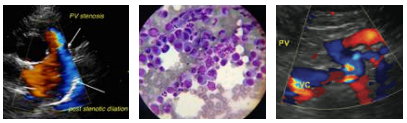
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE
5/6/22

PATIENT
Bebe Poole/Press

SPECIES
Canine

BREED
Cairn Terrier

SEX
Spayed Female

AGE
1/18/08

WEIGHT
9.2 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME
Animal Emergency Hospital

REFERRING VET
Dr. Thompson

INVOICE
30178

PRESENTING CLINICAL SIGNS

Bebe is a 14 y/o FS cairn terrier who presents for diarrhea and elevated RR - for the last 3 weeks has been vomiting once a week - weight loss - diarrhea wax and wane for the past 3 weeks, started on metronidazole and vomited - still eating, Saturday vomited - back legs have been more shaky - soft serve ice cream consistence to diarrhea, no blood, no blood in vomit - HCT hasmbeen stable, due to CBC this week at RDVM - have been weaned on prednisone Medications: - pepcid 5 mg PO BID - Sucralfate - cerenia - Mycophenolate 0.5 ml - Prednisone 5 mg SID - melatonin 3 mg BID
Current Medications: Unasyn. Mycophenolate, Melatonin, Prednisone, Omeprazole, Buprenorphine.
Lab Results: See attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: STAT requested.
Imaging Performed By: Rachel Brilhart, 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 was 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 this age patient. Medullary structure differed distinctly from that of the cortex. Slight pyelectasia was noted. The left kidney measured 3.66 cm. The right kidney measured 3.58 cm with slight pinpoint mineralization.

Adrenal Glands

Both **adrenal glands** were 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 left adrenal gland measured 1.54 x 0.46 cm at the caudal pole and 0.45 cm at the cranial pole. The right adrenal gland measured 1.74 x 0.52 cm at the caudal pole and 0.48 cm at the cranial pole.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

Gastrointestinal
The gastric wall was mildly thickened with an empty lumen and hypertrophied mucosa, yet curvilinear patterns are maintained. Mucosal speckling was noted in the small intestine. The descending colon was mildly thickened with soft stool. There was no loss of mural detail.

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 subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

Free Abdomen
Slight free fluid was noted in the caudal abdomen adjacent to the urinary bladder.

Thorax
The left thorax revealed a mixed, hypoechoic lung consolidation that measured 1.76 cm and a separate one in the right thorax that measured 1.32 cm. Ultrasound-guided FNA, cytology and culture of these lesions are strongly recommended to rule out pneumonitis versus carcinoma or other neoplasia.

Rapid view of the heart revealed no evidence of pathology.

ULTRASONOGRAPHIC FINDINGS
Lung lesions are pneumonitis/lung necrosis, PTE, carcinoma/sarcoma or neoplasia.
Heart has normal volume and contractility.
Undefined free fluid in the caudal abdomen. Exact source is unclear.
Pancreatic remodeling and minor gastric hypertrophy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Ultrasound-guided FNA, cytology and culture of these lesions are strongly recommended to rule out pneumonitis versus carcinoma or other neoplasia. Chest CT would be ideal.

Ultrasound-guided abdominocentesis is indicated of the free fluid and cytospin. Guarded prognosis depending upon cytology results. GI protectant protocol is warranted until the lung lesions can be further defined.


poole/press,bebe
AEHbpk9cairnsf2008
mindray
M8 Elite
Liver


poole/press,bebe
AEHbpk9cairnsf2008
mindray
M8 Elite
Lt ADR
1 Dist 1.54 cm
2 Dist 0.46 cm
3 Dist 0.45 cm


poole/press,bebe
AEHbpk9cairnsf2008
mindray
M8 Elite
Lt Kidney
1 Dist 3.66 cm


poole/press,bebe
AEHbpk9cairnsf2008
mindray
M8 Elite
RT
1 Dist 3.58 cm


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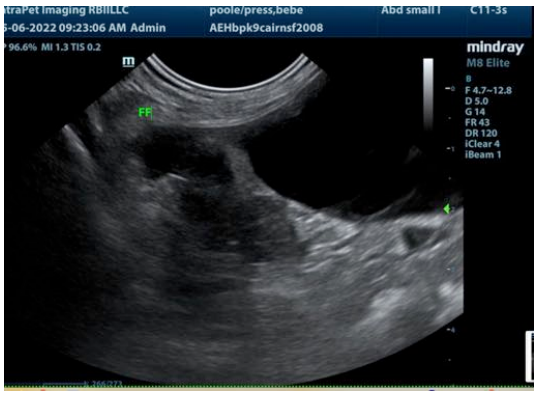
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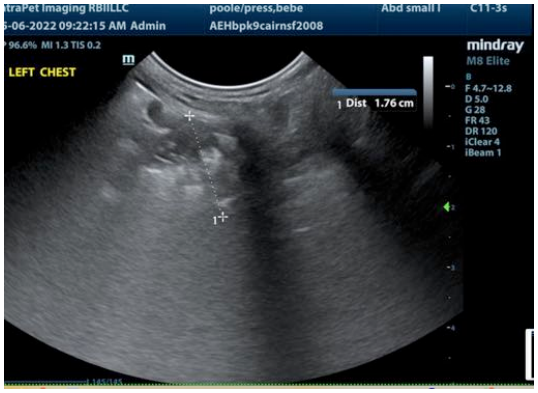

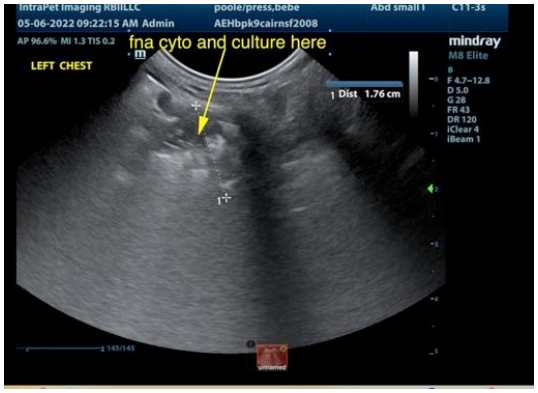

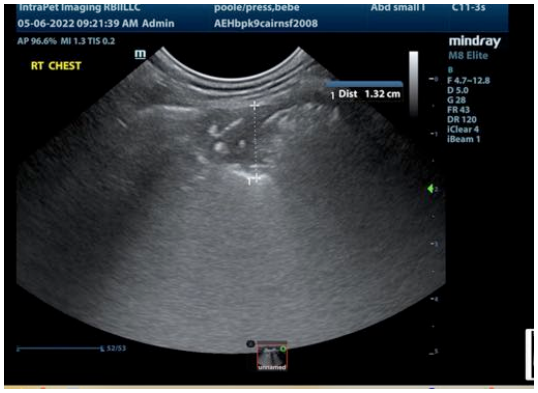

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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