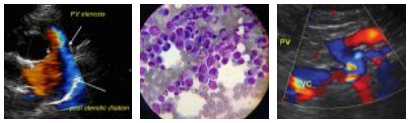
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

6/17/22

PATIENT

Boh Wild

SPECIES

Canine

BREED

Rhodesian Ridgeback X

SEX

Neutered Male

AGE

6/15/14

WEIGHT

75 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Nacke-Horney

INVOICE

PRESENTING CLINICAL SIGNS

06-15-2022 Notes: Last night seemed lethargic, couldn't get comfortable, didn't want to go outside Owner noted that she does not have AC in the main part of her house but it has not been very hot - spent of good bit o time not going into owners bedroom where this was AC - did come up a bit later When owner when to the main part of the house found vomit, normal feces, and urine in the house - 2 piece of blue plastic - owner noted that he has been eating everything since being started on pred, recently ate feminine products Wouldn't eat regular food today - ate fresh pet and some of his bone today - 2 hrs later: started regurgitating, has 3 episodes - was noted to be slow when walking Presented to rdvm: - severely febrile - were treating with IVF and cooling - started to come back down then was increasing again - BW: Glob 5.1, ALT 217, ALP did not read, GGT 19, Chol 332, WBC 20.57, Neu 17.24, Mono 1.87 - Rads: NSF Current meds: - Prednisone: 20 mg tab - 1/2 tab q24 - last given yesterday - Denamarin 425 mg - 2 tab q24 - last given yesterday Hx of cholecystectomy in april - presented to rdvm for vomiting and not eating - rads were suspicious for mucocele and was thrombocytopenic, recommended ER - ER referred to penn vet for transfusion that he did not end up needing - had sx with penn vet.

Current Medications: ampicillin/sub, prednisone, denamarin, protonix, maropitant, gabapentin.
Lab Results: Attached.
Date of Previous IntraPet Ultrasound: 4/1/22.
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 pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

The **left kidney** measured 8.0 cm with uniform parenchyma with minor hyperechoic medullary rim change noted.

The **right kidney** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 9.25 cm.

Adrenal Glands

The **left adrenal gland** revealed normal size and contour, measuring 2.77 cm x 0.6 cm at the cranial pole and 0.78 cm at the caudal pole.

The **right adrenal gland** persistently measured 2.37 cm at the cranial pole and 0.9 cm at the caudal pole x 4.0 cm in length.

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** was mildly swollen. Slight hepatic vein dilation noted. The common bile duct was dilated, measuring 1.12 cm, further dilated than the prior sonogram. The right liver revealed a 7.16 cm x 6.05 cm comprising a mass. Areas of mineralization were noted. The mass appeared to be present in the region of the gallbladder fossa. Minor free fluid was noted around the liver with enhanced mesentery. Some hyperechoic foci was noted in the liver adjacent to the heterogeneous mass formation, suggestive for biliary mineralization.

Gastrointestinal

The **gastric wall** was thickened at 1.78 cm with loss of mural detail. The small. intestine and colon were unremarkable.

Pancreas

The **pancreas** revealed extensive mixed hypoechoic parenchyma with irregular contour, especially a region of 6.9 cm x 3.2 cm.

Free Abdomen

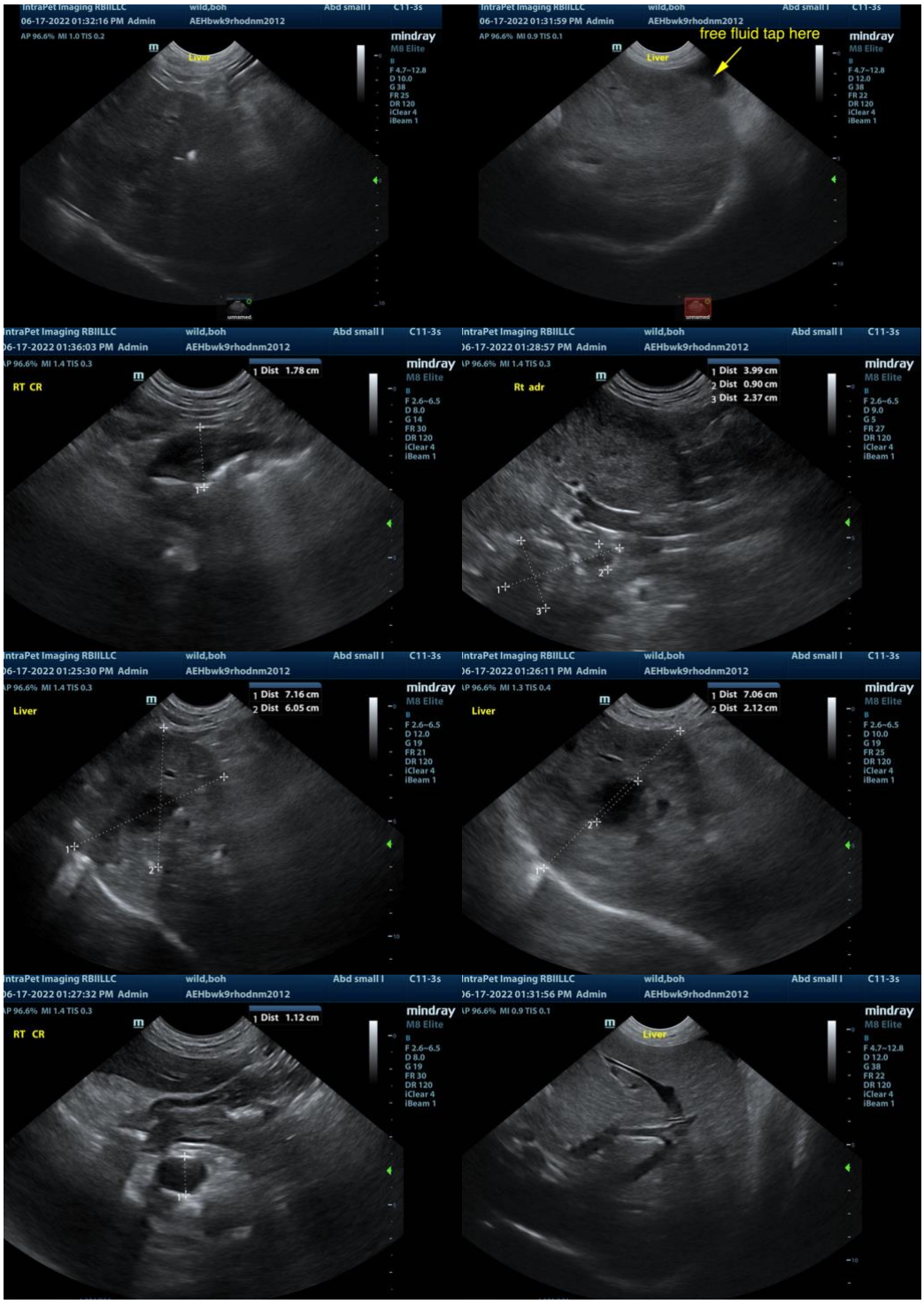
Minor **free fluid** was noted around the liver with enhanced mesentery.

ULTRASONOGRAPHIC FINDINGS

- Heterogeneous mass formation in the region of the gallbladder fossa with persistent mucoduct or common bile duct dilation. Free fluid noted around the liver with enhanced mesentery.
- Chronic active pancreatitis presentation
- Gastric thickening
- Stable right adrenal gland, most consistent with adenoma. Minor potential for adenocarcinoma or pheochromocytoma
- Left kidney, minor hyperechoic medullary rim change

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the hepatic region in question with drainage of the cavitation would be appropriate, as well as assessing the free fluid for further definition. Concern for abscessation or possible emerging neoplasia. The gastric thickening is likely inflammatory; however, an emerging gastric neoplasia cannot be ruled out. Common bile duct stricture is a strong potential given the persistent excessive size.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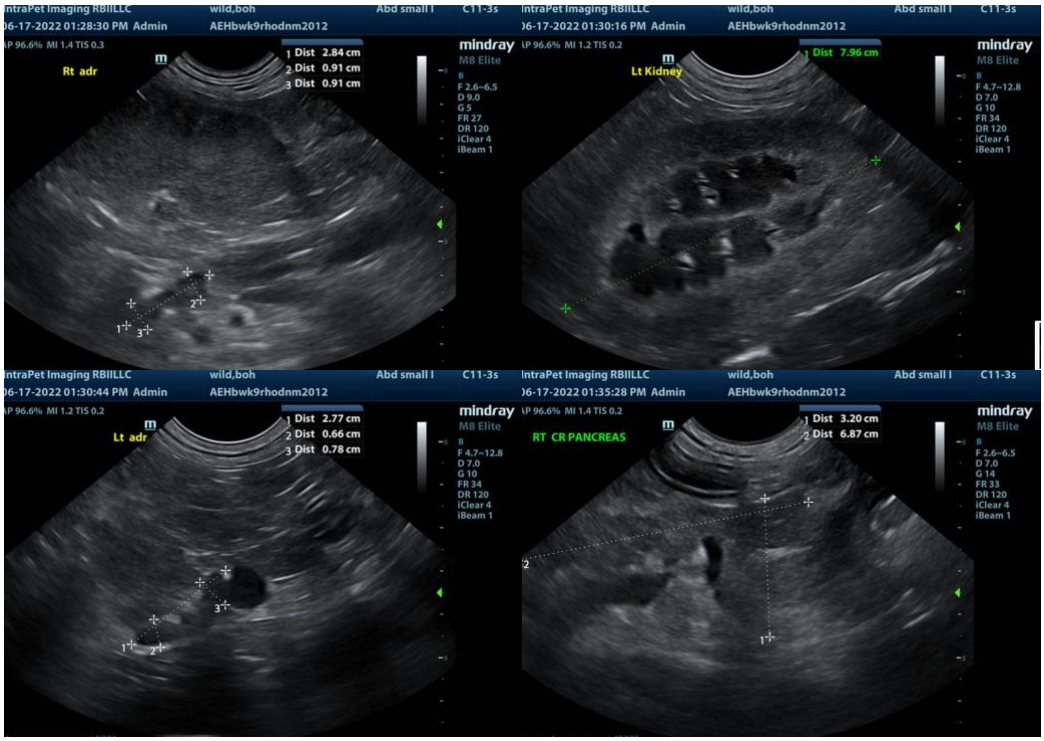

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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