

**DATE PRESENTING CLINICAL SIGNS**

6/23/23

PATIENT

Max Chesley

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered Male

AGE

1/1/14

WEIGHT

26.3 Pounds

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

Dr. Martinoli

INVOICE

23017

History: Has had episodes lately where he will be in his bed, starts twitching (but is responsive; do not seem like seizures) then cries, gets up, and runs around (even up and down the stairs) crying, and seems like he is running away from something. Has happened when he's been outside too and starts running frantically. Between episodes he seems completely normal. Was treated for ear infections last month for about 2 weeks. Owner is concerned that some of his symptoms are resulting from ear infection affecting his brain. Had been started on Gabapentin, Methocarbamol, and another medication owner couldn't remember about a week ago by rDVM

Current Medications: Dexamethasone SP, Protonix, Buprenorphine, Cerenia.

Lab Results: See attached.

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** was largely normal with a 0.95 cm shadowing calculus. Suspended debris was also noted. The bladder wall was unremarkable.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 right kidney measured 5.6 cm. The left kidney measured 5.83 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 1.85 cm x 0.62 cm at the caudal pole and 0.47 cm at the cranial pole. The left adrenal gland measured 1.95 cm x 0.74 cm at the cranial pole and 0.78 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** revealed increased portal markings and multifocal hypoechoic nodular changes. Some nodules revealed a target type appearance. The nodules were better evidenced on the color mapping techniques. Generalized hepatomegaly was also noted. Macronodular changes were also noted in the caudate process with irregular contour. The gallbladder and common bile duct were unremarkable.

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

The hepatic **lymph nodes** were enlarged (an example measured 3.14 cm x 1.8 cm). Length to width ratio was maintained.

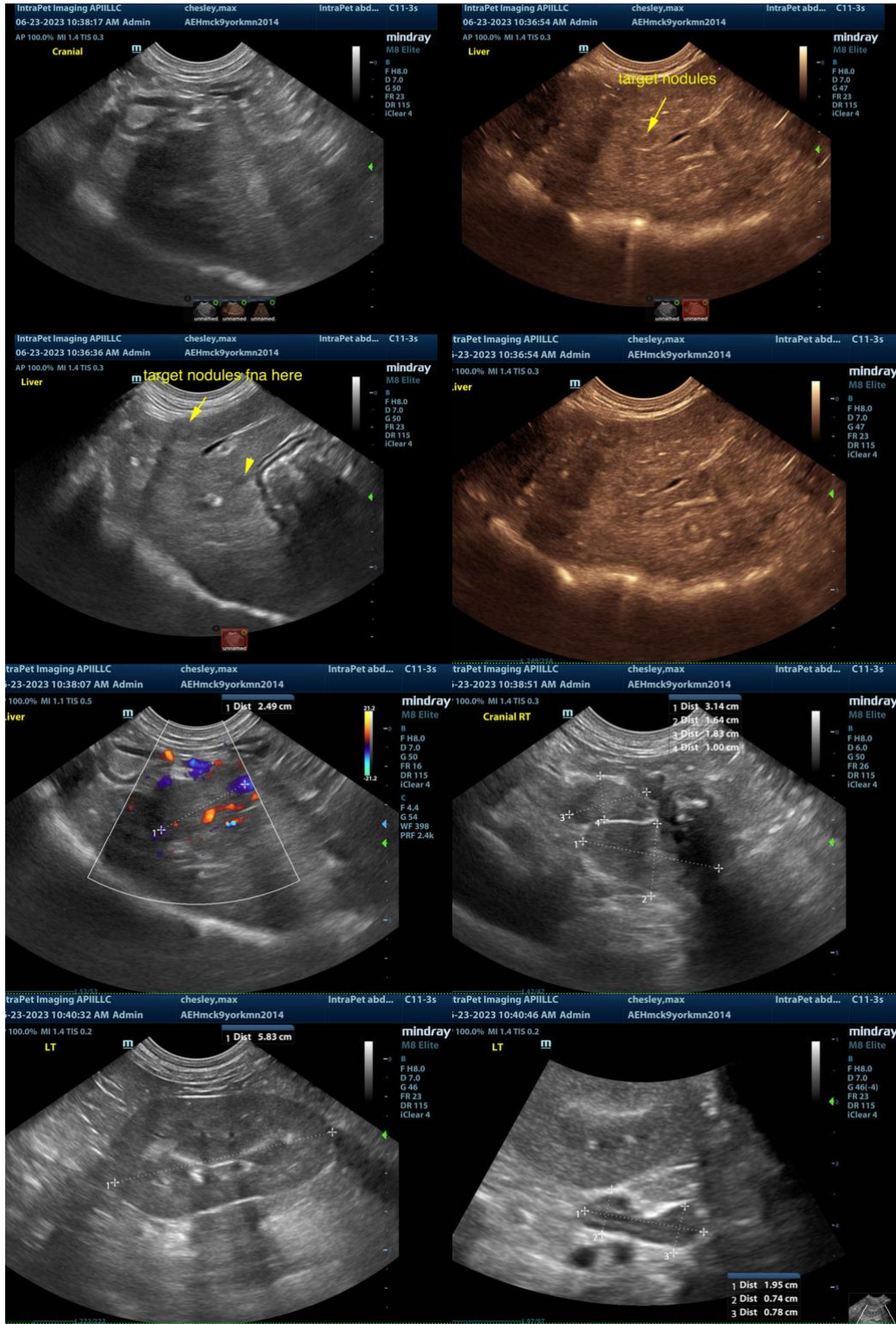
ULTRASONOGRAPHIC FINDINGS

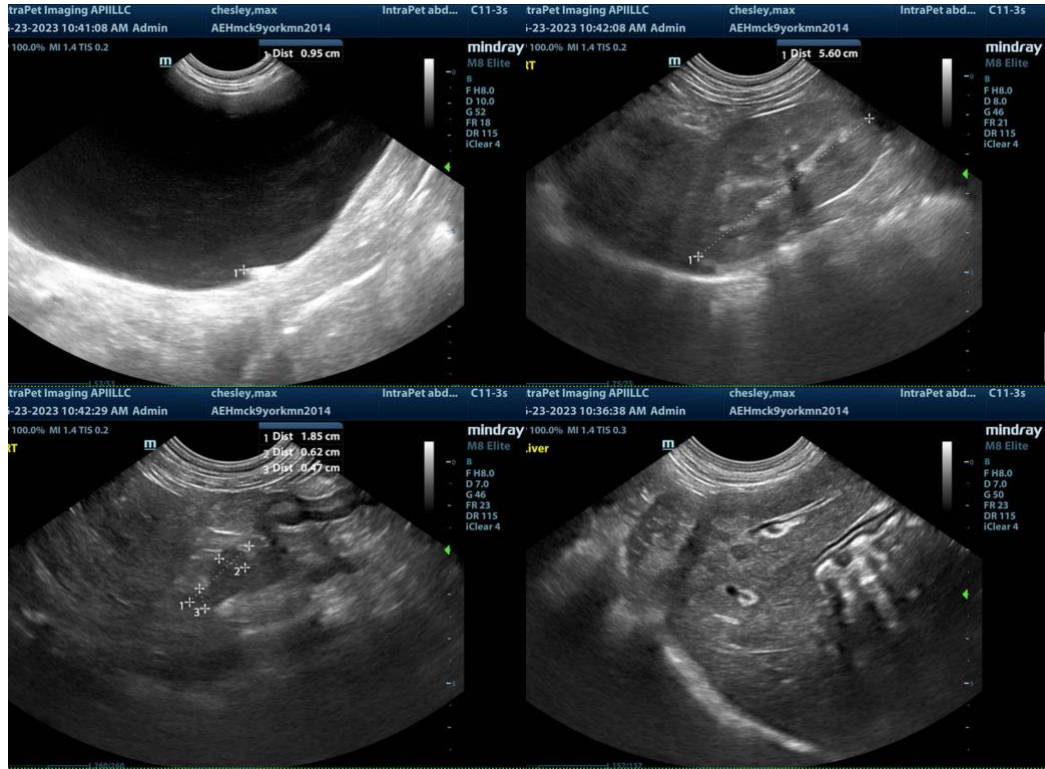
- Strong concern for hepatic neoplasia
- Hepatic lymphadenopathy
- Concurrent bladder calculus
- Age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the various nodular changes is warranted. Bile acid profile is warranted. If accessible, ultrasound guided FNA of the hepatic lymph nodes is also recommended. Pronounced nodular hyperplasia and reactive lymphadenopathy are possible, however, round cell neoplasia or metastatic neoplasia from elsewhere is a strong potential in this case. The clinical signs may also be occurring from passage of calculi from the kidneys to the bladder, yet no obstructive disease is noted, and those types of behaviors would be episodic and resolved at this point. If the clinical signs are persistent, given that the calculus is currently in the bladder, then underlying behavioral changes, owing to a paraneoplastic manifestation is strongly possible. Metastatic disease to the CNS is also a potential given the liver presentation. Prognosis is very guarded.







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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