



PATIENT

Schlacksy (Tron)
Sterzenbach

SPECIES

Canine

BREED

Mixed Lab

SEX

Spayed Female

AGE

12.5 Years

WEIGHT

65 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Mack

HOSPITAL NAME

Northside VC

REFERRING VET

Mack

INVOICE

14515

DATE

4/1/22

PRESENTING CLINICAL SIGNS

History: 3/16/22 ago GDV Tx- Gastrectomy, Prilosec, Ampicillin, Baytril low end dose, Cerenia, gabapentin, IV Fluids. Blood work was unremarkable at that time 4/1/22 Bloat TX passed an orogastric tube. Currently on Pepcid, reglan, gasX, carafate

Abnormal PE/Chem/CBC/UA Results: 3/16/22 Time of GDV and Gastrectomy blood work unremarkable 4/1/22 Time of bloat and orogastric tube passing BUN 100, Creat 8, phos9 UA Free catch SP Grav 1010, Hematuria

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal. This is a mild change.

The **kidneys** were subnormal in size and presented multiple cortical infarcts. Minor pyelectasia was noted. The right kidney presented chronic hydronephrosis pattern with hyperechoic thinning cortical rim.

Adrenal Glands

The **left adrenal gland** was moderately enlarged, measuring 1.4 cm at maximum width.

The **right adrenal gland** was not visualized.

Spleen

The **spleen** was largely normal. A focal hypoechoic nodule at the mid cranial body was noted, measuring 1.0 cm, non-disruptive. A separate mass was noted in the cranial spleen, measuring 2.5 cm with significant disruption of architecture. Mild regional mesenteric enhancement noted. A third lesion was noted in the spleen at the caudal pole, measuring 3.5 cm, hypoechoic and undifferentiated. A fourth mass was also noted.

Liver

The **liver** revealed coarse architecture, multifocal heterogeneous parenchymal changes and increased portal markings with hypoechoic nodules. The gallbladder and common bile ducts 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

Cystic **pancreatic** changes were noted in the right limb.



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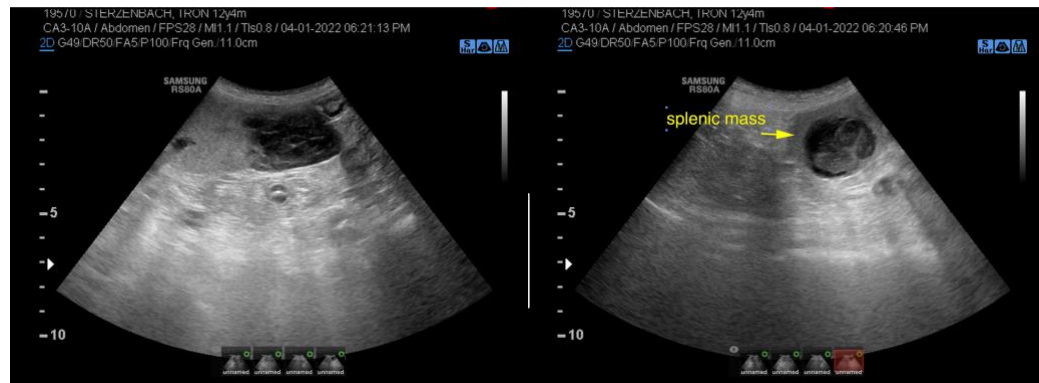
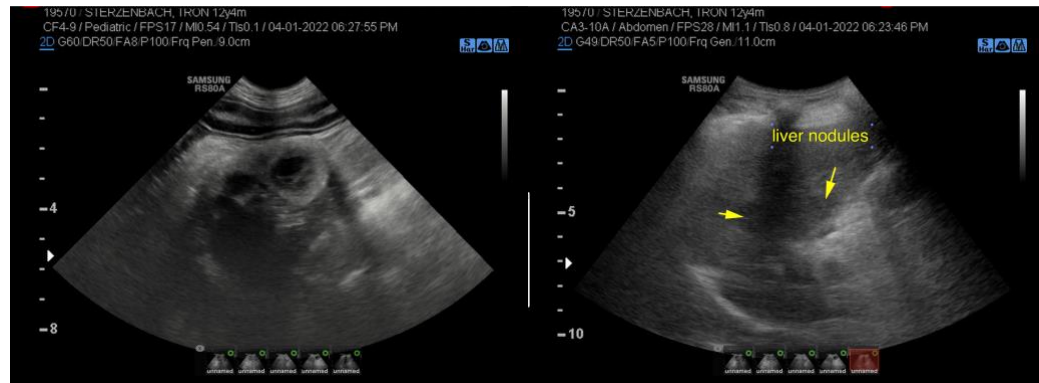
4/1/22

ULTRASONOGRAPHIC FINDINGS

- Multiple splenic masses and nodules
- Hepatic nodules, may be metastatic
- Chronic hydronephrosis right kidney and moderate degenerative left renal changes with cortical infarcts
- Cystic pancreatic changes in the right limb of the pancreas
- Enlarged left adrenal gland
- Age-related urinary bladder changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a possibility of suppurative changes in the spleen or infarcts with pronounced nodular hyperplasia of the liver. However, the right kidney appears to be nonfunctional. Prognosis is extremely guarded to poor. IV fluid support, FNA of the splenic and hepatic lesions recommended +/- FNA of the right kidney for further definition. An attempt to stabilize the kidneys could be made, however, humane euthanasia should be considered in this patient, depending upon cytology results.





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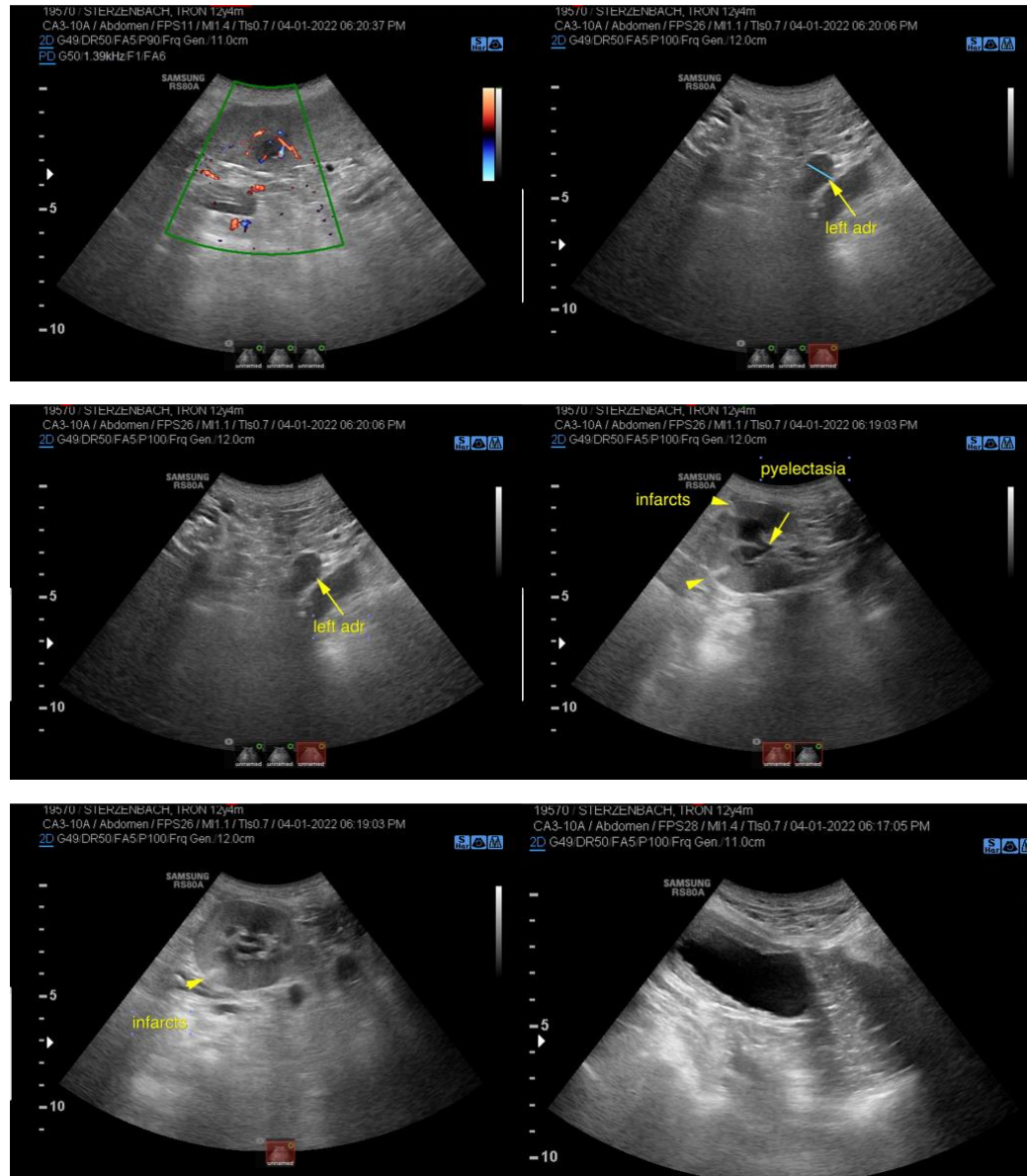
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com