



PATIENT

Gus Dewalt

SPECIES

Canine

BREED

Dachshund

SEX

Neutered Male

AGE

10 Years

WEIGHT

8.1 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Callihan

HOSPITAL NAME

Animal Emergency
Care

REFERRING VET

Dr. Callihan

INVOICE

36489

DATE

3/27/22

PRESENTING CLINICAL SIGNS

Presented to Veterinary Specialty Center of Seattle (Kirkland) on 3/24 with complaint vomiting and fever. History of GI issues, intermittent diarrhea and vomiting about a year. Many visits to different vet facilities and no diagnosis. On 3/24, he vomited after eating and owner took temp at home, 105F. He was treated overnight with IVF and temp was 102.3 following day when discharged (owner declined workup for FUO at specialty hospital but UA and fecal are pending)

Abnormal PE/Chem/CBC/UA Results: -He was seen by primary care last week, labs showed elev ALT (209), ALKP (1796), T bili 0.4; CBC normal -abd ultrasound by rDVM noted poss adrenal nodule -on recheck at specialty hosp Friday, ALT incr to 525, ALKP lower than previous (1032), GGT elev 32, glucose borderline low (65); CBC showed neutrophilia and lymphocytosis -Dx done here at AEC: - a 4DX Snap was negative; thoracic radiographs were read out by IDEXX as no significant findings; glucose has been normal -Fever persists on IVF in mid 103-104 range; pt has been started on Unasyn, pantoprazole, Cerenia, Denamarin

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 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 kidneys measured 5.0 cm.

Adrenal Glands

The **left adrenal gland** was slightly enlarged at 7.0 mm.

The **right adrenal gland** was upper limits of normal at 7.0 mm. At the cranial pole, a 6.0 mm hyperechoic nodule was noted. The caudal pole was unremarkable. The nodule is most consistent with adenoma and appears resectable.

Spleen

The **spleen** was uniformly enlarged with relatively uniform parenchyma without evidence of masses. The capsule was mildly swollen. This is most consistent with hypersplenism and reactive hyperplasia deriving from splenic white or red pulp. However, early infiltrative disease, such as lymphoma or mast cell neoplasia can, at times, present in this manner but not suspected. 25g US-guided FNA would be best in order to ensure only reactive hyperplasia is present. If clinical signs fit with potential neoplasia or mast cell disease, then Benadryl injection (1 mg/pound IM) 15 minutes prior to FNA would be recommended.

Liver

The **liver** was diffusely hyperechoic to falciform fat with hypoechoic nodules and occasional cyst, mildly disruptive. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. There was no evidence of



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obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. Fluid filled colon noted. Reactive mesentery noted associated with the GI tract. No evidence of foreign body.

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Pancreas

Reactive mesentery noted in the cranial abdomen around the pancreas, suggestive for pancreatitis.

BREED

Dachshund

- Gastroenteritis with reactive mesentery
- Undefined nodular hepatic changes
- Enlarged spleen

ULTRASONOGRAPHIC FINDINGS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Neutered Male

No evidence of foreign body. FNA spleen and liver indicated for further definition to ensure an emerging neoplastic event is not present. Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials. Recheck sonogram ideally in 3-5 days if not responding to clinical treatment and in 3-4 weeks to assess any progression of the Splenohepatic and right adrenal presentations.

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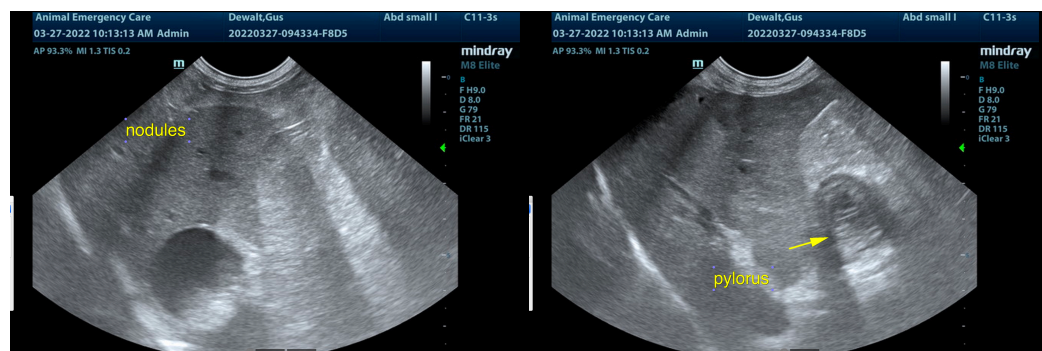
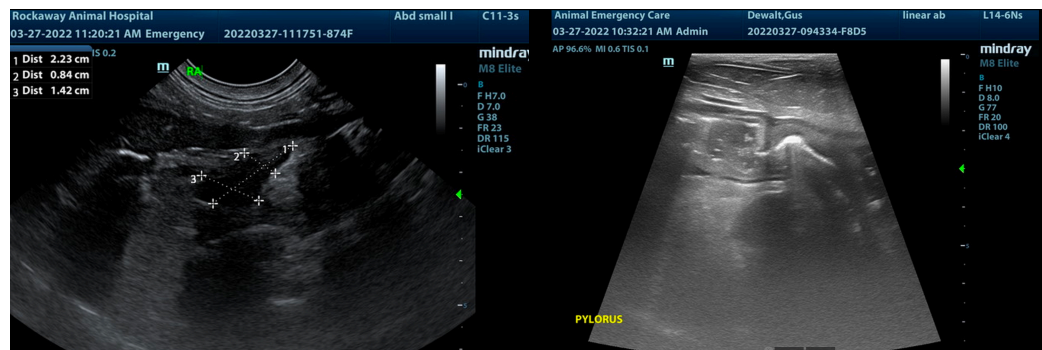
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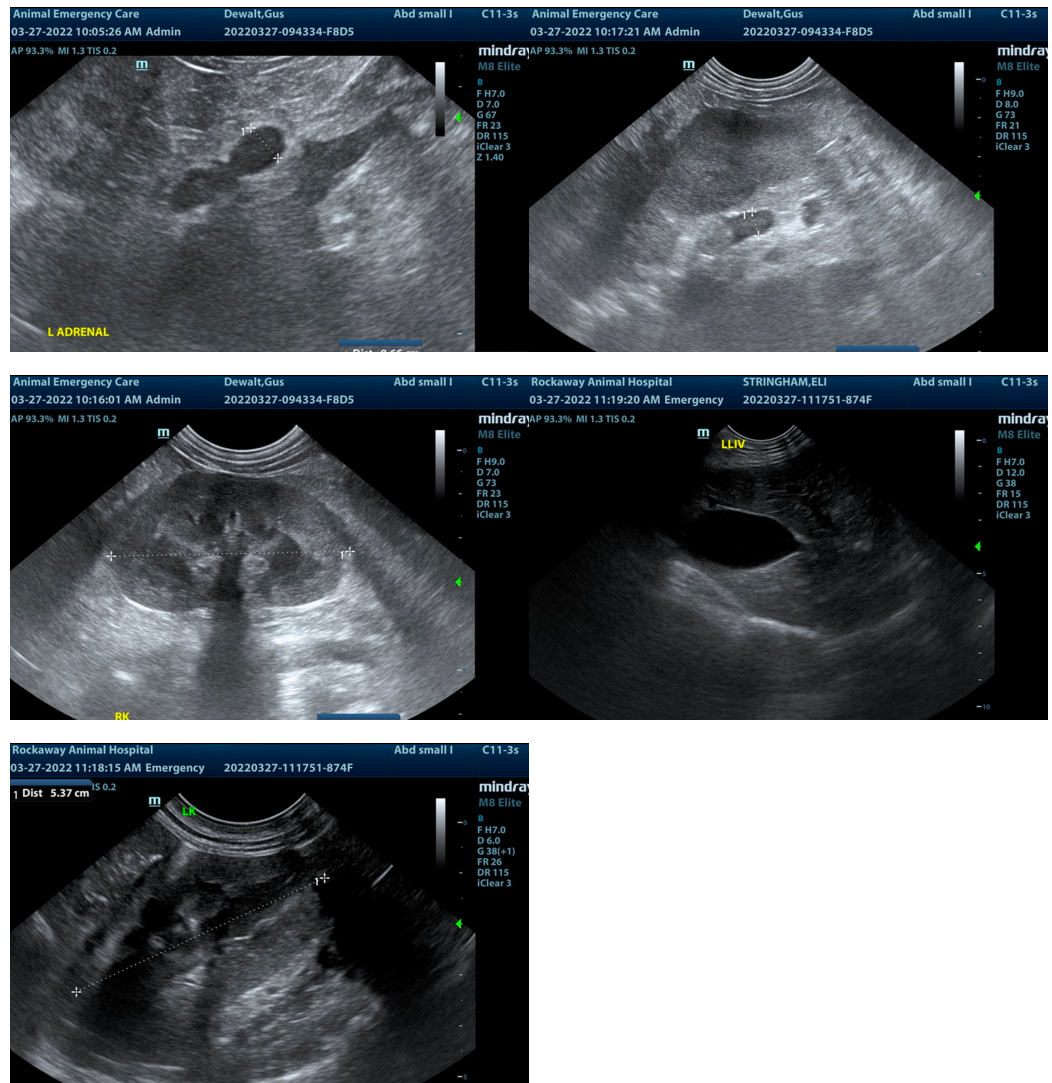
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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