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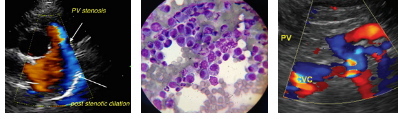
IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

12/29/22

PATIENT

Stewie Byus

SPECIES

Canine

BREED

Corgi X

SEX

Neutered Male

AGE

12/1/21

WEIGHT

25.2 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Animal Emergency
Hospital

REFERRING VET

Dr. Kalwa

INVOICE

43826

PRESENTING CLINICAL SIGNS

Referral for thrombocytopenia. October: First at shelter diagnosed heartworm, lyme, hookworm. Finished doxycycline for heartworm, Given first injection of prednisone 5 day taper dose Dec first. 1 week ago monday: vomited 6x. 2x large amount, 4x liquid- seemed fine ate and drank Wednesday vomited twice 10pm. Thursday am ate less, lethargic- called rDVM 12/23 friday rDVM: PC: Vomiting, lethargy, inappetence - CBC: Mild monocytosis, PLT 91k - CHEM increased TP 8.8, ALT 851, ALKP 625, Tbili wnl - CPL wnl - Xray: Constipated - enema given + SQ fluids – Blood right anal gland- abx infused - Given convenia injection for UTI - Told to give pepcid, cerenia, GI diet - Treated GI and UTI 12/26/22 Monday: - Hematuria - UA: 1012, 2+ protein, 1+ glucose, 1+ ketone, Bili, RBC, WBC, bacteria - Clavamox started 12/28 rDVM: - Petechia, gums and abdomen, epistaxis, VERY enlarged submandibular lymph nodes, popliteal prominent - CBC: HCT 40%, Low retic, WBC 18k, Neutrophilia, PLT ZERO - CHEM: BUN 36 HIGH, ALT 262, ALKP 930, Tbili 1.2; amylase/lipase high - PT/PTT wnl - Blood smear- done - Tick panel-
PENDING******* at rDVM No hx of rat poison ingestion Goal Doxycycline, prednisone

Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, 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 residual prostate was uniform at 1.2 cm.

The **kidneys** were enlarged and irregular with some loss of corticomedullary definition. Distorted renal pelvis position. Primary renal dysplasia or an emerging neoplastic event may be playing a role. Slight hypoechoic subcapsular expansion noted in the caudal cortices. The left kidney measured 6.0 cm. The right kidney measured 5.52 cm.

Adrenal Glands

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins were noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The left adrenal gland measured 2.5 cm x 1.01 cm at the caudal pole and 0.83 cm at the cranial pole. The right adrenal gland measured 2.35 cm x 1.13 cm at the cranial pole and 1.2 cm at the caudal pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The spleen folded upon itself. 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** presented normal size and contour. Slight heterogeneous parenchymal changes noted. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The upper gastrointestinal tract revealed gastric hypertrophy and empty lumen. Prominent mucosa. Submucosal and muscularis layers were unremarkable. The small intestine and colon were unremarkable.

Pancreas

The **pancreas** presented mild heterogeneous parenchymal changes in the left limb. The left limb measured 1.12 cm in width. Pancreatic duct was normal.

Other

Variable regional lymphadenopathy noted.

B-lines noted through the diaphragm in this patient.

Rapid view of the heart revealed no evident pathology.

ULTRASONOGRAPHIC FINDINGS

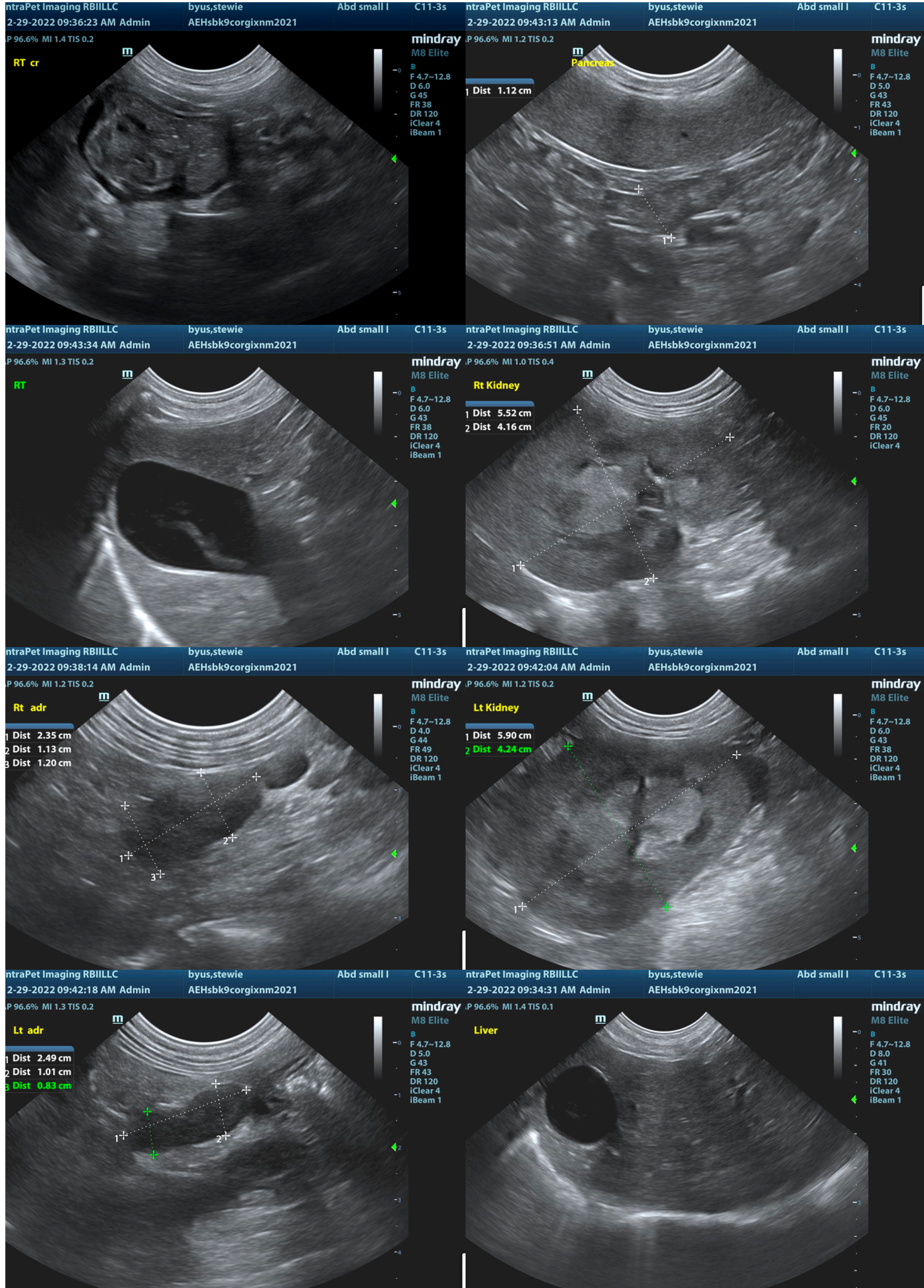
- Non-specific inflammatory hepatopathy
- Slight irregular pancreas
- Enlarged irregular kidneys with subcapsular expansion/hypoechoic rim
- Bilaterally enlarged adrenal glands – Odd for this age patient.
- Concurrent gastritis
- Folded spleen
- Variable lymphadenopathy
- B-lines noted through diaphragm

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I'm concerned for renal infiltrative disease in this patient. Coagulation panel and FNA of either kidney, particularly in the hypoechoic subcapsular halo region, as well as FNA of the liver recommend for further definition. Prognosis is guarded depending upon cytology results. Supportive care warranted otherwise. GI protectants warranted. Blood pressure recommended if not already performed.

The adrenal enlargement may be stress., potential infiltrative disease within the adrenals, or PDG possible yet extremely unlikely, given the age of the patient. Normal variant is also possible.

Thoracic workup warranted, given the ringdown/B-lines noted through the diaphragm.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Pancreas
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Rt Kidney
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2 Dist 4.16 cm
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1 Dist 2.35 cm
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3 Dist 1.20 cm
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Lt Kidney
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2 Dist 4.24 cm
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1 Dist 2.49 cm
2 Dist 1.01 cm
3 Dist 0.83 cm
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Liver

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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