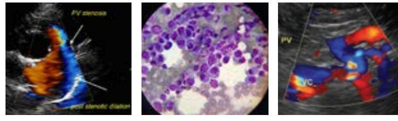


DATE

7/17/23

PATIENT

Gibson Wood

SPECIES

Canine

BREED

Maltese

SEX

Neutered Male

AGE

4/27/13

WEIGHT

16.2 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Nacke-Horney

INVOICE

44047

PRESENTING CLINICAL SIGNS

Last night: was vomiting frequently and dry heaving - turned in the white foamy liquid Today: vomit appeared to have blood clots present in the vomit Known to get people food Hx of PU/PD - was dx with Cushing Current medications: - Vetoryl q24 - last given: 6a, was not given this AM - Flea tick and heart given at the beginning of the month Presented to Urgent Care: - Presented for vomiting and hyporexia - Bw: Neu 11.65 (H), Mono 2.21 (H), Plt 689 (H), Glu 214 (H), Cl 107 (L), Alt 367 (H), Alp >2000 (H),
Ggt 127 (H) - Pcv/ts: 53/6.2 - aFAST: gall bladder enlarged with apparent structured sludge, liver appears enlarged with rounded edges - Rads: subjective hepatomegaly, areas of radiodense material in the cranial abdomen, gas dilated colon

Current Medications: Buprenorphine, Cerenia, Protonix, Vitamin B.
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: Rachel Brilhart, 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 prostate was uniform at 1.17 cm.

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. Slight pyelectasia noted in the left kidney. The left kidney measured 5.26 cm with pyelectasia at 0.35 cm. The right kidney measured 5.01 cm.

Adrenal Glands

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins were noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The left adrenal gland measured 2.82 cm x 1.1 cm at the caudal pole and 1.04 cm at the cranial pole. The right adrenal gland measured 2.62 cm x 1.05 cm at the cranial pole and 0.98 cm at the caudal pole.

Spleen

The **spleen** was normal size and relatively normal contour with multifocal hyperechoic areas of mineralization. This is a benign change; however, can be related to Cushing's disease or other endocrinopathies.

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present.

The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

Gastrointestinal

The **gastric** wall was mildly thickened at 1.0 cm. Some loss of mural detail noted and fluid-filled lumen, consistent with gastritis. Potential for underlying emerging round cell neoplasia. The small intestine was unremarkable. Colon was fluid filled.

Pancreas

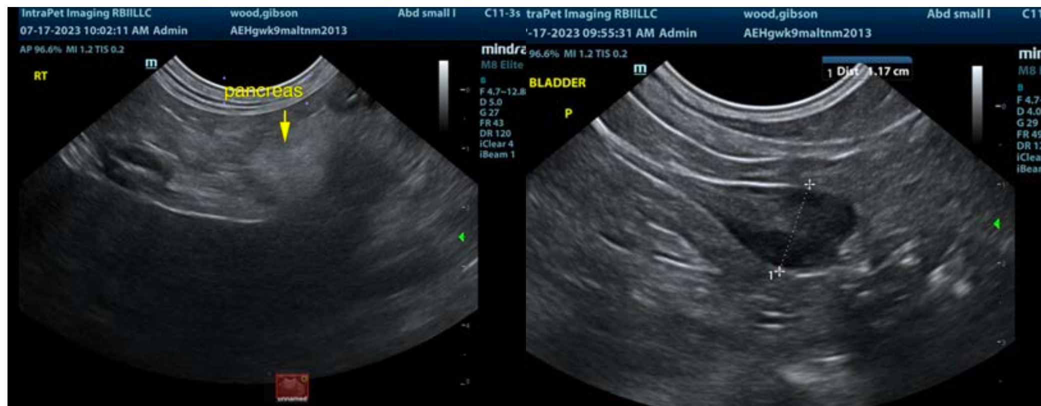
Diffuse hyperechoic changes were present in the area of the **pancreas**. The pancreatic remodeling was evident with multifocal to diffuse hyperechoic changes. These changes are consistent with fibrosis, amyloid, saponification of fat and may contain areas of low-grade chronic active inflammation especially if pain on imaging (+ Murphy sign) was present +/- focal subxyphoid palpation reveals pain response. No overt masses were noted.

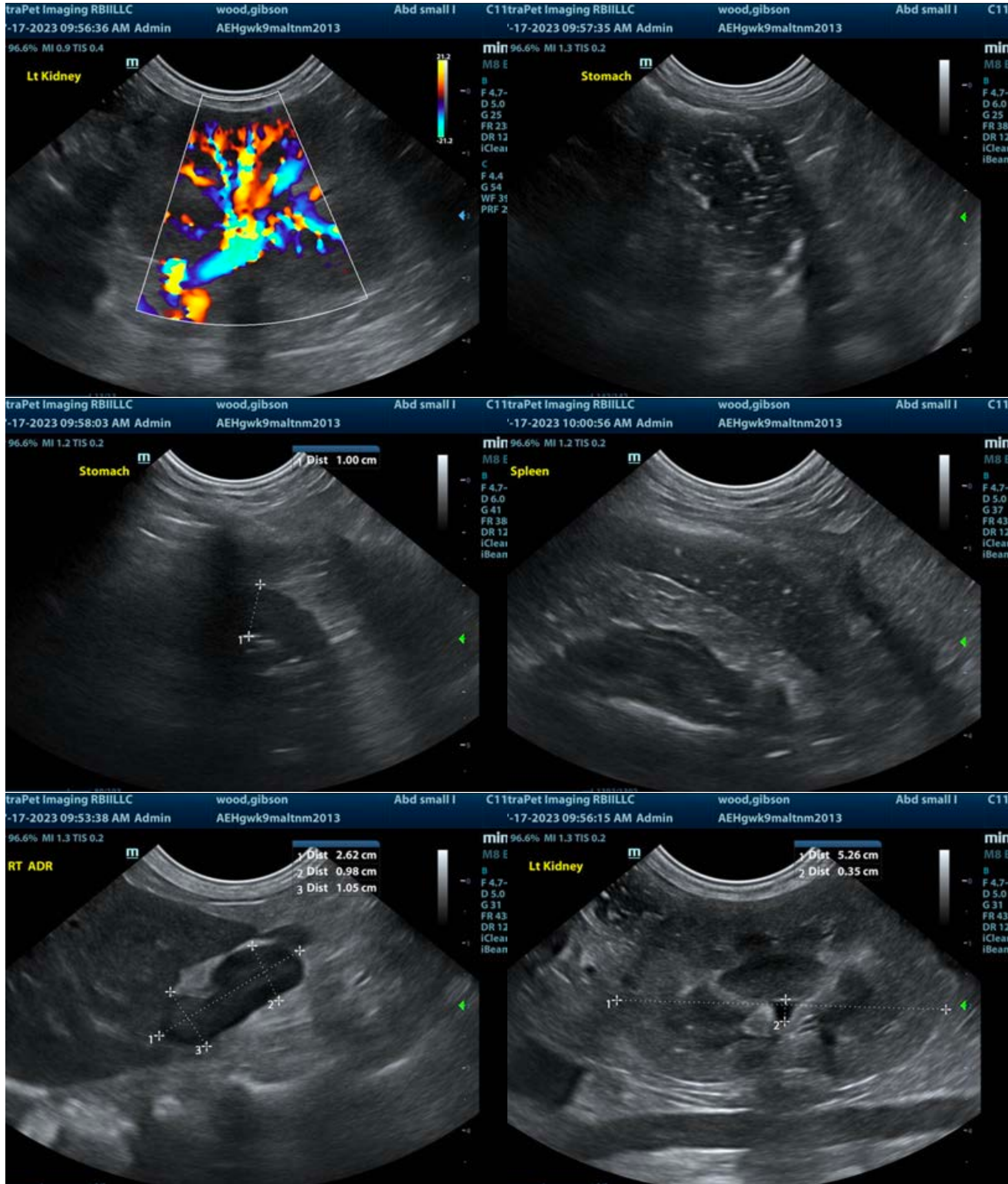
ULTRASONOGRAPHIC FINDINGS

- Gastritis pattern with potential for emerging gastric neoplasia
- Pancreatic fibrosis pattern
- Bilateral adrenal hypertrophy – strongly consistent with Cushing's/PDH.
- Mineralized spleen – likely owing to underlying endocrinopathy.
- Age related renal changes with pyelectasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Treatment for gastritis warranted with IV fluid support. GI protectants, pain management indicated. Recheck sonogram in 48-72 hours. Eventual workup for pituitary dependent hyperadrenocorticism indicated if USG is <1.020. Mild potential for emerging gastric neoplasia. Urinary workup warranted to assess for isosthenuria, but also inflammatory sediment that would suggest pyelonephritis, given the minor pyelectasia.





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RT ADR
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3 Dist 1.05 cm
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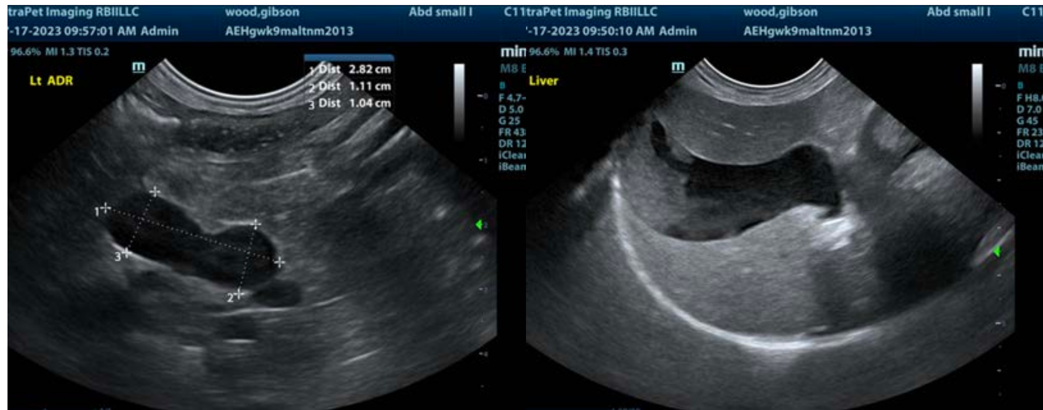

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com