

**DATE PRESENTING CLINICAL SIGNS**

6/14/23 Trouble breathing for a month and gagging/retching that is non-productive.

PATIENT

Hobbs Gerrard

Current Medications: Amoxiclav 875/125mg 1/2 tab PO BID starting 6/10, doxycycline 150mg PO BID starting 6/10, denamarin 425mg 1 PO QD starting 6/10, thryo-tabs 0.2mg 2 tabs in am 1 tab in pm - started 6/2022

SPECIES

Canine

Lab Results: Chronic non regenerative anemia that is progressing, ALKP elevated at 966, ALT mild elevation hematuria, bacteriuria, hyaline casts in urine

Radiographs: suspected lower airway disease

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

Border Collie

Imaging Performed By: Rachel Brillhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Neutered Male

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.

AGE

11/4/09

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 6.7 cm. The right kidney measured 6.9 cm.

WEIGHT

51.2 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

The **right adrenal gland** was visualized and recognized as having normal size, shape, 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 2.58 cm x 0.66 cm at the caudal pole and 0.87 cm at the cranial pole.

HOSPITAL NAME

Airpark AH

The **left adrenal gland** was prominent, measuring 3.9 cm x 1.0 cm at the caudal pole and 0.88 cm at the cranial pole with a focal hyperechoic mineralization in the mid body of the left adrenal.

REFERRING VET

Dr. Ridinger

Spleen

The region of the **splenic fossa** was unremarkable, suspect splenectomy in this patient's history.

INVOICE

43183

Liver

The **liver** was diffusely hyperechoic to falciform fat with patchy, heterogeneous parenchymal changes, non-disruptive. The gallbladder revealed a minor amount of debris. Structurally unremarkable otherwise.

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 hypoechoic parenchyma with swollen irregular contour and enhanced surrounding mesentery. Undulating contour and remodeling noted, consistent with chronic active pancreatitis.

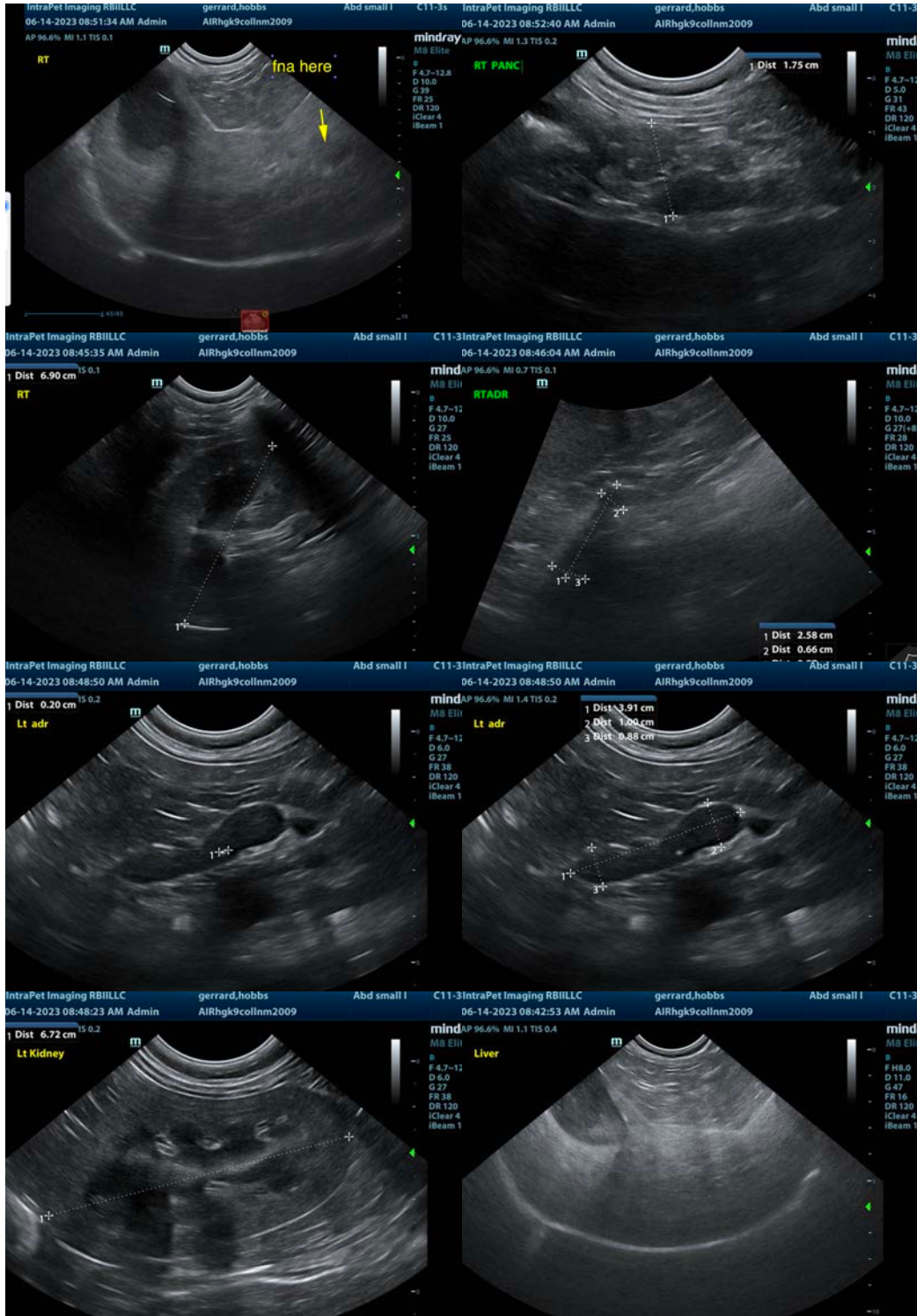
ULTRASONOGRAPHIC FINDINGS

- Hepatic remodeling/vacuolar hepatopathy/nodular hyperplasia pattern – mild potential for emerging neoplasia.
- Chronic active pancreatitis pattern
- Prominent left adrenal gland with focal mineralization
- Age related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the general parenchyma of the liver and nodules recommended to ensure this is a benign presentation. Empirical GI protectant protocol could be considered in case of GI blood loss, even though structurally the GI tract appeared unremarkable, with Enrofloxacin/Metronidazole combination over a 10 day period and reassessment of the anemia. However, CBC path review +/- bone marrow aspirate may be appropriate. I cannot rule out microulcerative disease. Some level of pancreatitis appears to be occurring. Hydrolyzed diet may be in this patient's best interest. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas.





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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