

**DATE**

7/25/22

PRESENTING CLINICAL SIGNS

History: Was at BFF Sunday AM for boarding - owners were messaged on Monday that patient was vomiting and having diarrhea and both of them contained blood Owners picked him up on Wednesday: noted that he was drinking but was not interested in eating, attempted to feed chicken and rice Presented to rdvm on Wednesday: - rads: gassy changes in stomach and colon - bw: BUN 54, CREA 1.5 (WNL) - PCV/TS: 50/8.3 - Gave maropitant and SQ fluids - sent home with proviable, metro 250mg q12 - also known to given tramadol 50 mg Thursday: seemed a bit better, was eating and drinking Today: vomited 2x, bile, not really interested in eating or drinking - no obvious diarrhea No different foods or treats given at BFF Not a known eater of things Known pain in hips or lover back - will pant excessively when happening Current meds: - Provable: paste last given in the afternoon, capsule was given around 9a - Tramadol: last given at 3p - Metronidazole: last given 9a

PATIENT

Kermit Levensgood

SPECIES

Canine

BREED

Jack Russell Mix

SEX

Neutered Male

AGE

9/10/07

Current Medications: Maropitant, Ondansetron, Entyce, Metronidazole, Provable, Omeprazole.
 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.

WEIGHT

23.8 Pounds

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.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 5.1 cm. The left kidney measured 4.38 cm.

HOSPITAL NAMEAnimal Emergency
Hospital**Adrenal Glands**

The **right adrenal gland** was 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 2.01 cm x 0.56 cm at the cranial pole and 0.63 cm at the caudal pole.

REFERRING VET

Dr. Nacke-Horney

The caudal pole of the **left adrenal gland** was slightly enlarged. The left adrenal gland measured 2.29 cm x 1.04 cm at the caudal pole and 0.79 cm at the cranial pole.

INVOICE

16540

Spleen

The **spleen** was slightly heterogeneous and mildly irregular in contour, likely age-related variant.

Liver

The **liver** was mildly swollen with hypo- and hyperechoic nodules noted throughout the liver. Hyperplasia versus emerging round cell neoplasia are primary concerns. 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

A sublumbar **lymph node** (1.37 cm x 0.82 cm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

Some reactive mesentery was noted around the pancreas that may be extending from the spleen or upper GI tract.

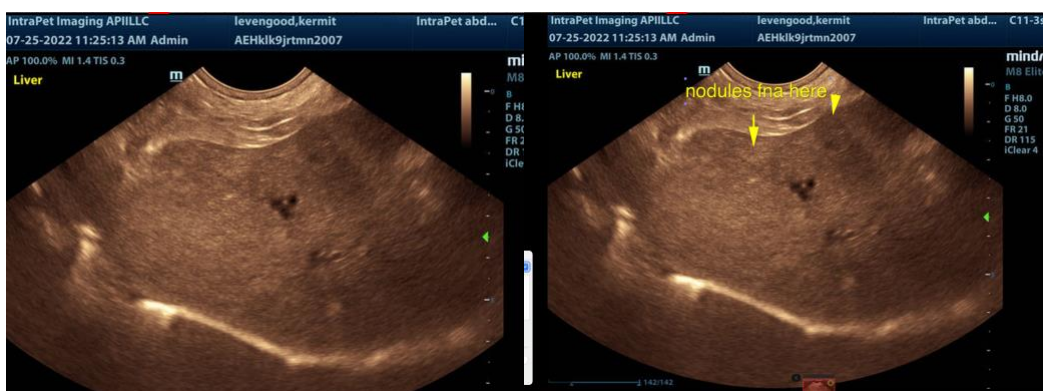
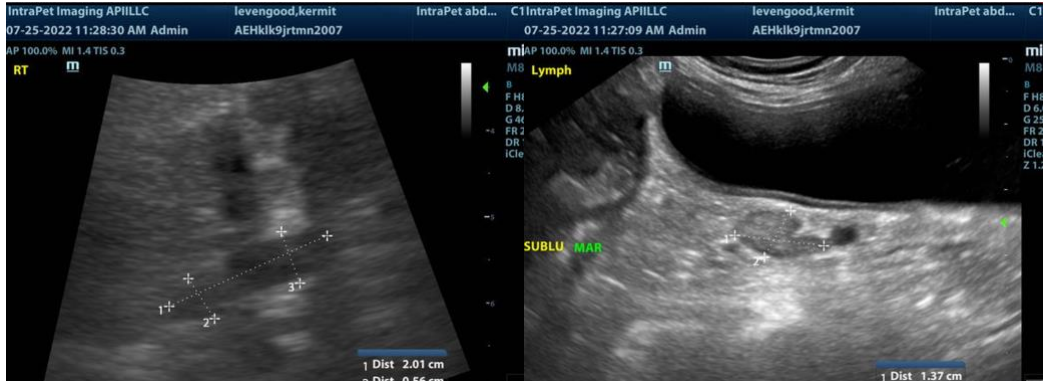
ULTRASONOGRAPHIC FINDINGS

- Nodular spleen and liver
- Swollen left adrenal gland
- Reactive sublumbar lymph node
- Age-related renal changes
- Possible minor pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen and liver is strongly recommended. Supportive care for GI upset is warranted.





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.

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