

**DATE**

4/8/22

PRESENTING CLINICAL SIGNS

History: O has noted increased resp sounds, panting, gaining weight, transient blood in stool, increased upper respiratory stridor. Appears to be sinus/nasal. Abdomen is mildly distended. No abnormalities palpated. Concern for underlying metabolic/endocrine disease. Nasal stertor- secondary to dental disease vs neoplasia vs other.

PATIENT

Isabella Scharmann

SPECIES

Canine

BREED

Dachshund

SEX

Spayed Female

AGE

11/7/10

WEIGHT

19.5 Pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**

Festival VC

REFERRING VET

Dr. Beron

INVOICE

14679

Current Medications: Clindamycin 150mg BID.

Lab Results: Mild ALKP elevation, neutropenia, lymphopenia despite hemoconcentration.

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 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. The left kidney measured 4.66 cm. The right kidney measured 5.24 cm.

Adrenal Glands

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins were noted. No overt suspicion of neoplasia was noted. This is considered likely a mild hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The left adrenal gland measured 2.04 cm x 0.76 cm at the caudal pole and 0.88 cm at the cranial pole. A hyperechoic nodule was noted at the cranial pole of the left adrenal gland, measuring 0.7 cm. The right adrenal gland measured 1.9 cm x 0.87 cm at the cranial pole and 0.81 cm at the caudal pole.

Spleen

The **spleen** revealed an expansive mixed echogenic stromal tumor type mass, measuring 6.3 cm. No evidence of cavitation.

Liver

The **liver** was uniformly swollen with minor. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with mild vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

The **gallbladder** was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.

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

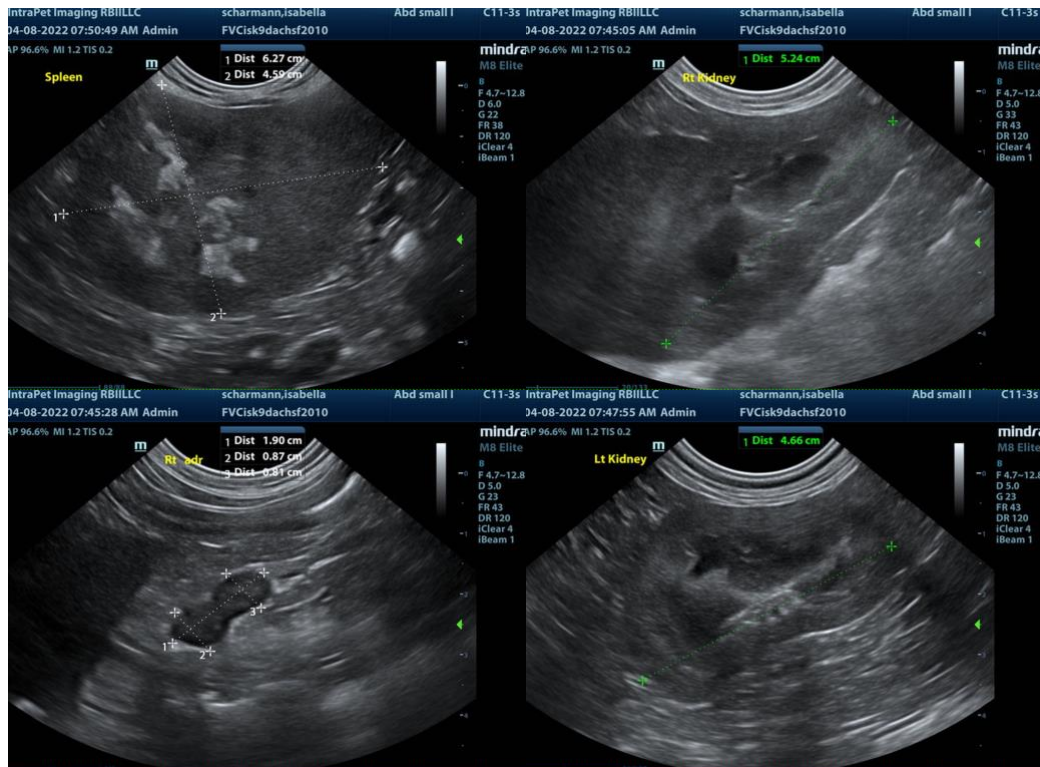
The **pancreas** revealed heterogeneous mixed echogenic changes with slight duct dilation. A mild amount of remodeling was noted.

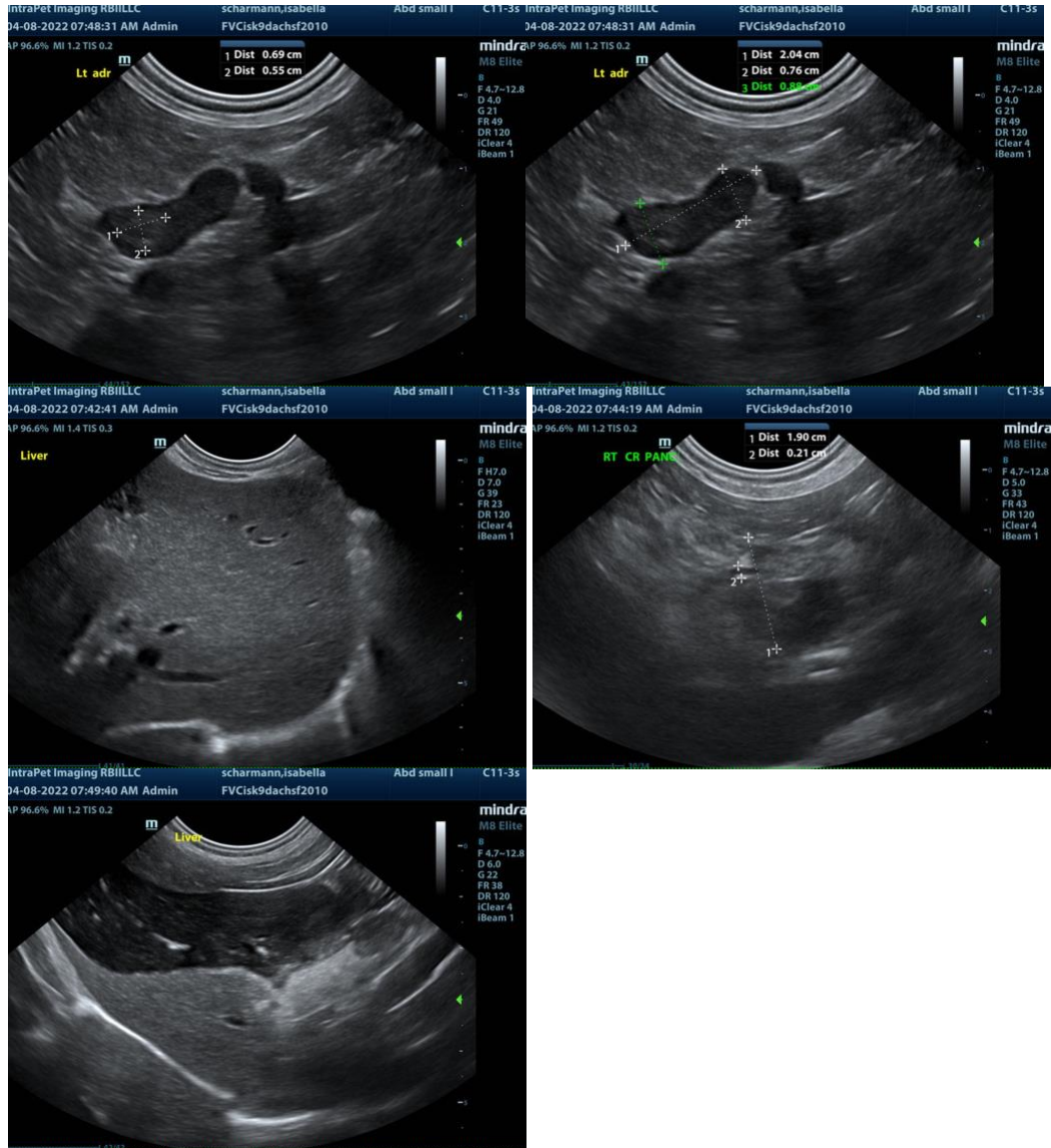
ULTRASONOGRAPHIC FINDINGS

- Splenic mass, incidental findings. Stromal tumor type mass.
- Benign hepatopathy
- Minor excessive gallbladder debris
- Bilateral adrenal enlargement, potential PDH/Cushings
- Structurally unremarkable GI tract
- Heterogeneous pancreas with slight duct dilation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If urine specific gravity is <1.020, then work up for PDH indicated. Splenectomy indicated. Supportive care for HGE warranted, based on the clinical signs.





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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