



PATIENT PRESENTING CLINICAL SIGNS

Sammy Bridges

SPECIES

Canine

BREED

Beagle

SEX

Neutered male

AGE

11 years

WEIGHT

44 lbs

History: Progressive weight gain, severe obesity with fatty deposition over hind quarters and multiple lipomas subdermally, chronic, severe otitis media; suspect hyperadrenocorticism. CBC/Chem11/T4 pending. No recent urinalysis. Medications in use: topical amikacin/dexamethasone ear medication. Recent difficulty getting onto couch. No radiographs on file of any body part to date. Abnormal PE/Chem/CBC/UA Results: *S 11 yr old Beagle with intermittent ear infections. MRSP and Beta hemolytic strep diagnosed in Nov 2023 O gave Gabapentin 100 mg today for anxiety *O -General Appearance: Bright, alert and responsive -Hydration: Hydration appears normal -Eyes: Nuclear sclerosis -Ears: Abnormal: AU canal swelling and redness; cannot see TMs. -Oral Cavity: Tartar moderate -Nasal Cavity: No obvious abnormalities observed -Cardiovascular: Regular rhythm; no murmur detected -Respiratory: Lungs auscultate clear bilaterally; trachea clear -Abdomen: Abdomen difficult to palpate due to obesity but no abdominal tenderness. liver margins extend beyond costochondral jxn -Rectal: Did not perform rectal exam -Musculoskeletal: Abnormal: overweight and difficulty getting onto couch. severe m atrophy biceps femoris bilaterally. Stiff gait pelvic limbs. BCS 9/9 -Integument: Dull hair coat; SQ lipomas, too many to count -Lymph Nodes: Lymph nodes are all normal in size -Urogenital: External genitalia appears normal; bladder palpates normally -Neurologic: No apparent abnormalities *A - recurrent ear infections, historical MRSP and beta hemolytic strep AU; weight gain; trouble chewing - due to pain; trouble getting onto couch *P Recommendations Discussed atopy and Cushing's as being underlying predisposing factors. O reluctant to do work up for both at this time. SA670 required for sedation (CBC/Chem11/T4) Recommendations per Dermatologist OWNER HAS: Triz EDTA ear solution - Flush BOTH ears well 30 min prior to applying ear medication. DISPENSE Rx 5% Amikacin/0.1% dexamethasone in glycerin (Wedgewood Compounding) - Apply 1 full dropper (1 ml) into each ear twice daily. #120 ml (1 bottle) SA670 AUS with sedation 0.4 cc Butorphanol IV + 0.15 Dexdorm IV Place IVC

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

IMAGING PERFORMED BY

Dr. McCaughan

HOSPITAL NAME

Marina Village
Veterinary and
Integrative Care

REFERRING VET

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INVOICE

43231

DATE

3/9/23

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 was 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.

Adrenal Glands

The left **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 was not visualized.



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Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** revealed coarse architecture with increased portal markings and heterogenous parenchymal changes. Swollen irregular contour was noted. An isoechoic nodule was noted in the right cranial liver with mild disruption of architecture. The gallbladder wall was echogenic and thickened with inspissated debris.

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. A minor amount of retention of ingesta was noted in the stomach. 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.

Free Abdomen

A large lipoma was noted in the caudal abdomen.

ULTRASONOGRAPHIC FINDINGS

Benign hepatopathy with hepatic remodeling and nodular changes. Nodular hyperplasia is likely, emerging carcinoma is possible.

Age related changes.

Large lipoma

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the hepatic nodules is recommended. If adrenal gland disease is suspected then sedation and further imaging of the right adrenal gland is indicated.



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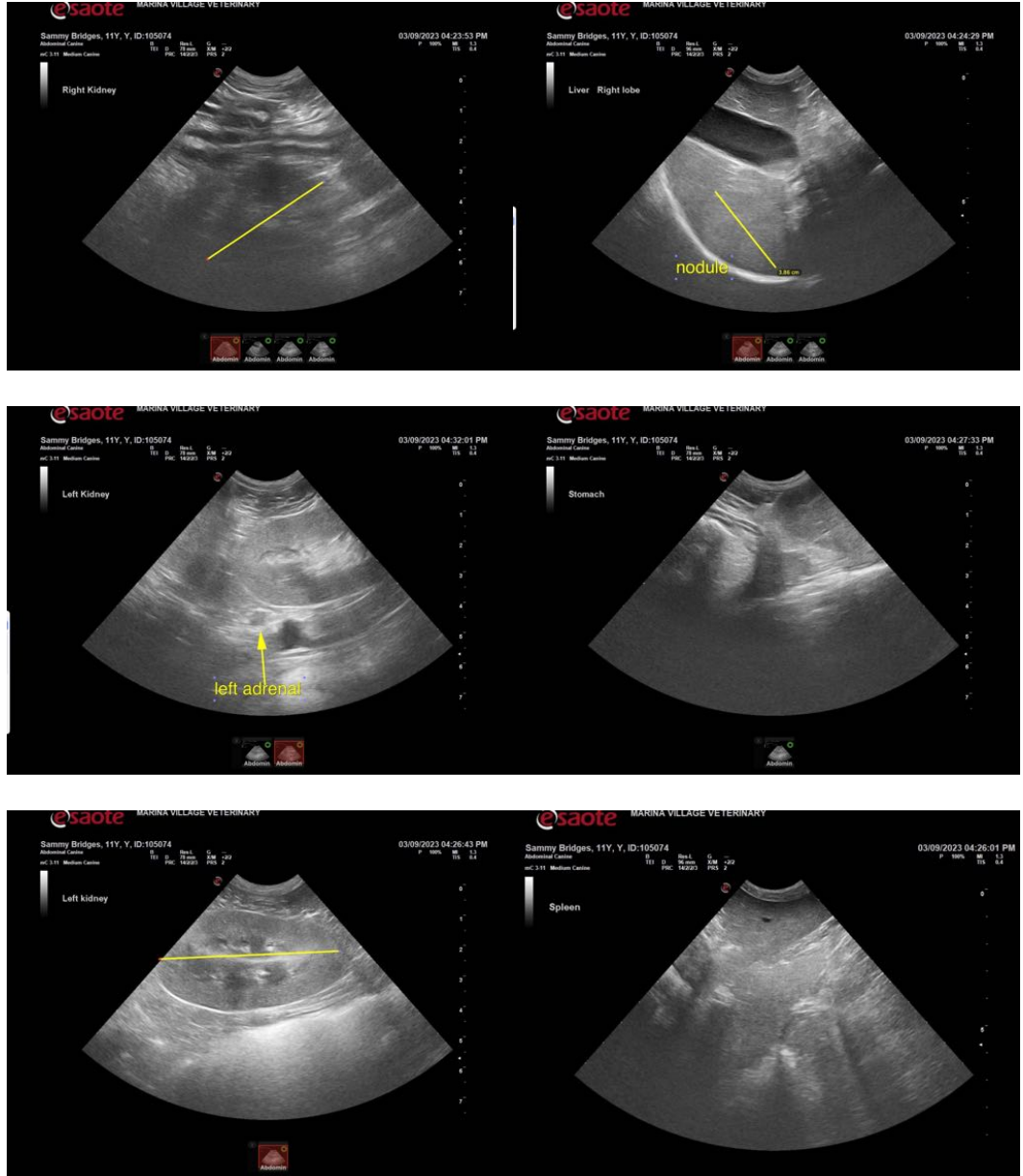
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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