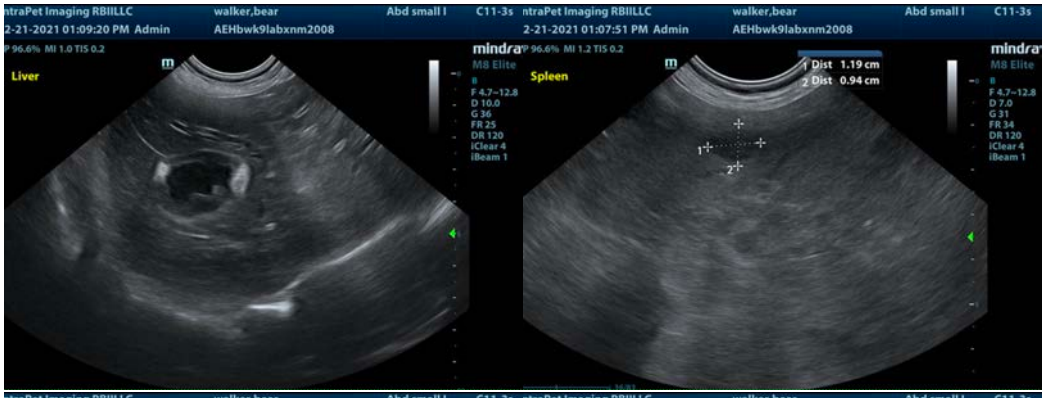
Rapid view of the heart revealed no evident pathology.

ULTRASONOGRAPHIC FINDINGS

- Multifocal disruptive splenic nodular changes – round cell neoplasia, hemangiosarcoma, hyperplasia all possible.
- Chronic cholangitis liver pattern with striating bile – consistent with emerging mucocele.
- Bilateral adrenal hypertrophy with irregular swelling to the left adrenal – left adrenal hyperplasia, carcinoma, pheochromocytoma all possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA spleen and liver recommended. Blood pressure measurements warranted. If hypertension is present, urine catecholamine would be indicated. Treatment for cholangitis recommended with Ursodiol and Enrofloxacin combination. Gallbladder motility study would be ideal. However, the splenic nodules are most concerning at this time +/- left adrenal +/- gallbladder as far as order of clinical importance.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Liver
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M8 Elite
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walker,bear
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Spleen
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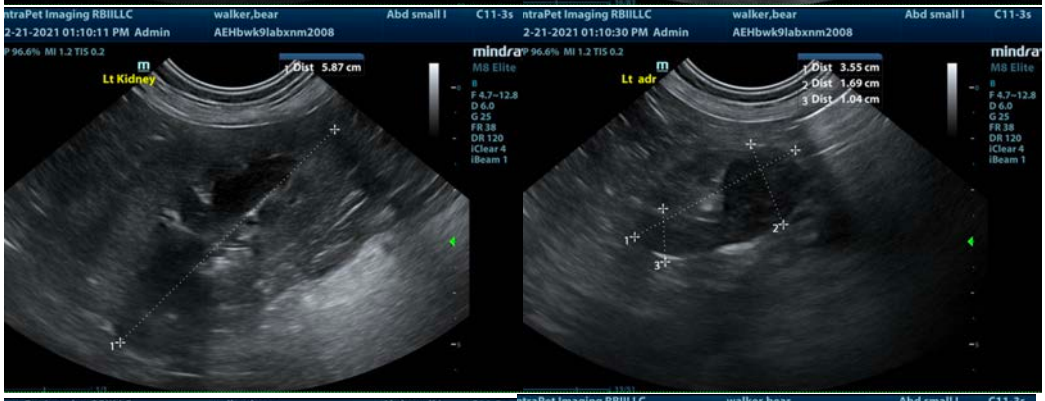
M8 Elite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Lt Kidney
1 Dist 5.87 cm
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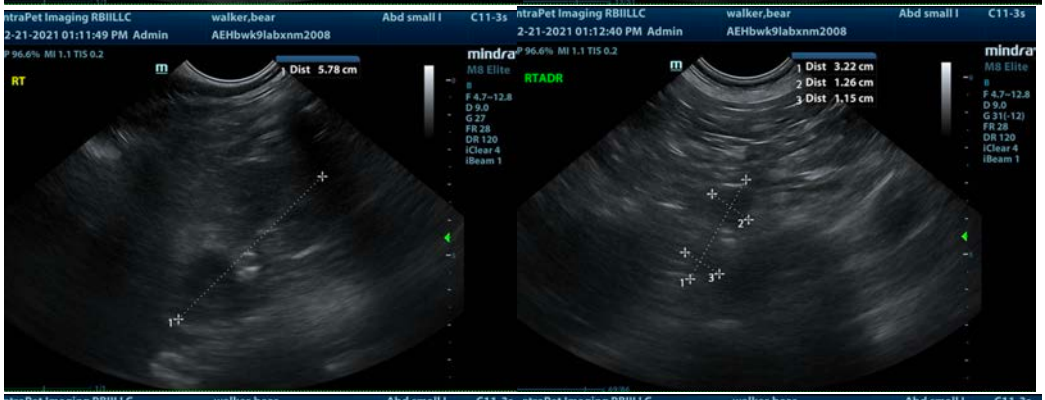
Lt adr
1 Dist 3.55 cm
2 Dist 1.69 cm
3 Dist 1.04 cm
mindra
M8 Elite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RT
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M8 Elite
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RTADR
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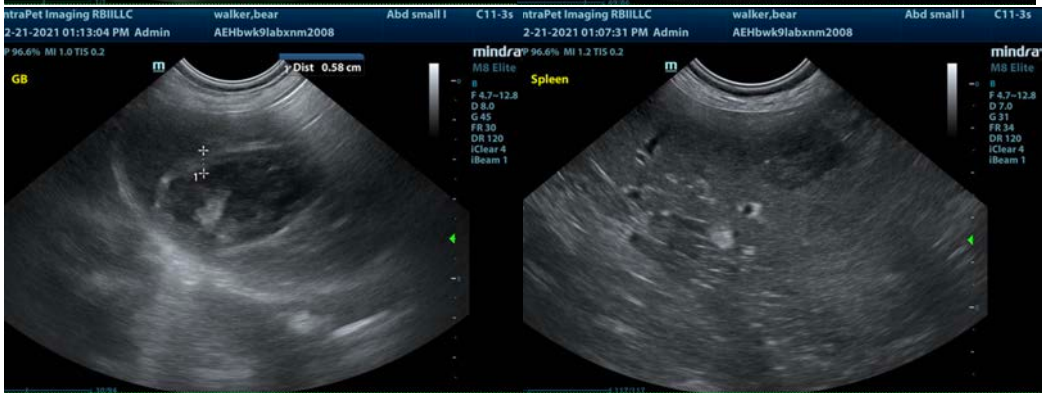
2 Dist 1.26 cm
3 Dist 1.15 cm
mindra
M8 Elite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GB
1 Dist 0.58 cm
mindra
M8 Elite
ntraPet Imaging RBIILLC
walker,bear
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C11-3s
2-21-2021 01:07:31 PM Admin
AEHbwk9labxnm2008
Spleen
mindra
M8 Elite

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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