

**DATE**

5/5/22

PATIENT

Harley Bart

SPECIES

Canine

BREED

Boxer

SEX

Neutered Male

AGE

8/3/10

WEIGHT

100 Pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**IMAGING PERFORMED BY**

Rachel Brilhart RDMS

HOSPITAL NAME

Alexander AH

REFERRING VET

Dr. Alexander

INVOICE

37427

PRESENTING CLINICAL SIGNS

Limping and increased panting.

Current Medications: Carprofen 100mg BID, Tramadol 50mg 2 BID, Gabapentin 300mg BID.

Radiographs: Mass effect to cranial mediastinal area on lateral chest.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

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 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. Occasional cortical cyst noted. The right kidney measured 8.46 cm. An anechoic cyst in the right kidney measured 1.39 cm. The left kidney measured 7.74 cm. An anechoic cyst in the left kidney measured 0.78 cm.**Adrenal Glands**Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The right adrenal gland measured 3.3 cm x 1.2 cm at the cranial pole and 1.0 cm at the caudal pole. The left adrenal gland measured 3.73 cm x 0.84 cm at the caudal pole and 0.74 cm at the cranial pole.**Spleen**The **spleen** presented a hypoechoic nodule in the mid caudal pole measuring 1.05 cm. Capsular expansion noted. A separate nodule measured 1.3 cm.**Liver**The **liver** presented heterogenous parenchyma with increased portal markings and coarse architecture. Slight undulating capsular contour was noted. The gallbladder and common bile duct were unremarkable. This is consistent with chronic inflammatory hepatopathy.**Gastrointestinal**The **stomach** revealed a 6.4 cm progressively shadowing luminal material, consistent with foreign matter. The small intestine and colon were unremarkable.**Pancreas**The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon

imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

Other

Rapid view of the heart revealed normal volumes and adequate contractility. Occasional arrhythmia noted during the scan. EKG indicated. The cranial mediastinal region revealed a fat density. No evident pathology. However, the acoustic window was limited.

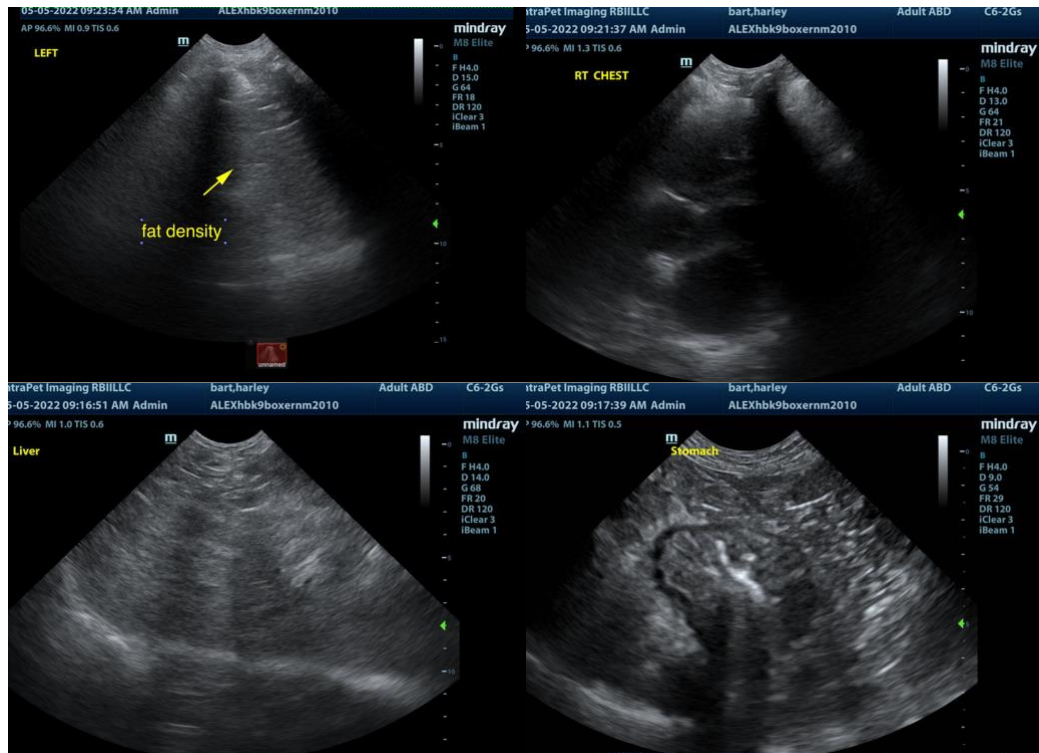
ULTRASONOGRAPHIC FINDINGS

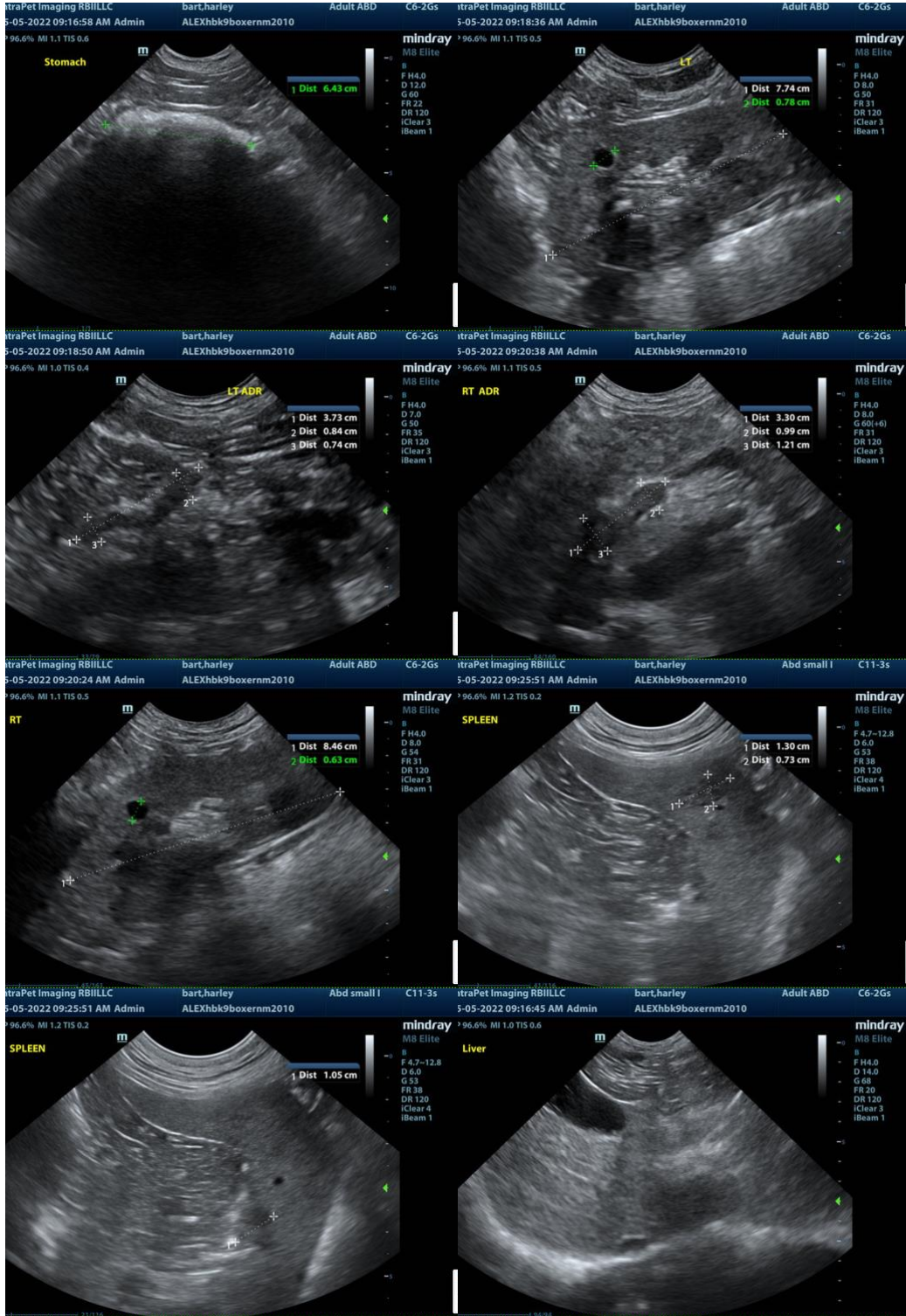
- Hepatic fibrosis/remodeling
- Splenic nodules – hyperplasia versus emerging round cell neoplasia
- Shadowing pyloric material, non-obstructive
- Moderate degenerative renal changes with cortical cyst
- Age related adrenal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bile acid profile warranted. FNA of the splenic nodules warranted. If thoracic disease is still suspected, chest CT would be ideal. If clinical signs are persistent, then gastrotomy and splenectomy would be justified in this patient. However, sonogram should be performed just prior to surgery to ensure that the material in the pylorus is still persistently present. However, this may be evacuated by induction of vomiting. If no surgery is to be performed, then FNA of the splenic nodules indicated.

Radiographs: Chronic bronchial changes, prominent aorta.





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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