

**DATE PRESENTING CLINICAL SIGNS**

3/3/22 History: Sudden onset shaking, not wanting to walk, gagging when walking, depression. Metastatic neoplasia (cranial mediastinal) 10/2021

**PATIENT**

Jackson Klimovitz

Current Medications: Palladia 80mg EOD, Piroxicam 10mg EOD, PIMOBENDAN 10mg am, 5 mg pm, Gabapentin 200mg bid.

Lab Results: Depressed WBC 2.68, HCT 32, Crea 1.4

**SPECIES**

Canine

Radiographs: Radiographs revealed bronchoalveolar pattern and overdistended stomach.

Date of Previous IntraPet Ultrasound: Most recent 12/9/21.

Sedation: Buprenorphine 0.015mg/kg IV halfway through scan.

Stat Report: Approved.

**BREED**

Bulldog x Boxer

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System****SEX**

Neutered Male

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.

**AGE**

2009

The **kidneys** presented normal size and contour with minor age related changes. No evidence of significant disease. The right kidney measured 7.4 cm.

**Adrenal Glands****WEIGHT**

78 Pounds

The **right adrenal gland** was 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 2.56 cm x 0.72 cm at the caudal pole and 0.76 cm at the cranial pole.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

The **left adrenal gland** was slightly irregular, measuring 2.19 cm x 0.86 cm at the cranial pole and 0.77 cm at the caudal pole.

**IMAGING PERFORMED BY**

Stephanie Pearce  
RDMS, RVT

**Spleen**

The **spleen** revealed a flattened target type nodule measuring 1.32 cm x 0.76 cm. Minor heterogeneous parenchymal changes noted otherwise. No overt splenic masses. However, round cell neoplastic pattern that is in partial remission would present in this fashion.

**HOSPITAL NAME**

Staypet Vet

**Liver**

The **liver** presented slight coarse architecture and minor increased portal markings. No significant disruption of architecture. The gallbladder and common bile duct were normal.

**REFERRING VET**

Dr. Klimovitz

Transdiaphragmatic view revealed comet tail lung pattern, which would suggest early alveolar consolidation.

**Gastrointestinal**

Some retention of ingesta was noted in the **stomach**. The small intestine and colon were unremarkable. Transit of chyme into the small intestine appeared to be normal.

**INVOICE**

35855

**Pancreas**

The left limb of the **pancreas** was hypoechoic and irregular. This is a new finding compared to the prior sonogram. The right pancreatic limb was heterogeneous with a 2.13 cm hypoechoic region, consistent with remodeling or possible low-grade inflammation.

### Free Abdomen

Sublumbar lymph nodes measured up to 6.9 cm x 2.0 cm, enlarged and hypoechoic, essentially similar to the prior sonogram.

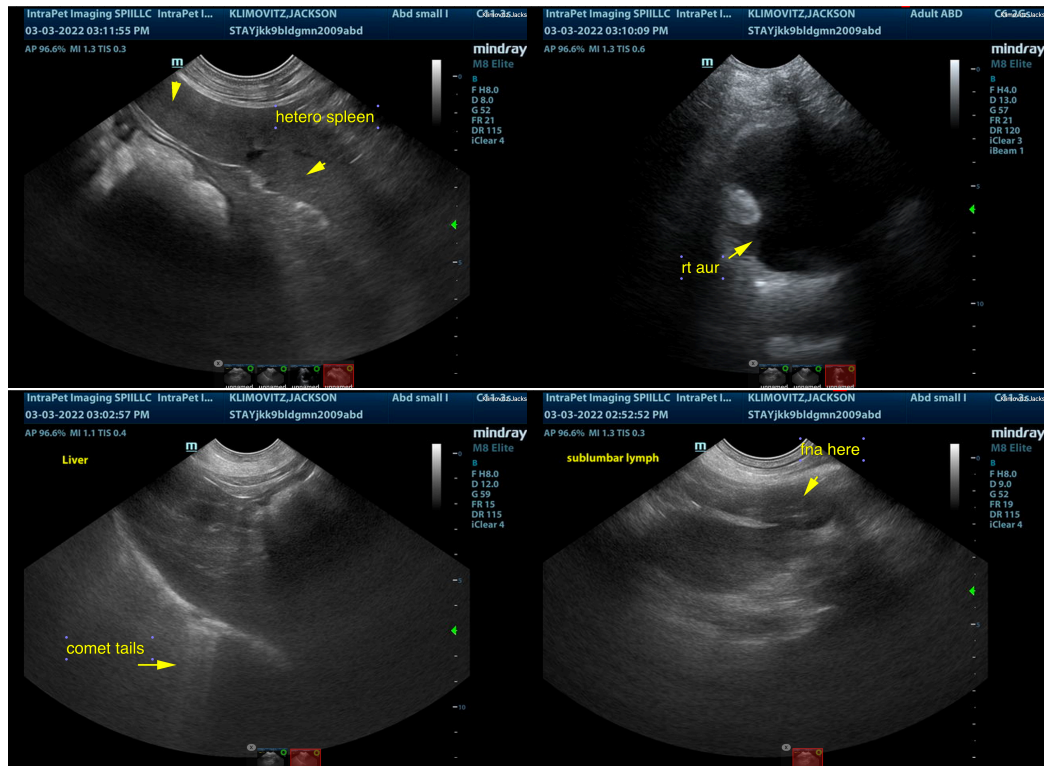
Rapid view of the heart revealed no evident pathology

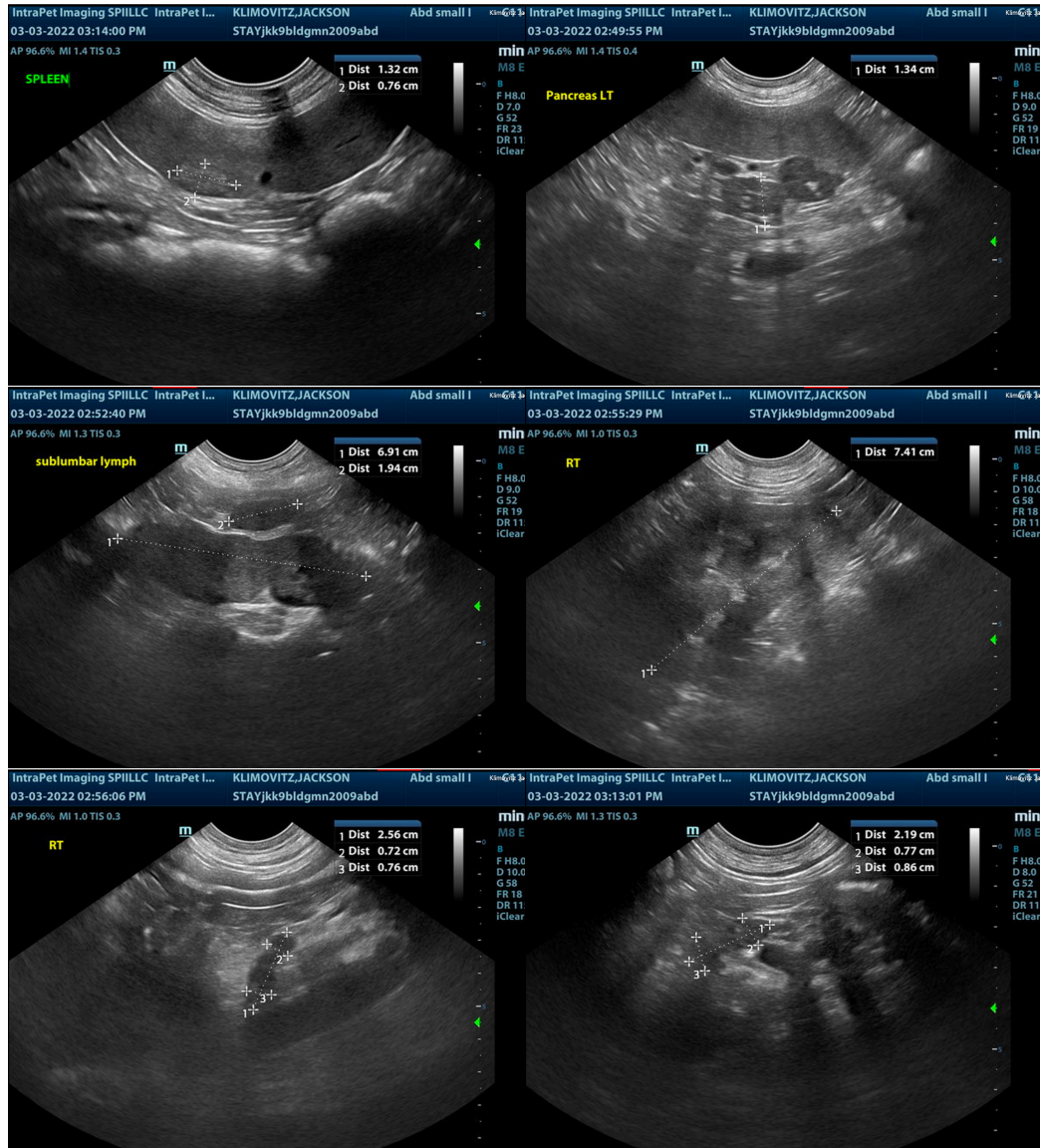
### ULTRASONOGRAPHIC FINDINGS

- Persistent lymphadenopathy
- Minor heterogeneous spleen
- Slightly irregular left adrenal gland
- Hypoechoic, irregular pancreas
- Comet tail lung pattern

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Subxiphoid palpation recommended to assess for any discomfort in the region of the pancreas. CBC path review warranted +/- bone marrow aspirate with the depressed white count. Bone marrow suppression or infiltrative disease is a possibility. All in all, there is no significant change from the prior sonogram. However, there is a possibility for low-grade pancreatitis. The stomach was full, therefore bloating or overeating are possibilities contributing to the clinical signs.





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](mailto:info@SonoPath.com)