

**DATE PRESENTING CLINICAL SIGNS**

12/31/21

PATIENT

Puggles Freeland

SPECIES

Canine

BREED

Puggle

SEX

Neutered Male

AGE

12/30/2007

WEIGHT

37.1 Lbs.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**

Animal Emergency H

REFERRING VET

Dr. King

INVOICE

13265

History: Presenting Complaint: Pacing; Vomiting; Diarrhea; Drinking More. Date: 12-30-2021 Notes: Had been PU/PD-RDVM did workup, concern for Cushing's, plan for US in next week or so Was waking up at night, restless at night. Acutely vomiting. Assessment: Discussed vomiting-- may or may not be related to the Cushing's disease. Can see increase in pancreatitis, can see other cause-- masses, infection. fb, ingestion. Recommend we treat supportively and get US. Vomited some stuffing? small amount took one survey rad-- no obvious obstruction.

Current Medications: Potassium Chloride, Buprenex, Pantoprazole, Cerenia.

Lab Results: Attached separately.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, 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 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 5.78 cm. The right kidney measured 5.73 cm. Corticomedullary mineralization and remodeling noted.

Adrenal Glands

The **left adrenal gland** was enlarged, uniform, measuring 3.5 cm x 1.58 cm at the caudal pole and 1.07 cm at the cranial pole. Slight areas of mineralization noted.

The **right adrenal gland** was also enlarged and irregular in contour, measuring 2.51 cm x 1.46 cm at the cranial pole and 0.99 cm at the caudal pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. 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** revealed generalized enlargement, coarse architecture and multifocal expansive nodules (up to 2.8 x 2.16 cm). The gallbladder revealed a minor amount of debris without significant overdistention.

Gastrointestinal

Mild **gastric** hypertrophy was present. Pancreatic pathology was enveloping the duodenum.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some modeling 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. Some remodeling was noted in the right limb enveloping the duodenum. Suspect low-grade inflammation.

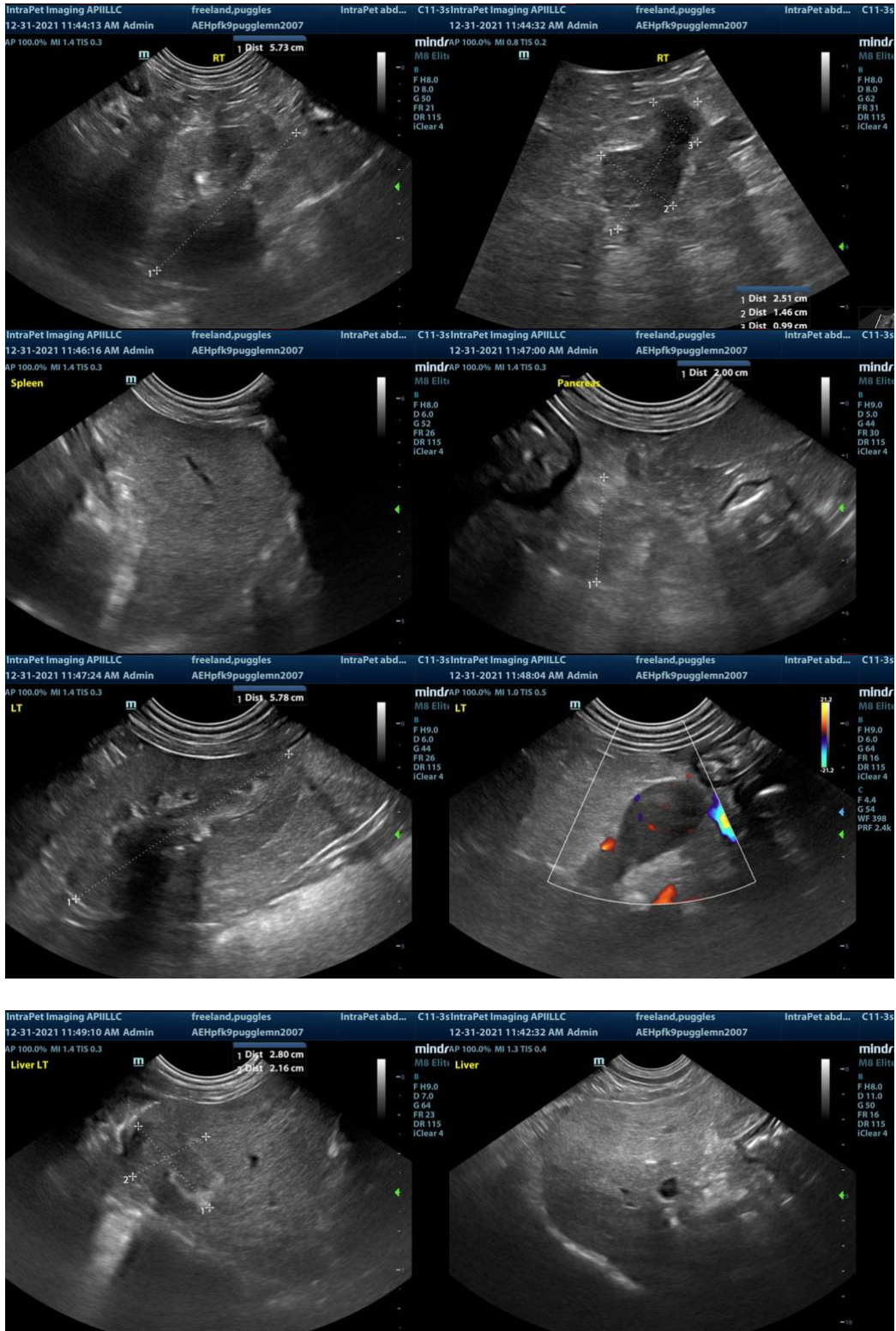
ULTRASONOGRAPHIC FINDINGS

- Multifocal hepatic nodular changes. Pronounced nodular hyperplasia suspected. Mild potential for underlying neoplasia.
- Age-related pancreatic changes with some remodeling in the right limb. Likely low-grade inflammation.
- Gastric hypertrophy
- Bilateral irregular adrenal enlargement. PDH suspected. Minor potential for neoplasia of either adrenal gland.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the general parenchyma and nodular changes recommended. If the patient appears Cushingoid and urine specific gravity is <1.020, work up for Cushing's indicated. If hypertension is present, then urine catecholamine indicated.





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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