



PATIENT

Bambi Anderson

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

14 Years

WEIGHT

23.2 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Lupole

INVOICE

45597

DATE

3/1/23

PRESENTING CLINICAL SIGNS

Presented at our hospital for lethargy, barely eating, straining for stool, panting, painful, and PU/PD. Patient has wounds (lick granulomas?) on her paws that owner has been applying Vetericyn to and then wrapping with gauze and tape. Patient has eaten several bandages over the last month. Owner has seen parts of bandages in vomit and stool. On 2/26, she vomited some tape. Since then, she has barely been eating. Today, she was straining to have a bowel movement, passed some stool, but continued to strain. Tonight, she passed some firm stool and then seemed to feel a bit better. Today, she would not use stairs and was growling and nipping when the owners touched her. She has been panting more than normal for about 1-2 months. Owner also noticed that her breath is bad and she has been PU/PD for about 6 months. Owner is concerned with kidney disease. Previous Health Concerns: wounds on paws Current Medications: Vetericyn, Cosequin

Abnormal PE/Chem/CBC/UA Results: Level of Pain: (0-4)1-2 abdominal palpation Radiographs – Rounded liver; ingesta in stomach; unremarkable GIT; Spondylosis L2-3, 4-5, L7-S1 CBC – Eos (0.02) MPV (6.4) CHEM – Phos (6.6) glob (4.1) gluc (128) Tchol (>450) ALT (***) ALP (***) GGT (642) Tbili (4.6) EPOC – pH (7.568) Lactate (3.82) gluc (136) HCT (60) 10fold dilution – ALP (95) ALT (3)

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 right kidney measured 6.75 cm. The left kidney measured 6.37 cm.

Adrenal Glands

The **left adrenal gland** was enlarged and irregular, measuring 2.7 cm x 1.43 cm at the cranial pole and 1.55 cm at the caudal pole. Capsular expansion noted without capsular escape or regional invasion.

The **right adrenal gland** was slightly heterogeneous and irregular, with maximum width of 1.25 cm.

Spleen

The **spleen** was normal size and relatively normal contour with multifocal hyperechoic areas of mineralization. This is a benign change; however, can be related to Cushing's disease or other endocrinopathies.

Liver

The **liver** presented diffuse nodular changes throughout the parenchyma with generalized hepatomegaly and increased portal markings. The gallbladder wall was echogenic and thickened, consistent with fibrosis. Nodular changes were somewhat disruptive. Minor excessive gallbladder debris noted.



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Gastrointestinal

A minor amount of non-shadowing, non-obstructive ingesta was noted in the **stomach**. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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 **pancreas** was enlarged, irregular, and heterogeneous with enhanced surrounding mesentery.

ULTRASONOGRAPHIC FINDINGS

- Bilateral adrenal hypertrophy, more pronounced on the left
- Diffuse nodular hepatic changes and remodeling – nodular hyperplasia versus suppurative hepatitis or diffuse neoplasia.
- Chronic active pancreatitis
- Splenic mineralization
- Age related renal changes
- Gastric ingesta

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the liver indicated with Leptospirosis titers warranted. FNA of the pancreas would be ideal as well. If neoplasia is not evident on cytology, then supportive hepatic care would be warranted to treat acute on chronic liver failure. Eventual workup for Cushing's disease indicated. If crusting skin lesions are present, hepatocutaneous syndrome can present in this fashion. Prognosis is guarded.

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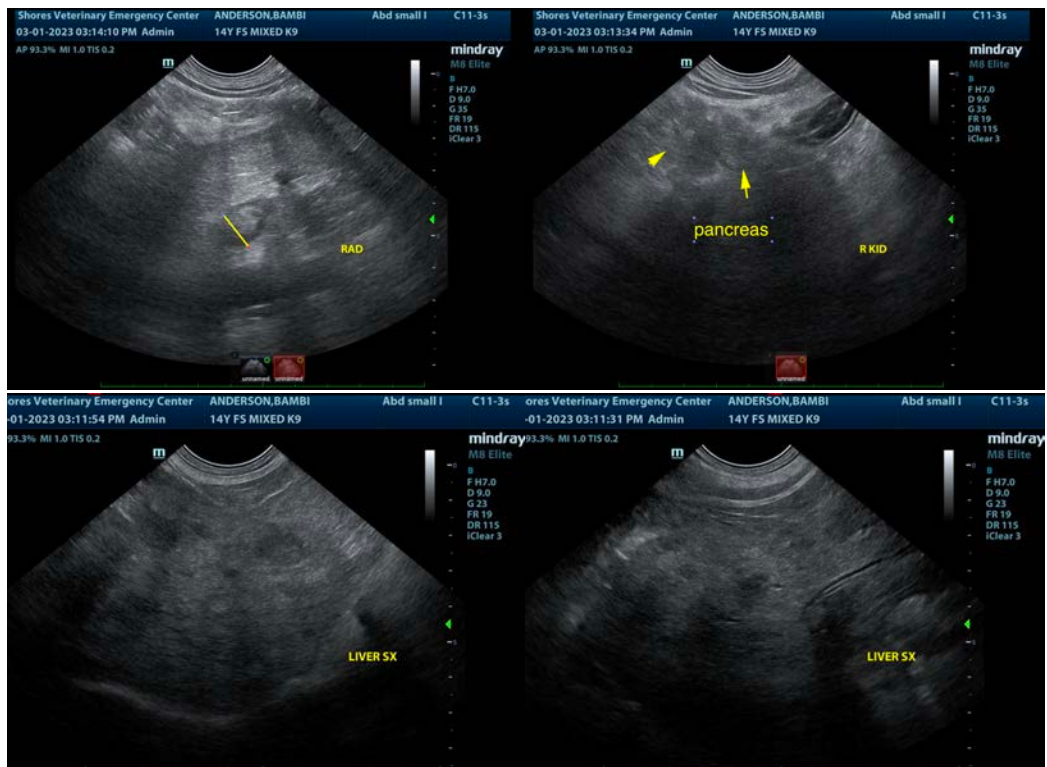
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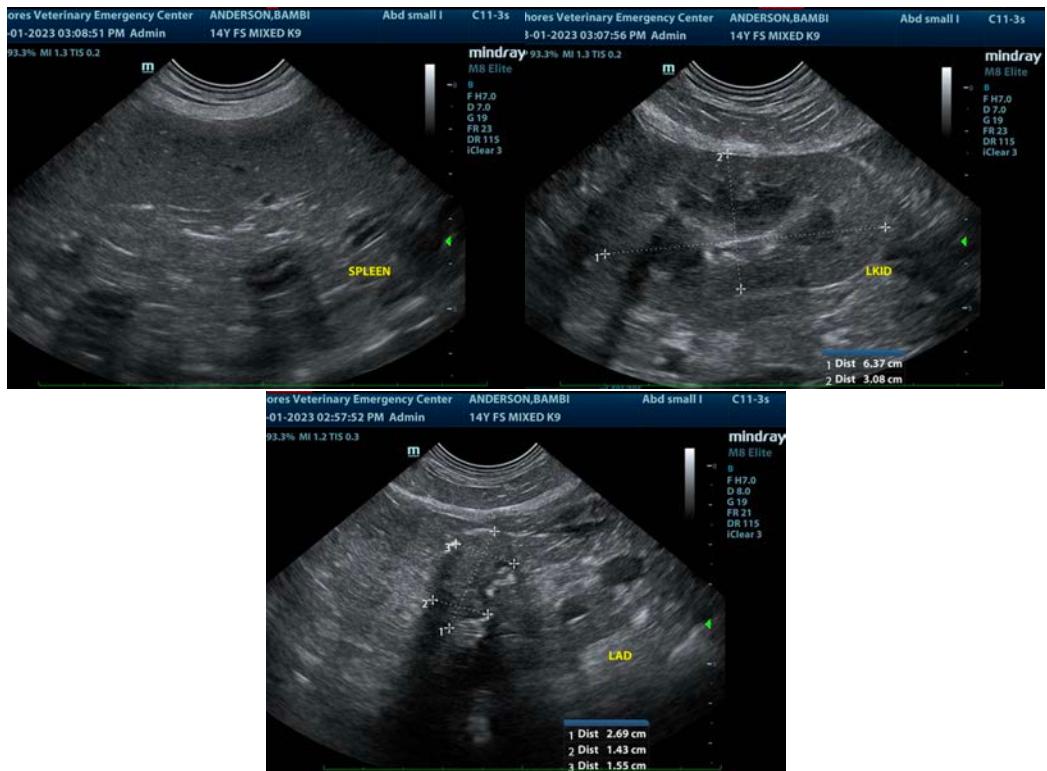
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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