**DATE**

3/23/23

PATIENT

Pebbles Hafner

SPECIES

Canine

BREED

Pug

SEX

Spayed female

AGE

3/19/11

WEIGHT

16.8 lbs

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**Animal Emergency
Hospital**REFERRING VET**

Dr. Kalwa

INVOICE

43486

PRESENTING CLINICAL SIGNS

rDVM records: - PC: vomiting at home at least once thursday, defecated 2 days ago, feeding broth, will drink, - Initial exam: Eyes- corneal pigmentation, lungs- dyspneic, panting, abdomen tight, breathing difficulties, neuro- knuckling rear legs, not standing on own - Xray lateral/ VD chest/abdomen: spinal deformities, extremely distended stomach with air, appears to be in normal position, Heart enlarged vs due to spinal deformity. severe spondylosis lumbar region - CBC/CHEM/LYTES: 1. HCT 47k, WBC 31k, Neu 19k, Bands, PLT wnl 2. Glu, BUN/CREA, SDMA wnl 3. ALT 137, ALKP 218 - CPL: Normal - Concern for FB or bloat - Given dose of baytril Sent over for possible sx- discussed surgery vs tube xrays, fast scan ultrasound. Date: 03-22-2023 Notes: Clinical signs started on thursday - Prior to thursday did defecate once in house dark and grainy - Thursday night didnt eat dinner and vomited small amount clear/ yellow - Friday not eating or drinking - Over weekend syringing chicken bouillon cube, water, ice cream - Today not eating - Abdomen seemed tense/ painful, lethargic - Today didnt eat - Took to vet today had appt- discussed bloodwork and xrays- O worried about infection due to the stool and wbc ct- bacterial, understands abdomen painful/ hard/tender, worried about "air pockets". Discussed possible draining of the "fluid" no obvious foreign body Inside dog, not treats, no diet change- only eats dog food, no people food, not one to eat things she shouldn't. Current Medications: Buprenorphine, Unasyn, Metoclopramide, Protonix.

Lab Results: See attached.

Radiographs: NG tube in place, Stomach in proper position No obvious foreign body. Possible urinary bladder debris

Date of Previous IntraPet Ultrasound: Ne previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**The **urinary bladder** was structurally normal, yet presented 2.5 cm with sand accumulation that was non-obstructive.

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 4.2 cm with pyelectasia that measured 3.94 cm with a 0.62 cm calculus that was non-obstructive.

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 right adrenal gland measured 2.05 x 0.45 cm at the caudal pole and 0.48 cm at the cranial pole. The left adrenal gland measured 1.6 x 0.46 cm at the caudal pole and 0.47 cm at the cranial pole.

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** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. Minor polyp was noted in the gallbladder and measured 0.5 cm. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

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 subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

Free Abdomen

A trace amount of fluid was noted adjacent to the splenic fold.

Free Abdomen

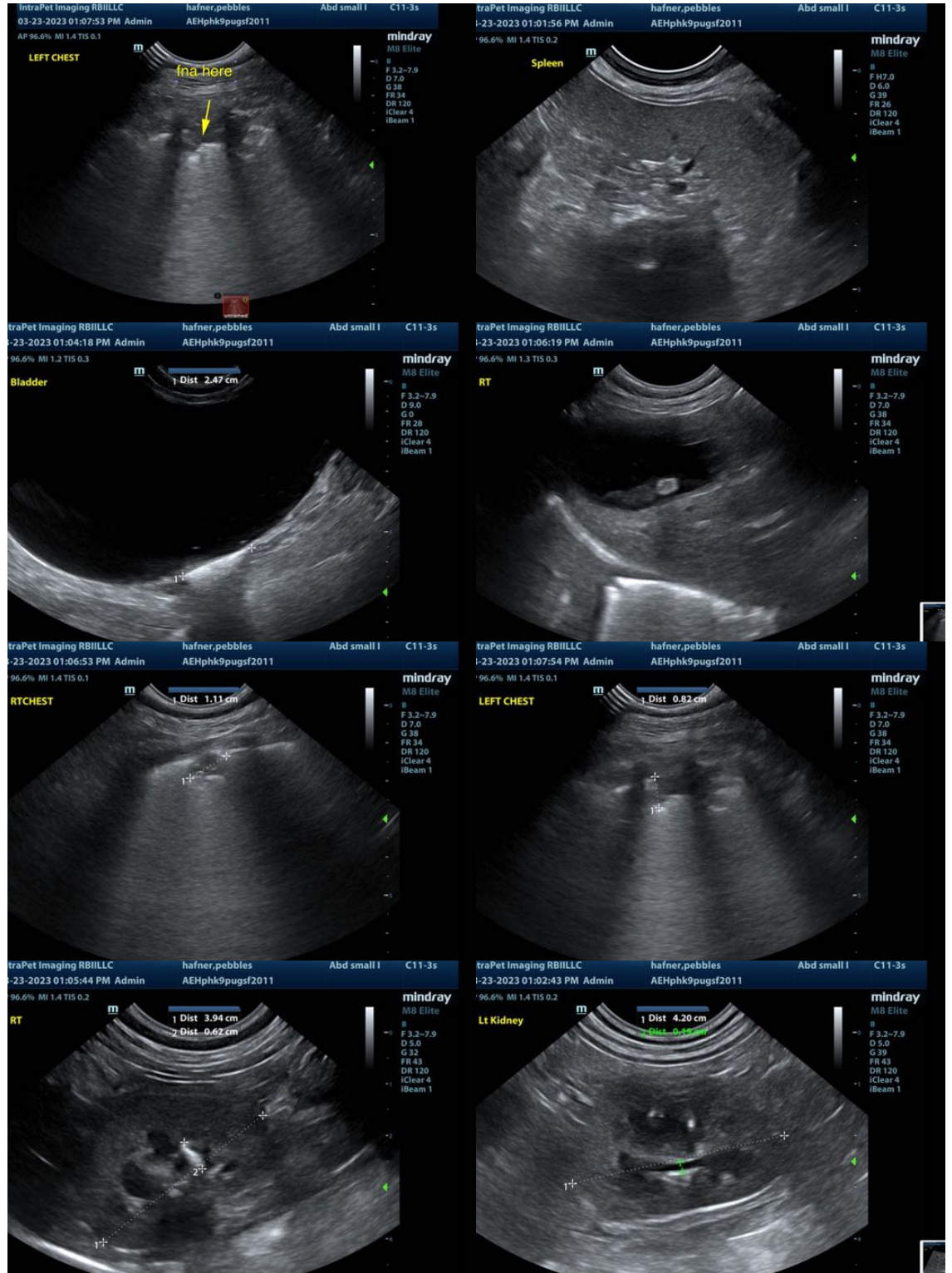
Rapid view of the heart revealed no evidence of pathology. The volumes and contractility appeared normal. The thorax in this patient presented multiple ringdown lesions with multi-focal, hypoechoic areas of consolidation. The largest consolidation measured 1.11 cm.

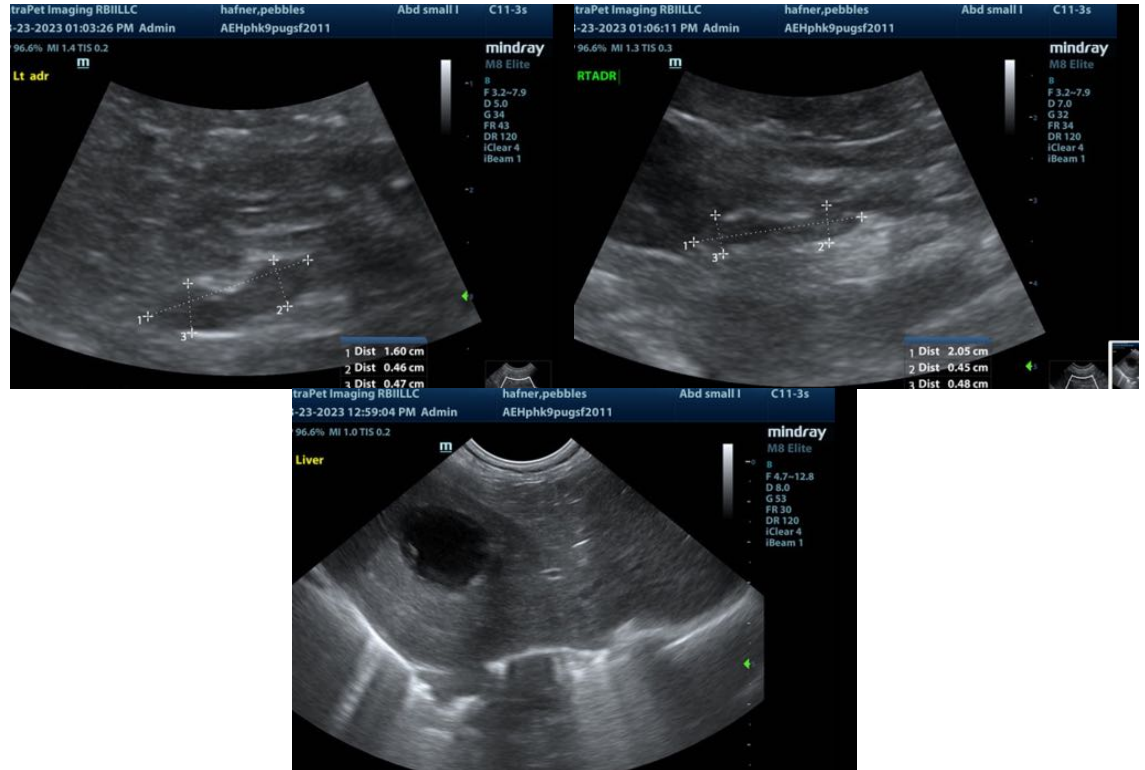
ULTRASONOGRAPHIC FINDINGS

Moderate degenerative renal changes with non-obstructive nephrolithiasis, bladder sand.
Subjectively benign hepatopathy with gallbladder polyp.
Ringdown lung lesions.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I am most concerned about the respiratory pathology in this patient. Ultrasound-guided FNA of the lung lesions is recommended. The lung lesions are consistent with pneumonitis, pulmonary neoplasia, thromboembolic disease are all possible. The abdomen appears fairly stable and largely expected change for this age patient. Full urinary work-up is warranted. Supportive care for the GI signs are recommended with further diagnostics regarding FNA of the lung consolidations.





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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