



**PATIENT**

Pocket Rommel

**SPECIES**

Canine

**BREED**

Corgi

**SEX**

Spayed Female

**AGE**

12 Years

**WEIGHT**

21 Ponds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Erica Harmon

**HOSPITAL NAME**

Willamette VH

**REFERRING VET**

Dr. Erica Harmon

**INVOICE**

37404

**DATE**

5/5/22

**PRESENTING CLINICAL SIGNS**

Jan 2022: AUS - benign splenic and liver nodules. Feb(?) 2022: OSU Echo. physiologic diastolic mitral valve regurg age related (non-pathologic). Was reverse sneeze, gag regurgitate. 4/10 - Erpy. Productive vomiting. Diarrhea. 4/11/: Hct 62.7%, normal wbc 16, neutrophils 13.9, lymphocytes 1.056; Chem SDMA 16, chloride 106, ALT 230, ALP 209, CPL 290 4/18 follow up Ash Creek for vomiting and diarrhea. On metronidazole, resolved diarrhea. She seemed like she was doing well on metronidazole. After kibble - stable. Was getting cerenia. 4/28 Thur - breath hard after eating dinner. got buprenex and cerenia. belly big. gagg and liquid regurg. 4/29 Okay. Breathing noisy. Client has bene doing vertically positioning after she eats or if erping. Seemed bloated. regurg/reverse sneeze awake at 4am periodically. Tried to drink a lot, concerned for aspiration 4/30 - ate i/d low fat wet food. kept it down. kept water down. sometimes water comes up as regurg. only eat 1/4 c at a time. 2:30pm breath hard. Breath hard vomit on toy 5/1 - reverse sneeze vomit kibble outside. Regurgitated. 5/2 recheck blood testing. CPL 853. Regurgitation. Concern for aspiration. Is eating but also regurgitating overnight. Difficulty swallowing meals. 5/3 - blood work returned. 5/4 RADIOGRAPHS: 3 view chest, 3 view abdomen. Chest: Megaesophagus. Aspiration pneumonia with consolidating of the right middle lung lobe. Normal to slightly plump heart. Abdomen: Hepatomegaly with rounded liver margins. Empty stomach with some gas.

Abnormal PE/Chem/CBC/UA Results: Ach AB pending CBC - Hct 53%, normal wbc 15.66, monocytosis (1.29), normal platelets (216) Chem10: Elevated ALT 158, ALP 732 EPOC: hypokalemia (3.2), hypernatremia (152)n, normal chloride 119 5/5 8am EPOC: HCT 51%, K 3.4, all else wnl

**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 iliac trifurcation was unremarkable.

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. The left kidney measured 5.0 cm. The right kidney measured 5.0 cm.

**Adrenal Glands**

The **left adrenal gland** was uniformly enlarged, measuring 0.8 cm at maximum width. The **right adrenal gland** was also enlarged, measuring 1.2 cm at maximum width.

**Spleen**

The **spleen** presented multifocal heterogeneous parenchymal nodular changes. Generalized enlargement of the spleen noted with folding of the cranial and caudal poles, similar to prior description, most consistent with hyperplasia.

**Liver**

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



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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. Minor passive congestion liver pattern, suggestive for thoracic disease.

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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.

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**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.

**AGE**

12 Years

**Other**

Comet tail lung pattern noted in the lung fields on the transdiaphragmatic view.

**WEIGHT**

21 Ponds

**ULTRASONOGRAPHIC FINDINGS**

- Minor passive congestion liver pattern
- Bilateral adrenal hypertrophy
- Pronounced nodular hyperplasia splenic pattern
- Comet tail lung pattern

**INTERPRETED BY**

Eric Lindquist, DMV

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

DABVP, Cert. IVUSS

Recommend thoracic workup in this patient to assess for primary respiratory disease and/or pulmonary hypertension. Eventual workup for PDH/Cushing's indicated if not already performed.

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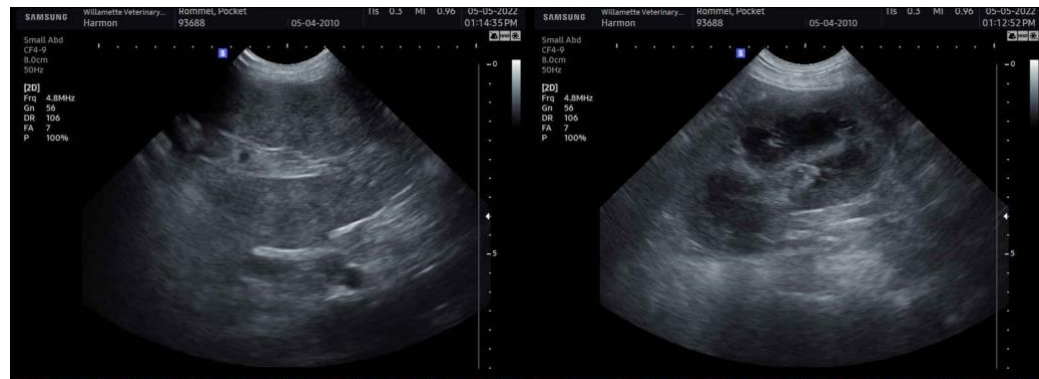
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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