**DATE**

6/10/22

PRESENTING CLINICAL SIGNS

History: 06-09-2022 Notes: ATO: slowing down, eating and drinking okay, maybe increased drinking. Going to the bathroom okay. Seemed to get worse, called rdvm and recommended coming here. Took treat, spit out. O then noticed a abscess above the canine tooth, no drainage. White gums. Seemed off balance today, not at the extent of vestibular, but off. Breathing seemed to be a painful wheeze. Known to run warm at the vet. On PE Pale MM, oral mass like lesion.

PATIENT

Jet Shirk

SPECIES

Canine

BREED

Keeshond

SEX

Neutered Male

AGE

6/9/14

WEIGHT

44.8 Pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**Animal Emergency
Hospital**REFERRING VET**

Dr. Nacke-Horney

INVOICE

15996

Current Medications: Buprenorphine, Acepromazine.

Lab Results:

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, 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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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. Slight mineralization was noted in the kidneys. The right kidney measured 6.16 cm. The left kidney measured 6.5 cm.

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 right adrenal gland measured 2.22 cm x 0.61 cm at the cranial pole and 0.95 cm at the caudal pole. The left adrenal gland measured 2.19 cm x 0.64 cm at the cranial pole and 0.7 cm at the caudal pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. The gallbladder presented some dependent debris with essentially normal

contour. The cystic and common bile ducts were normal. The hepatic lymph nodes were unremarkable. The hepatic veins and vena cava were moderately dilated in this patient.

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 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.

Free Abdomen

A rapid view of the **heart** revealed no obvious pathology, however, TR velocities and chest radiographs +/- chest CT warranted to assess for cause of passive congestion. Caudal mediastinal pathology, caval thrombus, caval obstruction or right heart failure all possible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild hepatic remodeling with passive congestion liver pattern of unknown cause

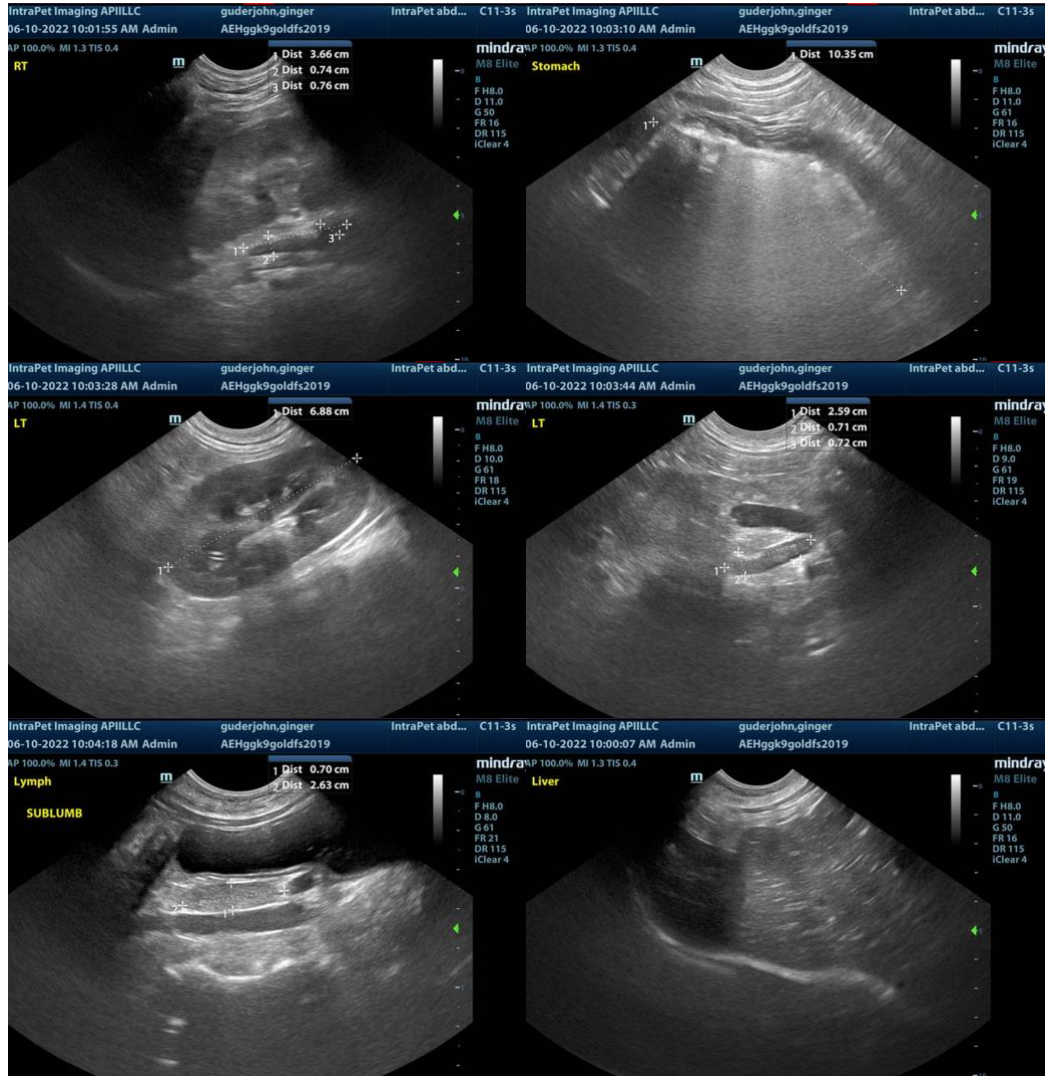
Secondary Findings

- Age-related kidney presentation minor with minor mineralization

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A rapid view of the heart revealed no obvious masses noted, however, full echocardiogram with TR velocities indicated as well as chest radiographs +/- chest CT.





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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