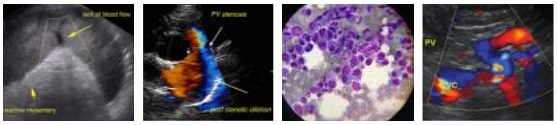

PATIENT

Xyro Taylor

SPECIES

Canine

BREED

Rottweiler

SEX

Neutered Male

AGE

11 Years

WEIGHT

83 Pounds

INTERPRETED BY

Eric Lindquist, DMV, DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Access VC

REFERRING VET

Dr. Aher

DATE

7/29/22

Invoice
16601

PRESENTING CLINICAL SIGNS

History: - Bleeding digital mass left front paw [suspected neoplasia, amputation surgery planned if ultrasound normal] - Historical heart murmur - not appreciated on recent exam - Pale mucous membranes - Osteoarthritis

Abnormal PE/Chem/CBC/UA Results: - Anemia 28% [suspect non-regenerative] - Hypoalbuminemia 2.1 [2.7-4.4 g/dL] - Potassium 5.8 [3.5-5.5 mEq/L] Heart murmur previously detected in 2017 during a sedated exam. Prescribed Enalapril for presumptive heart disease. ProBNP 9/19/17: 1116 pmol/L H [0-900]. ProBNP elevated 6/24/20 - proBNP-K9 3226 pmol/L H [0-900]. Enalapril increased from once a day to twice a day. No thoracic radiographs, echocardiogram or ECG performed. Meds-Trazodone 300 mg, Acepromazine 20 mg for vet visit, Meloxicam 7.5 mg - 1/2 tablet once daily. Fluoxetine 20 mg 2 capsules by mouth once daily in am Gabapentin 800 mg 1/4 tablet 3 x day. Codeine sulfate 30 mg - 1 tablet in the morning and 2 tablets in the afternoon, Enalapril 20 mg 1 tablet twice daily. Recently stopped Methocarbamol 500 mg 1 tablet twice a day.

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 2.0 cm beyond the cystourethral junction. The residual prostate was uniform, measuring 2.06 cm.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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 6.0 cm. The left kidney measured 8.17 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 1.73 cm x 0.43 cm at the cranial pole and 0.33 cm at the caudal pole. The right adrenal gland measured 0.8 cm at the cranial pole and 0.6 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. Caudal folding of the spleen was noted.

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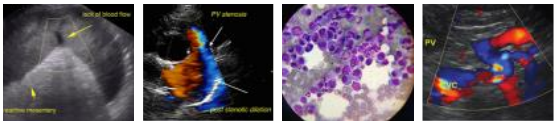

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

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Liver

The **liver** revealed moderate increased portal markings, consistent with nonspecific chronic inflammatory hepatopathy or history of inflammatory hepatopathy. The gallbladder revealed minor polyps, not pathological.

Gastrointestinal

The **gastrointestinal tract** presented considerable gastric artifact due to the presence of ingesta. This did not permit thorough evaluation of portions of the gastric and upper intestinal structure. No overt abnormality was seen in the visualized tissue, however. This is consistent with a post-prandial presentation within a few hours of mealtime. If the prandial temporal interval does not fit the case history, and the patient presents a history of post-prandial vomiting, this could indicate a delayed upper gastrointestinal outflow due to primary or secondary pyloric hypertrophy, upper GI infiltrative disease, motor deficits, or a non-visualized foreign body. A prudent approach would be to rescan this patient at 24 hour NPO status to further review the non-visible regions if stomach primarily as well as assess any delayed outflow issue.

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.

ULTRASONOGRAPHIC FINDINGS

- Full stomach, postprandial presentation
- Splenic fold
- Age-related renal changes
- Mild hepatic remodeling and minor gallbladder polyps

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Stable abdomen. No evidence of significant structural disease. The cause of anemia is unclear and not evident from visceral pathology. GI blood loss and bone marrow disease should be considered. Causes of low albumin may be protein losing nephropathy, however, if no significant proteinuria is present, protein losing enteropathy is possible yet no significant structural changes. No evidence of metastatic disease.

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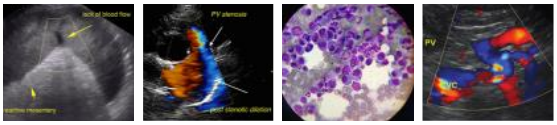

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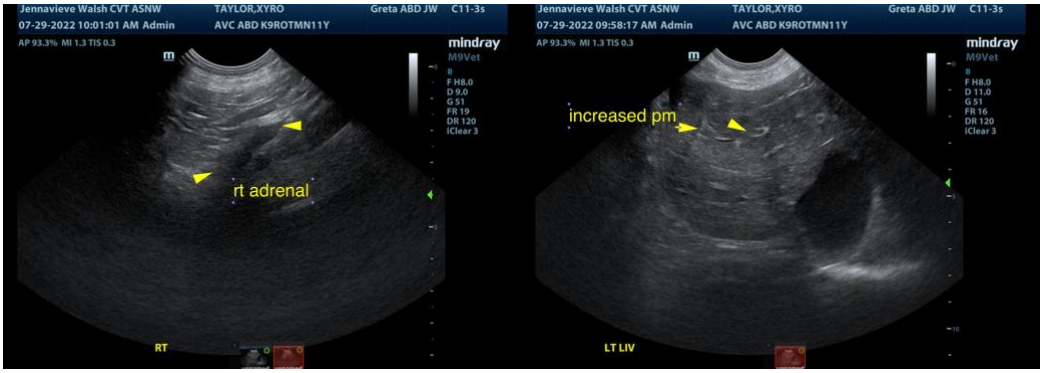

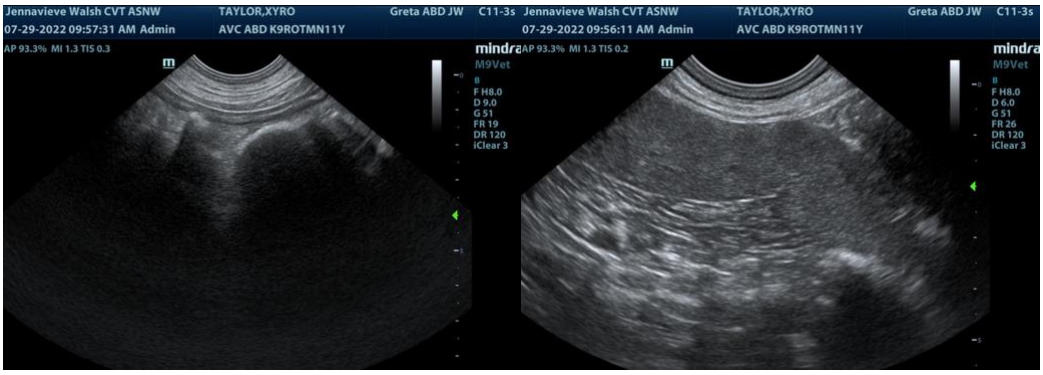

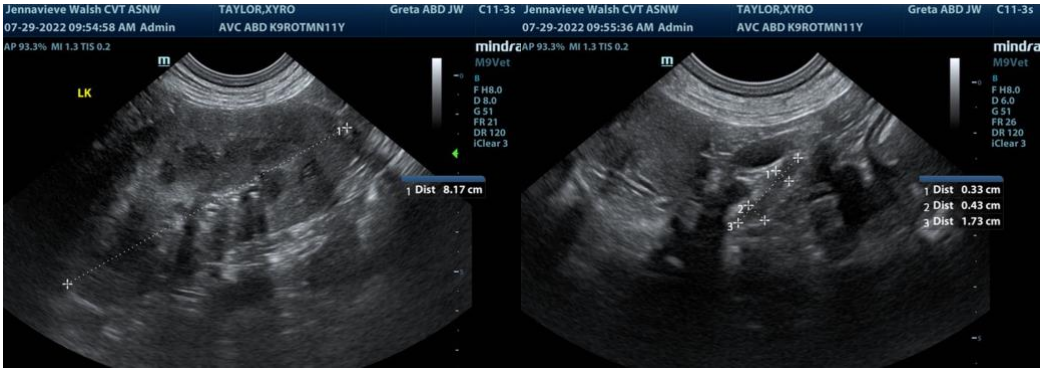

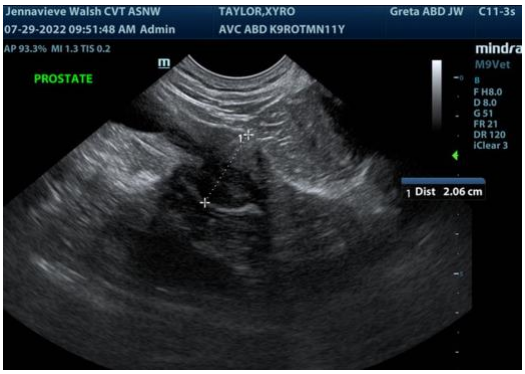

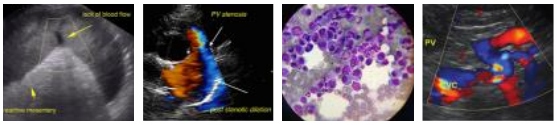

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com