

**DATE PRESENTING CLINICAL SIGNS**

3/31/23

PATIENT

Gigi McNeeley

SPECIES

Canine

BREED

Pitbull

SEX

Spayed Female

AGE

5/1/12

WEIGHT

66.5 Pounds

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

Dr. King

INVOICE

21868

History: First seizure yesterday, dysphoric and pacing about 1-hour, hind limb continued to twitch for period of time currently no other signs. Update owner -- labs-- overall wnl, on rads-- spleen is big- may be just her, could be something more like cancer, could do Us--owner would like , understands limitations without FNA, discussed bits throughout GIT= could have eaten something, may/may not be cause of the seizures right leg was shaking-- possible pain from spinal arthritis, -exacerbated by the seizure making back uncomfortable. , +/- NSAID on top of gaba tgh

Current Medications: Gabapentin.

Lab Results: See attached.

Radiographs: Spleen is large, grit through GIT. Chest WNL.

Date of Previous IntraPet Ultrasound: No 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**, 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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 7.0 cm. The right kidney measured 6.9 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 2.63 cm x 0.79 cm at the caudal pole and 0.66 cm at the cranial pole. The right adrenal gland measured 2.79 cm x 0.74 cm at the caudal pole and 0.79 cm at the cranial pole.

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. Minor folding of the spleen was noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild 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

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

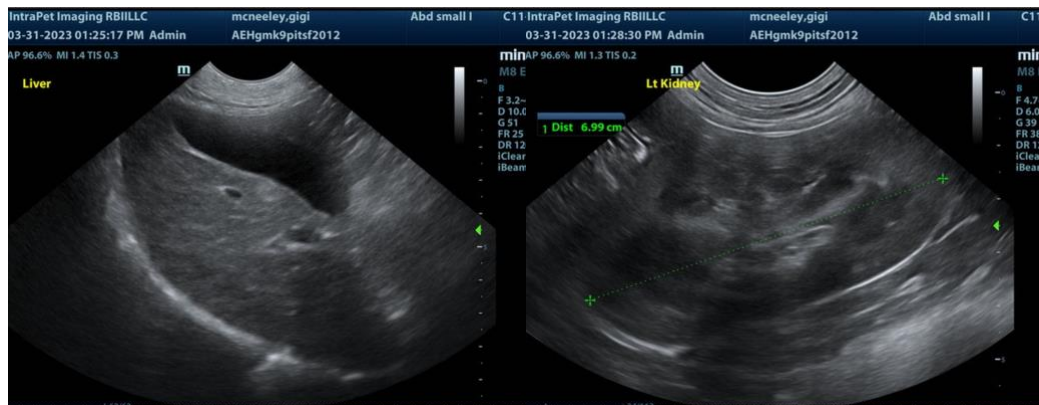
The **pancreas** was heterogenous, hypoechoic and mildly irregular in the left and right limbs. The right limb measured up to 2.18 cm.

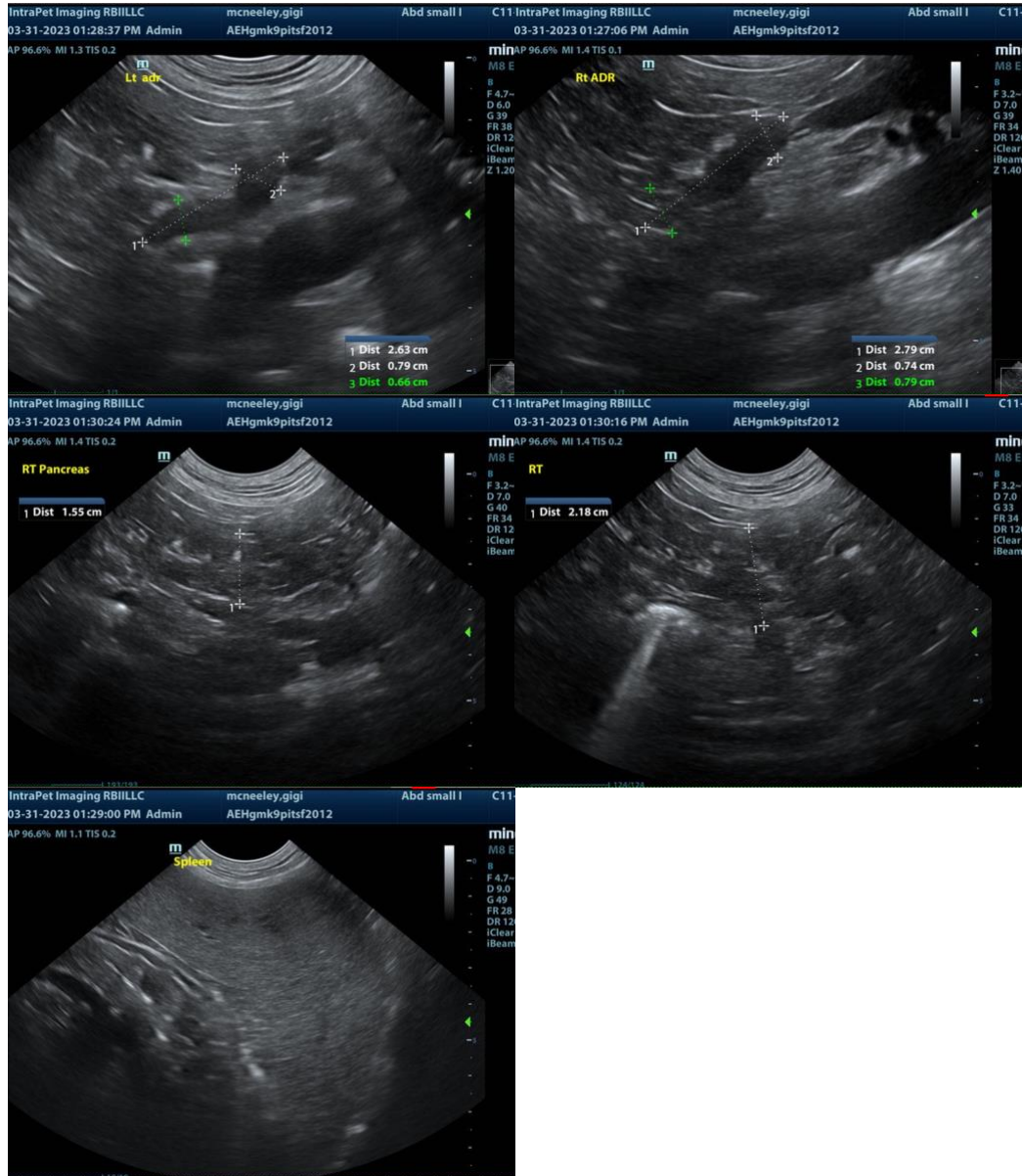
ULTRASONOGRAPHIC FINDINGS

- Heterogenous pancreas/minor pancreatitis pattern
- Minor hypersplenism
- Minor hepatic remodeling/age-related changes
- Age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Treatment for pancreatitis, either in- or outpatient scenario, depending upon the clinical status. However, the changes were fairly minor.





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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