



PATIENT

Lyla Putt

SPECIES

Canine

BREED

Pit Bull

SEX

Spayed Female

AGE

11 Years

WEIGHT

30 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Lupole

INVOICE

36118

DATE

3/11/22

PRESENTING CLINICAL SIGNS

Presented at our hospital for lethargic, heavy breathing, not wanting to move. This morning owner found patient laying on floor not wanting to move, not really responding to owners. When owner took patient out noticed heavy breathing, reluctant to move when laying down. Seem to be ataxic, excessive drinking. Did vomit all the water up. Previous Health Concerns: parasympathetic nervous system unable to produce mucus in right eye/R nostril Current Medications: pilocarpine 3 drops BID in food, Gabapentin, Yunnan Appetite/When did they eat last: Appetite was ok yesterday, not wanting to eat this morning or take treats.

Abnormal PE/Chem/CBC/UA Results: EPOC: pH: 7.323 L, Lactate: 4.77 H, Creatinine: 1.91 H, Glucose: 148 H CBC: WBC: 20.39 H, NEU: 17.98 H, NEU% 88.2 H, LYM%: 5.6 L CHEM: Creatinine: 1.6 H, Total protein: 4.6 L, Glucose: 142 H, ALT: (GPT) 196 H Rads: mass effect mid abd. cranial to mid abdomen loss of detail, chest rads showed globoid heart.

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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. Slight pyelectasia noted in the right kidney. The right kidney measured 6.72 cm. The left kidney measured 7.13 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.43 cm at the cranial pole and 0.44 cm at the caudal pole.

Spleen

The **spleen** presented slight heterogeneous parenchymal changes. A hypoechoic splenic nodule was noted measuring 1.0 cm in the mid cranial body.

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. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder 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.

Pericardial effusion noted through the diaphragm. Echocardiogram recommended to assess for cardiac pathology.



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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

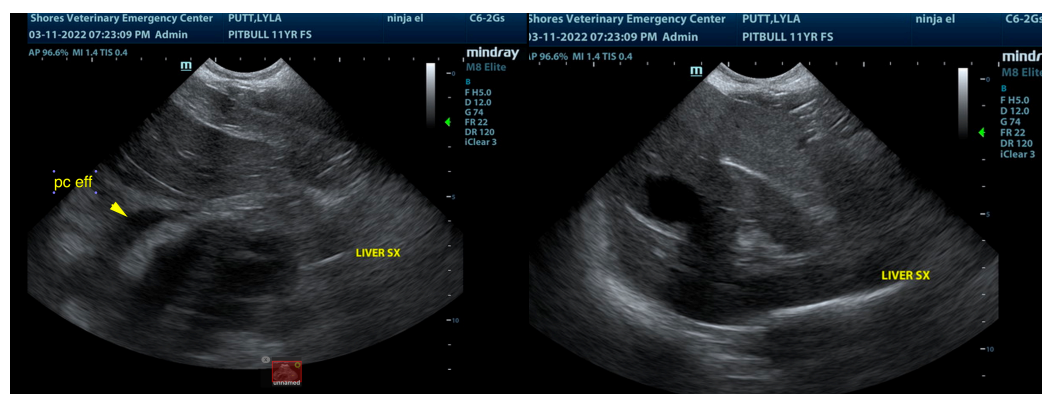
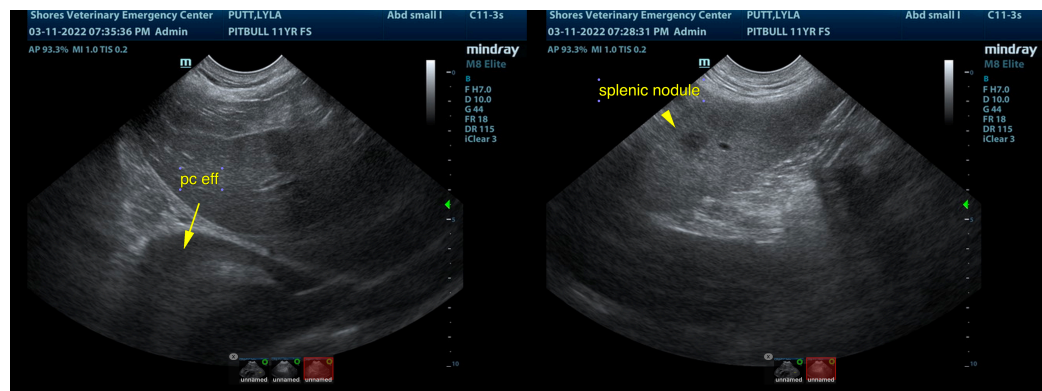
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain 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.

ULTRASONOGRAPHIC FINDINGS

- Splenic nodule – hyperplasia versus emerging hemangiosarcoma
- Normal geriatric abdomen otherwise
- Pericardial effusion seen through the diaphragm

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend focusing diagnostic workup upon the heart. Echocardiogram recommended.





PATIENT

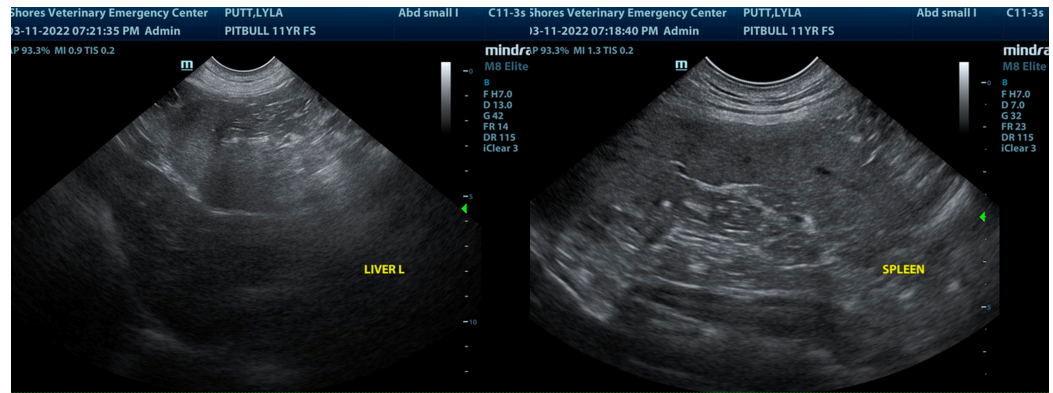
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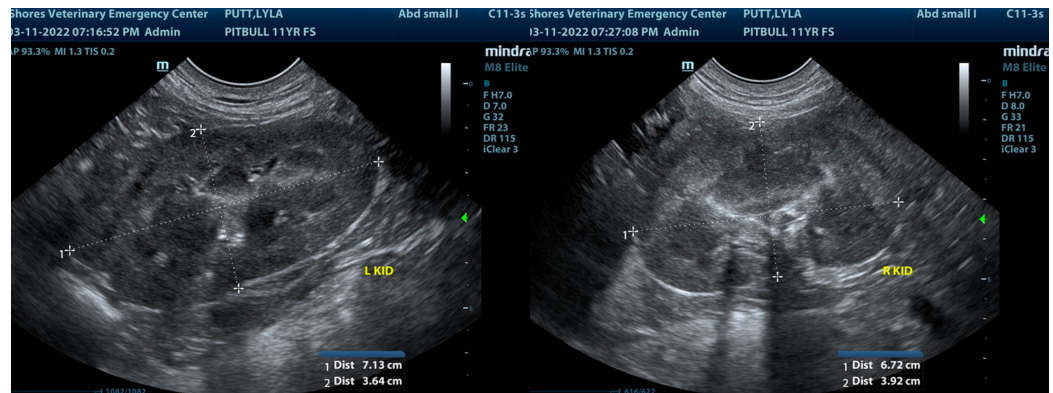
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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