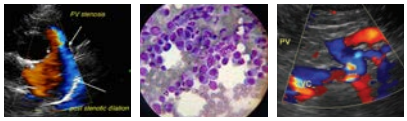
IMAGING PERFORMED BY

IntraPet.com



SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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DATE

3/31/23

PATIENT

Damian Kapuscinski

SPECIES

Canine

BREED

Shepherd

SEX

Neutered Male

AGE

1/3/08

WEIGHT

69.7 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME

Parkville AH

REFERRING VET

Dr. Jess

INVOICE

46363

PRESENTING CLINICAL SIGNS

3/30/23 grade III-IV/VI systolic murmur, mildy ataxic, vestibular syndrome presented to the emergency department at Pet+ER on 03-17-2023 for evaluation of unable to stand and fast eye movement. Upon initial presentation Damian was quiet but responsive. He had nystagmus (fast eye movement) from side to side. He was having difficulty standing, but had good neurological reflexes in his limbs. Bloodwork today was completely normal.

Current Medications: 3/30 started Enrofloxacin 204 mg sid 10 days and Neo/Poly/Hydro Otic
Lab Results: 2/6/23 BNP elevated 995. 3/17 bloodwork normal cbc/chem
Radiographs: per Er on 3/17 Radiographs showed bladder stones, disc disease and arthritis, and an area of his spleen is concerning for a potential tumor/nodule. rec sonogram.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed sand accumulation and small calculi, a grouping of which measured approximately 1.3 cm.

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. Corticomedullary calculi noted in both kidneys. The left kidney measured 6.57 cm. The right kidney measured 6.65 cm.

Adrenal Glands

The **left adrenal gland** was enlarged, irregular, and hypoechoic, measuring 8.0 mm at the cranial pole and 0.50 cm at the caudal pole. No capsular escape or vascular invasion. The adrenal was mineralizing and mildly vascular.

The **right adrenal gland** was isoechoic to surrounding fat and unremarkable.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

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.

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

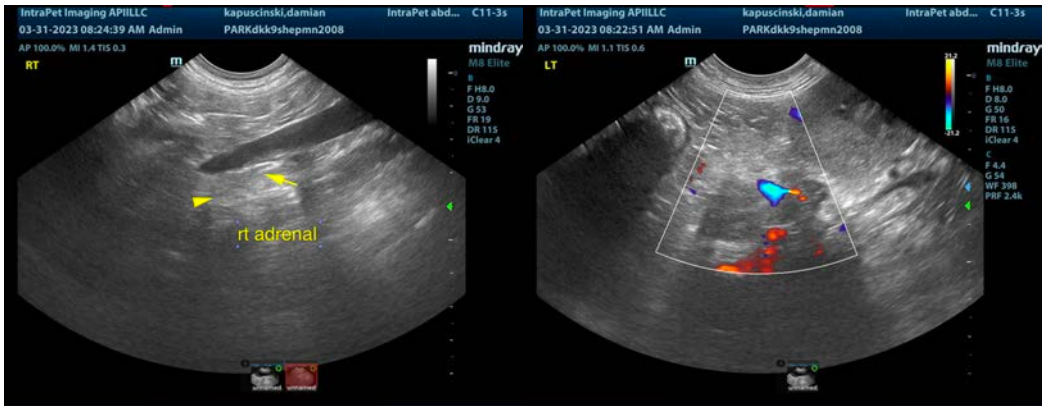
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

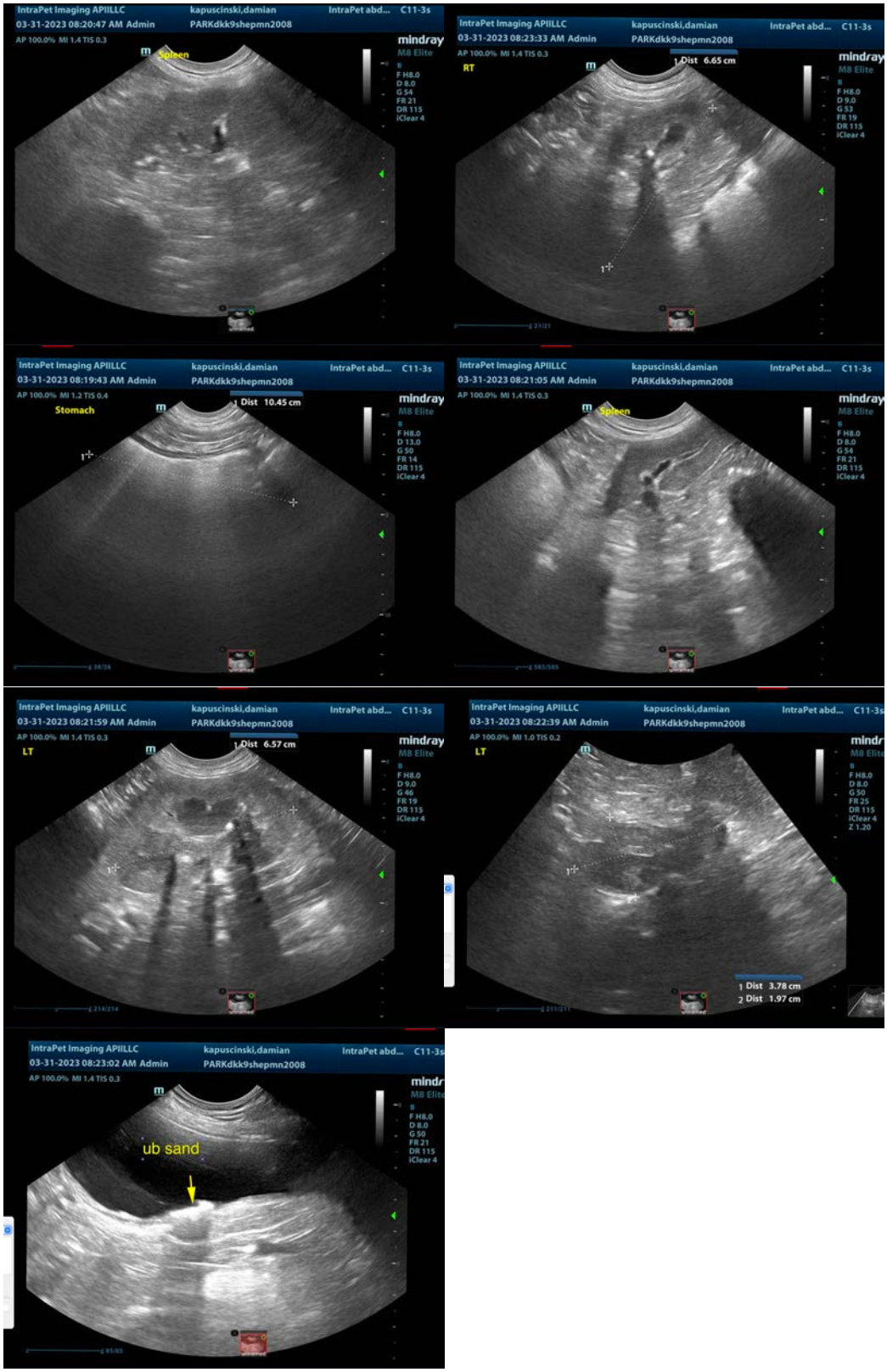
ULTRASONOGRAPHIC FINDINGS

- Nephrolithiasis, non-obstructive
- Small bladder calculi and sand, non-obstructive
- Enlarged irregular left adrenal gland – carcinoma versus pheochromocytoma, hyperplasia possible yet less likely.
- Full stomach, possible delayed outflow

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the patient is cushingoid, I'm concerned for left adrenal adenocarcinoma. If hypertension is present, possibly owing to left adrenal pathology, then this may be playing a role in the CNS signs. If hypertension is present, then urine catecholamine indicated. Left adrenalectomy could be justified. No obvious evidence of foreign matter but cannot be ruled out. Skull and cervical CT recommended in this patient with contrast as well as workup for left adrenal pathology. Eventual left adrenalectomy, cystotomy, sand analysis and culture could all be justified if the CNS issues are resolvable.

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Spleen
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Stomach
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ub sand

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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