

**DATE**

12/29/22

PATIENT

Daisy Pekich

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Intact Female

AGE

12/27/11

WEIGHT

22 Pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**Animal Emergency
Hospital**REFERRING VET**

Dr. Nacke-Horney

INVOICE

43828

PRESENTING CLINICAL SIGNS

Wednesday started having diarrhea with blood - was given fast food burger on Tuesday Blood has lessened to the owner but has appeared to have gotten weaker Ate some chicken yesterday but not eating normally - around 1/2 a bowl Hx of mammary carcinoma 6 months ago that was removed - did seem to perk up a bit Unsure if patient is spayed Presented to rdvm: - Presented for bloody diarrhea for around 1 week - was given McDonalds burger - was not interested in eating today - PE: Pale MM - Bw: Rbc 0.91, Hct 8.3, Retic 321.2, Lym 0.71, Mono 1.16 Plt WNL, Bun 28 - Rads: concern for trace FF, loss of detail in the cranial abdomen, bladder stone - suspicious area in the chest concerning for met - Slide agglutination (-)

Current Medications: Sucralfate, Metronidazole, Protonix, Cerenia.

Lab Results: PCV 11. Most recently 14 after blood transfusion.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The **urinary bladder** revealed a calculus measuring 1.04 cm. No evidence of inflammatory or neoplastic changes were noted.

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 left kidney measured 5.16 cm. The right kidney measured 5.72 cm.

Adrenal Glands

Both **adrenal glands** were mildly enlarged. The left adrenal gland presented an expansive, hypoechoic, and irregular caudal pole with an isoechoic nodule measuring 0.90 cm x 0.83 cm. The left adrenal measured 1.94 cm x 0.83 cm at the caudal pole and 0.88 cm at the cranial pole. The right adrenal gland revealed a hyperechoic nodule measuring 0.94 cm at the cranial pole. The right adrenal gland measured 2.13 cm x 1.0 cm at the cranial pole and 0.86 cm at the caudal pole.

Spleen

The **spleen** revealed a focal isoechoic, expansive nodule measuring 0.97 cm at the cranial pole. Minor heterogeneous changes noted elsewhere.

Liver

The **liver** presented swollen, irregular contour and increased portal markings. The gallbladder wall was mildly edematous.

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. Soft stool noted in the colon.

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

The left thorax revealed a 1.04 cm hypoechoic consolidation and other smaller consolidations up to 0.67 cm.

Comet tail lung pattern/B-lines note through the diaphragm.

ULTRASONOGRAPHIC FINDINGS

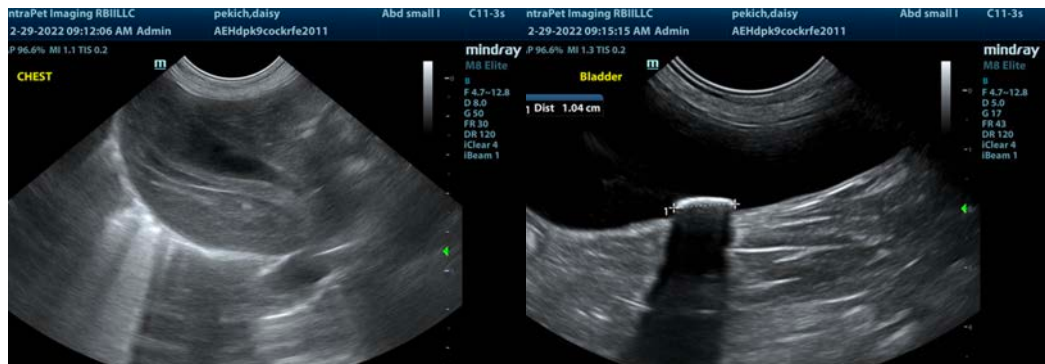
- Irregular, mildly enlarged adrenal glands with nodules
- Non-specific cholangitis liver pattern
- Minor heterogeneous spleen with isoechoic nodule
- Bladder calculus
- Age related renal changes
- Age related pancreatic changes
- Soft stool in the colon
- Multifocal thoracic consolidations

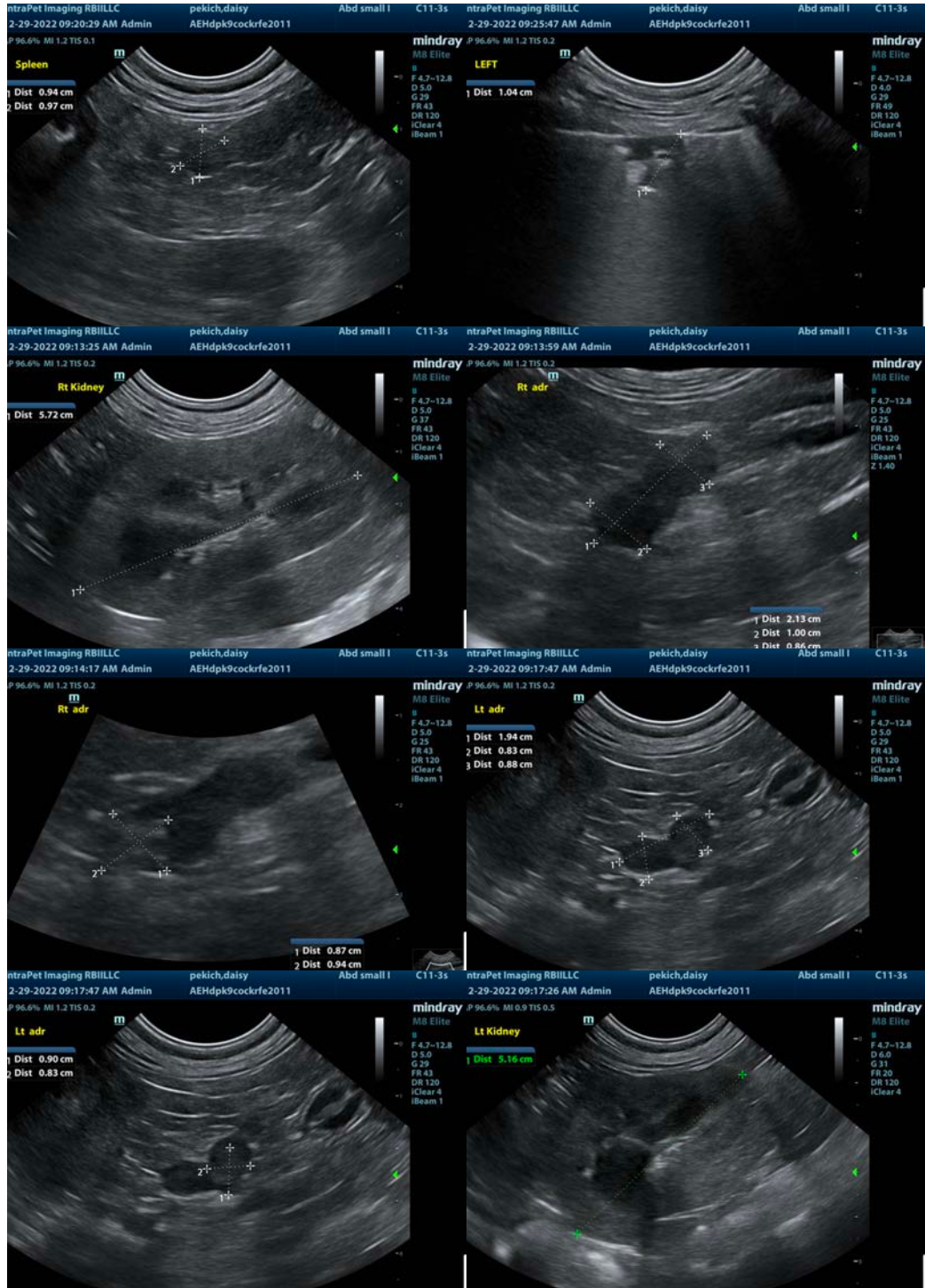
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I'm concerned primarily about the left adrenal gland. Potential emerging carcinoma or pheochromocytoma. Hyperplasia possible.

The thoracic presentation is the also very concerning. Multifocal neoplasia is a strong potential.

Recommend blood transfusion followed by ultrasound guided FNA of the lung changes. The cause of anemia is unclear unless GI blood loss is an issue. CBC path review +/- bone marrow aspirates indicated. Prognosis is guarded. Supportive care for GI upset/enterotoxins indicated until lung cytology can be evaluated. Blood pressure measurements indicated, given the adrenal presentation to assess for related hypertension. If hypertension is present, urine catecholamine would be indicated.







The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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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