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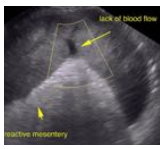
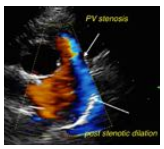
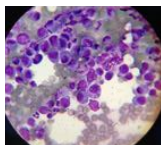
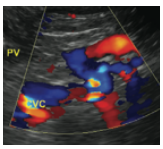




SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Jack Moore

SPECIES

Canine

BREED

Beagle

SEX

Neutered male

AGE

14 ½ years

WEIGHT

24 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Neuhaus

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Neuhaus

INVOICE

42931

DATE

2/24/23

PRESENTING CLINICAL SIGNS

History: Pancreatitis diagnosed on 2/11, anorexia and lethargy for the last 2 days, no vomiting but owner concerned about nausea, some soft stool, owner reports history of liver issues after ingestion of unknown material. Radiographs showed diffuse hepatomegaly and splenomegaly, splenic and liver aspirates collected post ultrasound images obtained. Pt febrile on presentation.
Abnormal PE/Chem/CBC/UA Results: QAR, mm pnk/mst, crt<2s, concern for low grade 1/6 left murmur with occasional extra loud beat, sinus arrhythmia vs block (need EKG), femoral pulses weak L>R, abd sl tense with initial palpation that improved with exam, lnn wnl, tear staining OU CBC: HCT low normal (38.1%), retic (3.3.) L, lymphopenia (0.46), eosinopenia (0.02), thrombocytopenia (59) Chem 17: azotemia CREA (2.0), BUN (40) EPOC: azotemia CREA (2.09), BUN (43) vcheck cPL: 470.03- suspected manual platelet: 157k fecal direct smear: no salmon flukes identified Fecal OP&G: pending

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 was noted. Ureteral papillae were normal.

The residual prostate measured 1.0 cm.

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. Corticomedullary mineralization was noted along with a cortical cyst. Pyelectasia was noted and may be owing to pelvic scarring or possible infection or aggressive fluid therapy. The right kidney measured 5.75 cm. The kidneys are subjectively near end stage.

Adrenal Glands

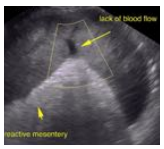
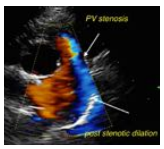
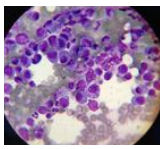
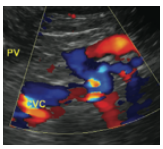
The left **adrenal gland** revealed a swollen caudal pole measuring 0.78 cm and a normal cranial pole measuring 0.38 cm. The region of the right adrenal gland was unremarkable, yet I cannot rule out adrenal involvement.

Spleen

The **spleen** appeared folded on itself. The abdominal mass may be deriving from the cranial pole of the spleen. Micronodular changes were noted throughout the remainder of the spleen.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Hyperechoic lipogranulomatous changes are present. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder

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presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable. B lines were noted through the diaphragm. Chest radiographs are indicated to assess for alveolar disease.

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 mass in this patient overlies or occupies the **pancreas**.

Free Abdomen

A parenchymal, expansive nodular mass was noted and measured approximately 6.0 cm in the right cranial abdomen. This appears to be potentially deriving from the cranial pole of the spleen, which appears to be folded; however, this mass is undifferentiated and overlies or occupies the area of the pancreas.

ULTRASONOGRAPHIC FINDINGS

Mass likely deriving from the spleen and overlies the pancreas.

Significantly compromised kidneys and subjectively near end stage.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT evaluation or direct exploratory surgery is indicated. The azotemia is likely a prerenal and renal source. I recommend IV fluid support to correct the azotemia, attempt to raise thrombocyte levels to at least 80,000 + for surgical intervention. Chest radiographs are warranted to assess for metastatic disease given the B lines noted. The prognosis is very guarded.

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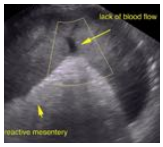

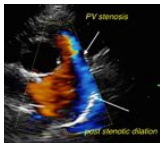

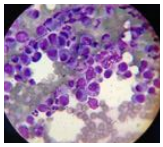
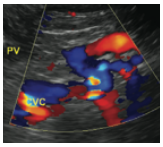

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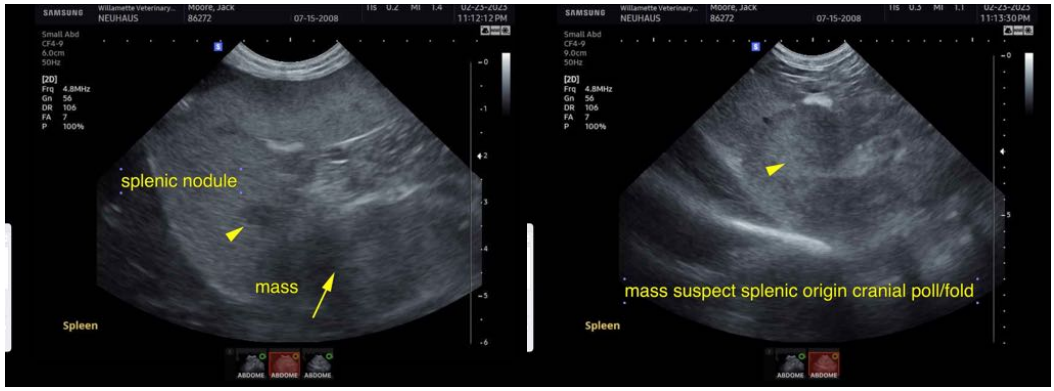

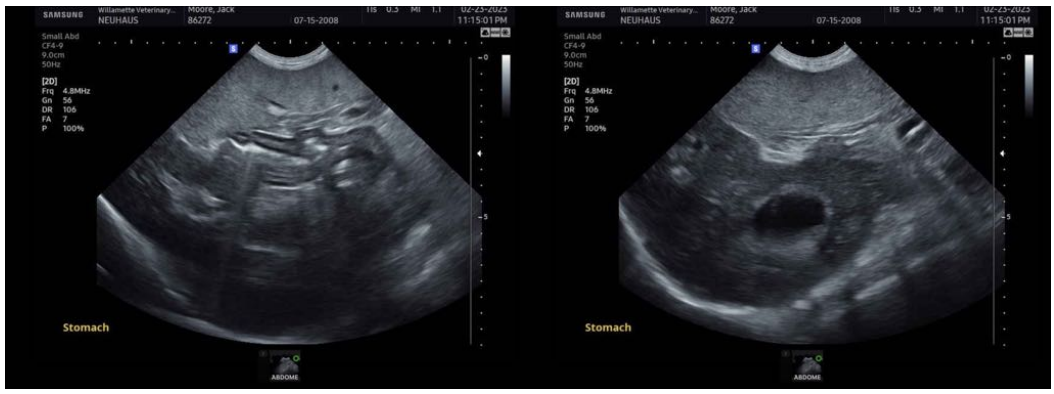

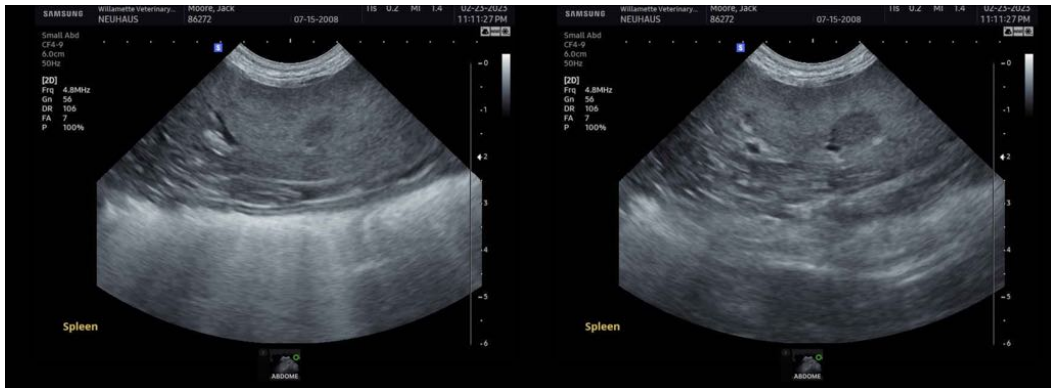

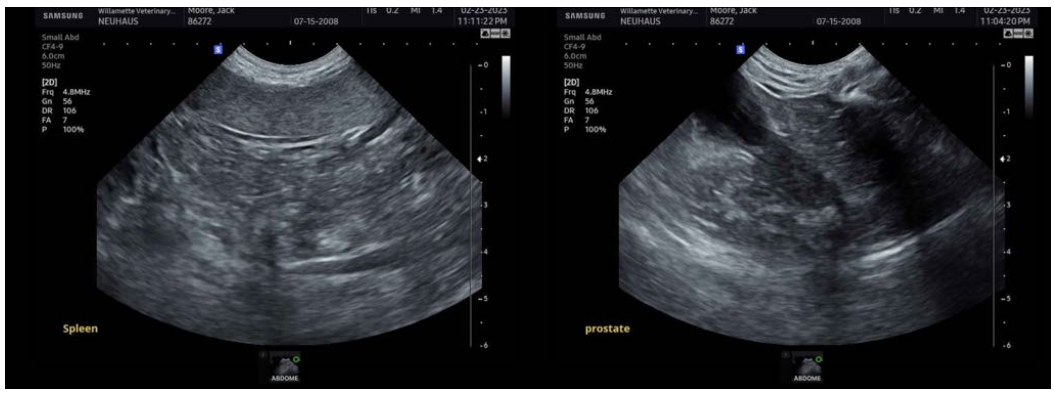

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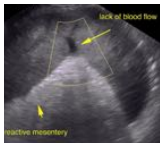
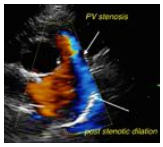
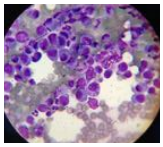
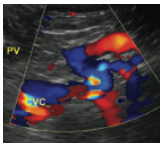

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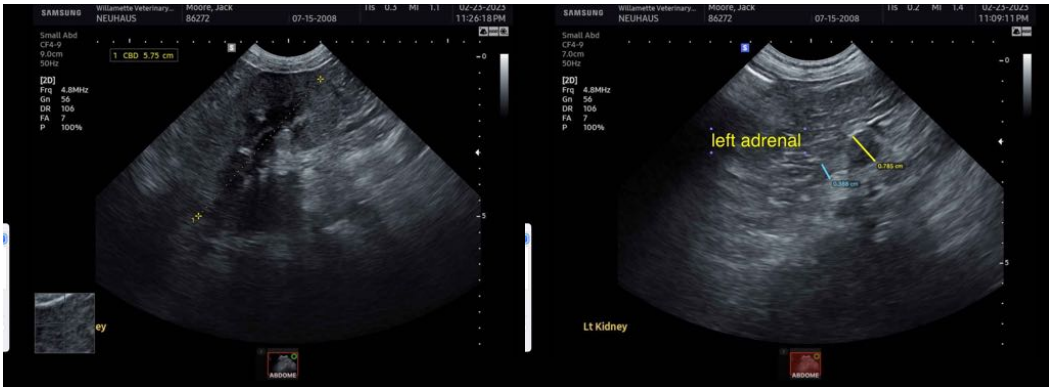

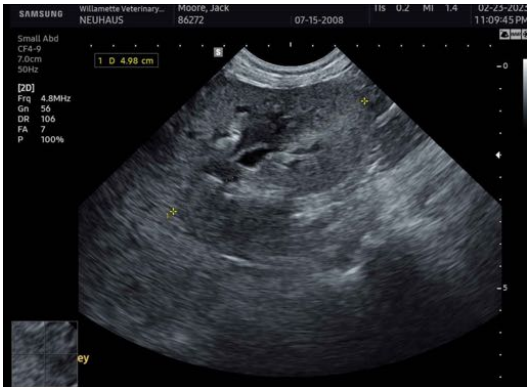

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com