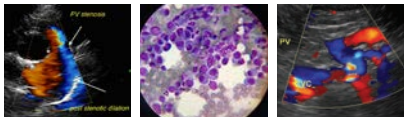
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

6/18/22

PATIENT

Gizmo Detorie

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

4/5/10

WEIGHT

25.7 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Festival Vet Clinic

REFERRING VET

Dr. Ullman

INVOICE

38862

PRESENTING CLINICAL SIGNS

Very deep chronic cough. Increased Broncho vesicular sound bilateral. Wheezing.

Current Medications: Just finished 14 days of Marboquin and Clavacillin.
Currently trying to regulate with vetsulin (on 7 units BID). Recommend increasing to 8 units on Saturday.
Radiographs: 3 view radiographs- not much improvement despite being on two different antibiotics for 1 month duration. Radioopaque blotches around hilar area of lateral heart. Caudal and lung lobe consolidation.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented sand and small calculi, a grouping of which measured 3.0 cm, non-obstructive at the time of the sonogram. The bladder wall itself was unremarkable. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

The **kidneys** presented minor degenerative changes with minor irregular contour and non-obstructive nephrolithiasis. The right kidney measured 4.82 cm. The left kidney measured 4.77 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 left adrenal gland measured 2.04 cm x 0.80 cm at the caudal pole and 0.64 cm at the cranial pole. The right adrenal gland measured 1.96 cm x 0.60 cm at the caudal pole and 0.68 cm at the cranial 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** presented heterogenous parenchyma with increased portal markings and coarse architecture. Slight undulating capsular contour was noted. Minor gallbladder debris noted. This is consistent with chronic inflammatory hepatopathy.

Gastrointestinal

A minor amount of non-shadowing, non-obstructive ingesta was noted in the **stomach**. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

Thorax

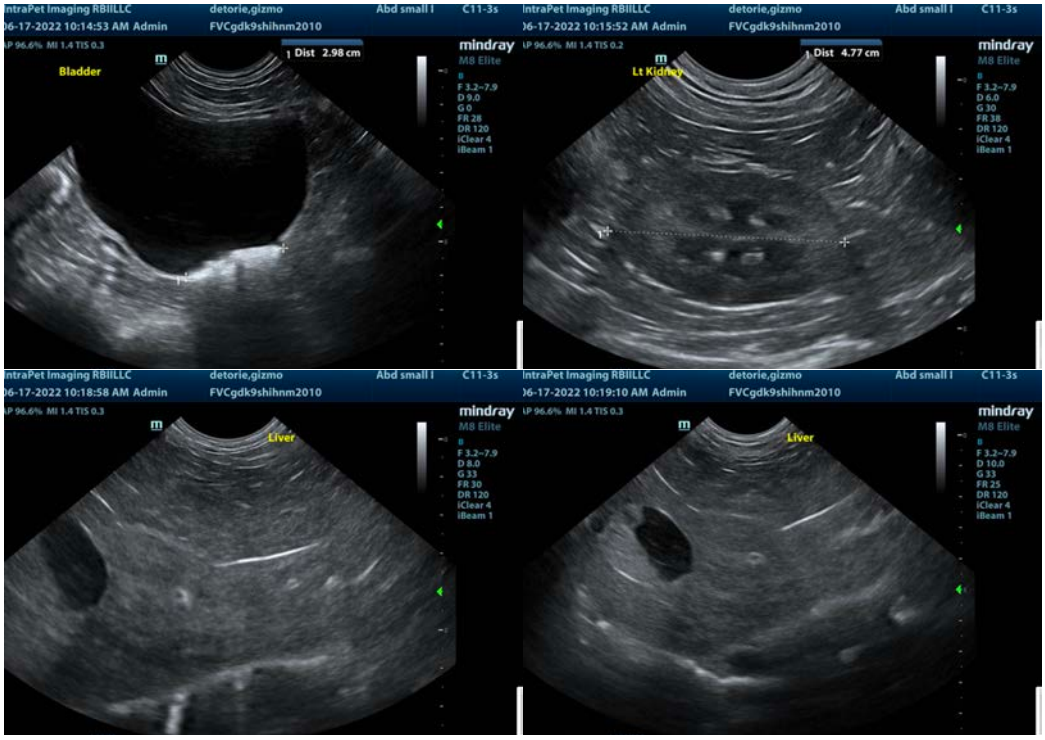
The cranial thorax revealed a 3.19 cm x 2.7 cm cranial mediastinal cyst.

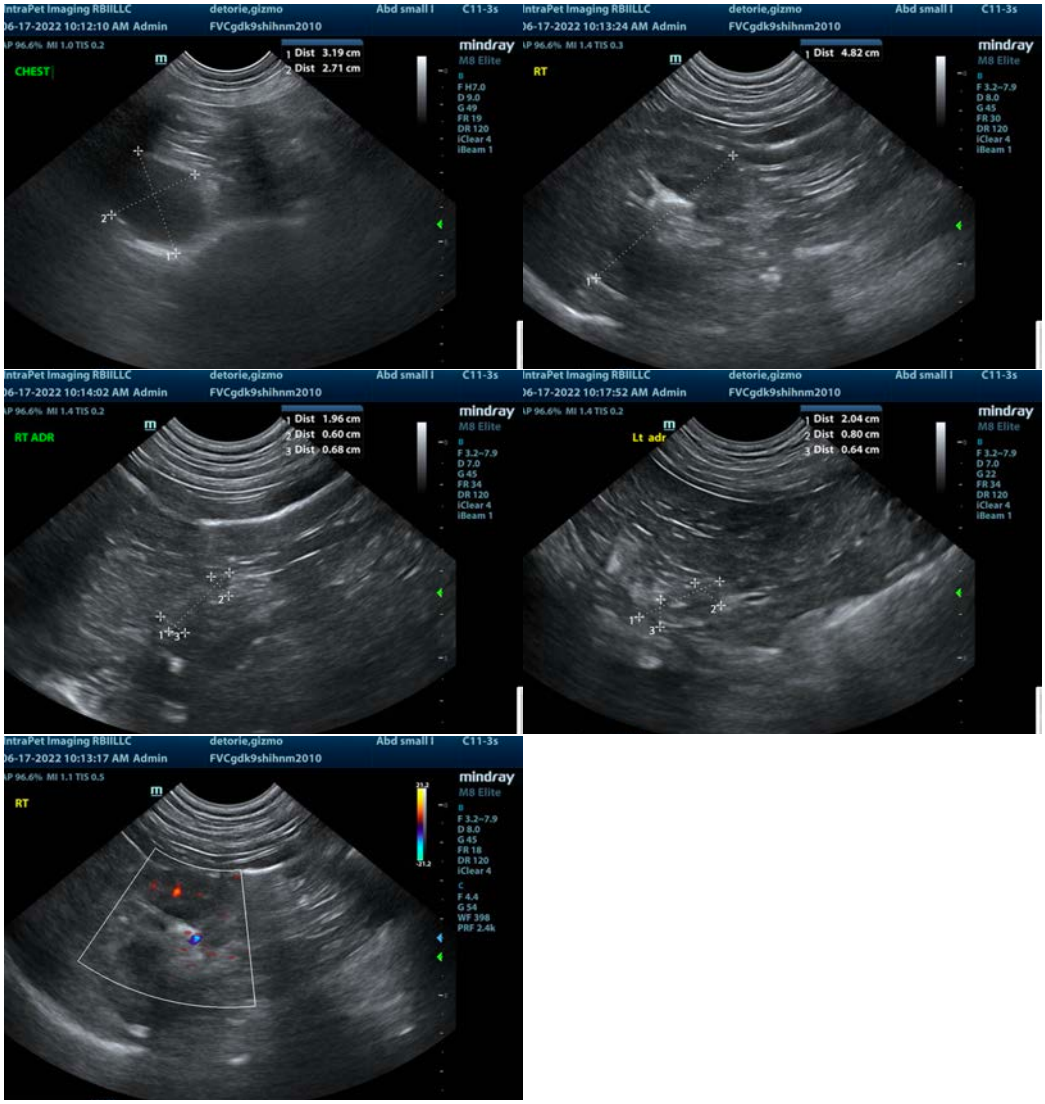
ULTRASONOGRAPHIC FINDINGS

- Non-obstructive nephrolithiasis
- Bladder sand and calculi, non-obstructive
- Moderate hepatic remodeling
- Full stomach – consistent with post-prandial presentation.
- Suspect cranial mediastinal mass or possible lymphadenopathy – further imaging necessary for further definition.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bile acid profile would be warranted to assess for any early dysfunction. Chest CT or ultrasound guided FNA of the cranial mediastinal structure recommended, as it could not be differentiated from tissue or benign cranial mediastinal cyst/branchial cyst. Eventual cystotomy, sand analysis and culture indicated. If cystotomy is to be performed, then core liver biopsy would be appropriate to assess degree of degenerative changes.





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
info@SonoPath.com