

**DATE PRESENTING CLINICAL SIGNS**

2/1/22 History: Vomiting and dec. appetite for 4 days.

PATIENT

Jasmine Flanagan

Current Medications: none - will tx Cerenia, Omeprazole.
 Lab Results: CBC/Chem/Lytes - normal other than increase amylase.
 Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
 Sedation: Not required to complete full diagnostic ultrasound.
 Stat Report: Not requested.
 Excessive GI gas noted on rads.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

Weimaraner

Urinary System**SEX**

Spayed Female

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

AGE

5/3/13

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 right kidney measured 7.73 cm. The left kidney measured 7.72 cm.

WEIGHT

89.9 Pounds

Adrenal Glands**INTERPRETED BY**

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 2.65 cm x 0.95 cm at the caudal pole and 0.86 cm at the cranial pole. The right adrenal gland measured 2.87 cm x 0.8 cm at the caudal pole and 1.19 cm at the cranial pole.

IMAGING PERFORMED BY

Stephanie Pearce
RDMS, RVT

Spleen**HOSPITAL NAME**

Hickory Vet Hospital

The **spleen** presented subtle heterogeneous parenchymal changes. No evidence of significant pathology.

Liver**REFERRING VET**

Dr. Snyder

The **liver** presented a hypoechoic nodule in the left cranial liver measuring 1.44 cm x 0.93 cm. The gallbladder and common bile duct were unremarkable. The remainder of the liver was unremarkable.

Gastrointestinal**INVOICE**

35365

The **stomach** itself was unremarkable. Minor areas of intestinal thickening presented, primarily muscularis. Mesenteric lymph nodes were reactive, measuring 3.18 cm x 1.0 cm.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

Free Abdomen

Some remodeled mesentery was noted in the mid abdomen, likely owing to history of enteritis.

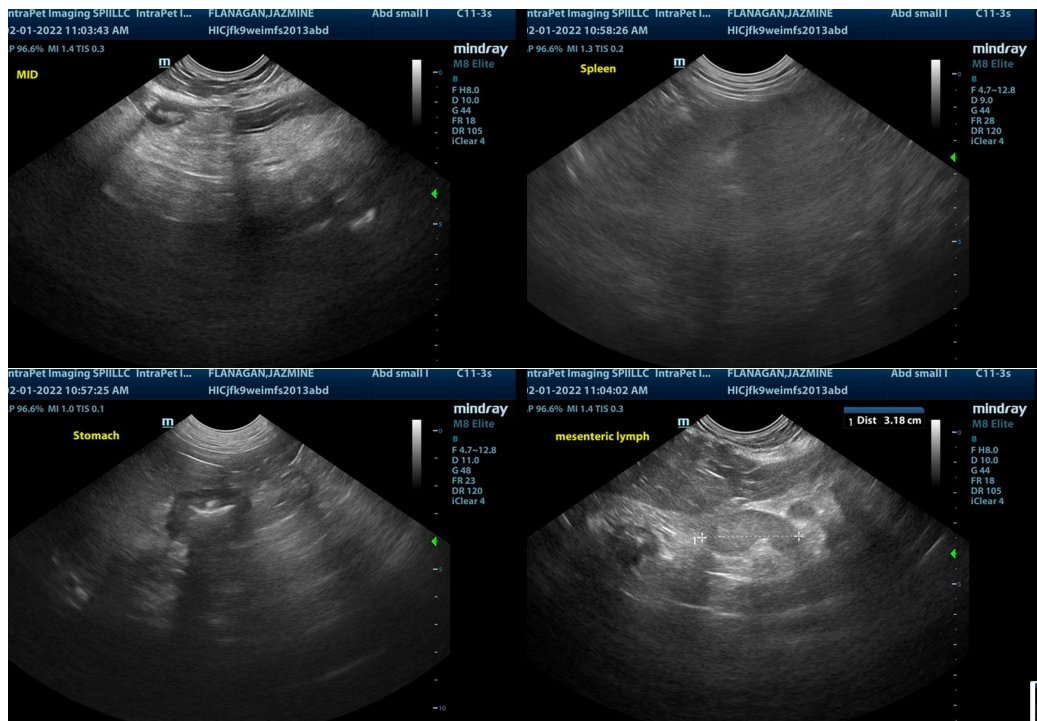
Rapid view of the heart revealed no evident pathology.

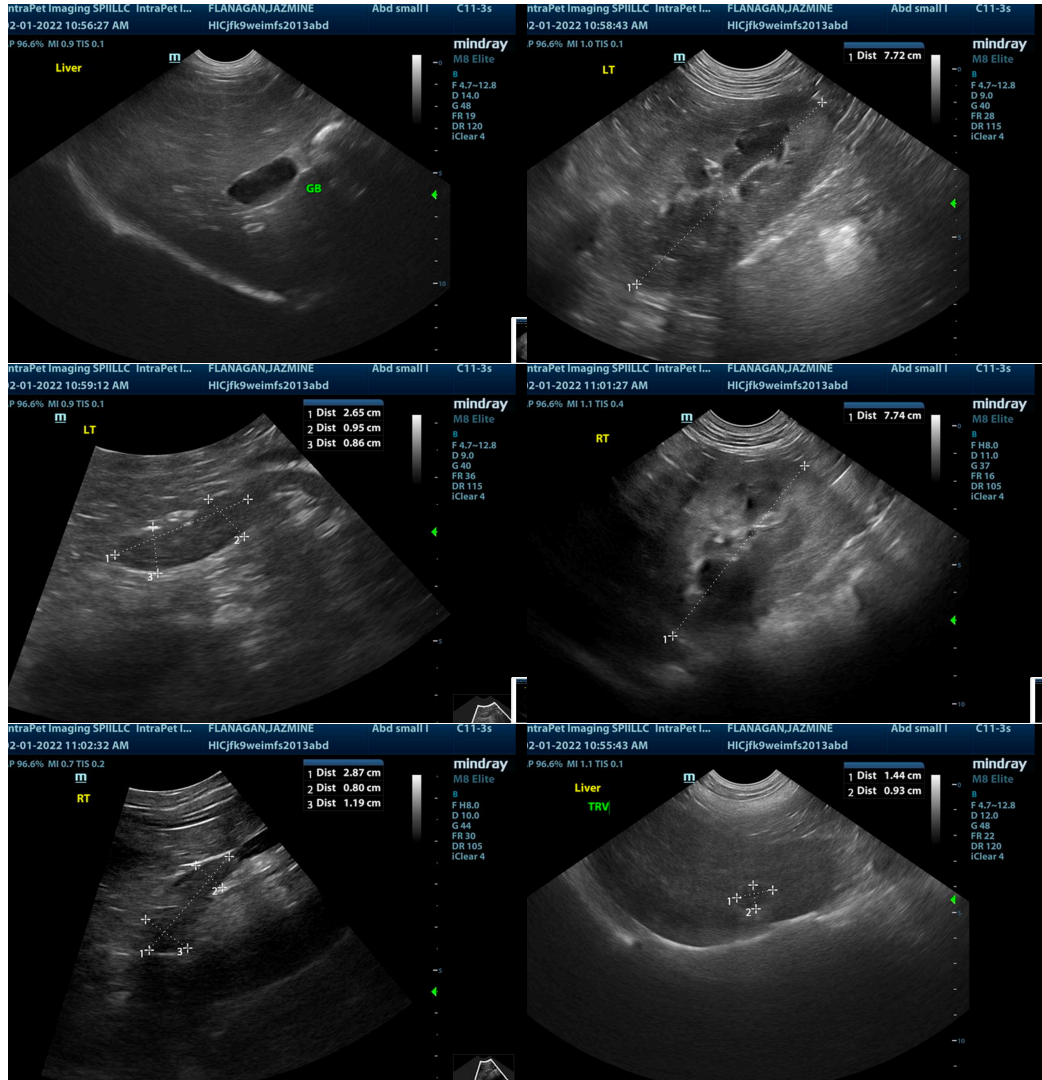
ULTRASONOGRAPHIC FINDINGS

- Hepatic nodule
- Minor heterogeneous spleen
- Bilateral adrenal hypertrophy
- Slight mesenteric lymphadenopathy
- Minor muscularis thickening and mesenteric remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assessment for Cushing's indicated if urine specific gravity is <1.020. Mid abdominal palpation recommended to assess for any discomfort in the mid abdomen where the mesenteric lymph nodes and remodeling mesentery is present. No evidence of neoplasia. Recheck sonogram in 3-4 weeks, primarily of the hepatic nodule and mesenteric lymph node to ensure no progression.





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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