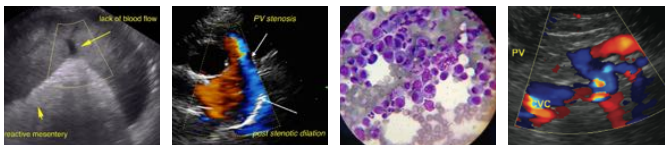

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1-800-838-4268 info@sonopath.com

PATIENT

Richard Morrissey

SPECIES

Canine

BREED

Rat Terrier

SEX

Neutered male

AGE

11 years

WEIGHT

13.2 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Lincoski

HOSPITAL NAME

University Drive VH

REFERRING VET

Dr. Lincoski

INVOICE

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7/3/23

PRESENTING CLINICAL SIGNS

History: Previous hx: Owner adopted dog at around 2 years from a puppy mill/hoarding situation. Dogs kenneled in their own pee/poop, underfed, and no exposure to the outside etc. This has made dog very stressed and unable to cope with a lot of "life". Dog has a hx of chronic GI issues. He seems to have 2 types of diarrhea. 1) Stress induced and occurs after stressful events (ie. vet visits, etc). Owner tries to avoid repeated vet visits etc (ie back to back type visits) as it causes so much stress to dog. 2) IBD type episodes that occur every 2-3 months. She has been to many vets for this. Has not officially worked him up yet. Usually metronidazole and probiotics get poops to start to become better, but it takes several weeks till they are normal again. Dog was on Hill's w/d and biome, which seemed to help, but he has refused to eat it. The only thing he will eat currently is purina one dry dog food + spoonful wet food. Dog has been lame on his left front with some knuckling/drag noted for the past few weeks. He has also been weak in his hind end. Hard to posture to defecate - get very shaky. Owner notes no improvement while on gabapentin and rimadyl for any of the limb issues. Hx of dental dx and extractions. Last dental done 4/5/23 with several extractions. He gets full meltdowns. Intense shaking, night tremors and screaming. His usual self is attached to mom, but she is limited to how much she can hold him etc. Sometimes he screams. She does at times see where dog comes out of his shell and seems very happy. This makes it all worth it. PE: Had owner pick him up, but suspect we could have. Dog shakes the entire exam. Basically frozen in fear and internally shuts down. Due to stress of dog, make exam quick and don't dally. Mouth - not many teeth left, due to dental cleaning recently, minimal tartar. HM - grade 4-5/6. Owner elects at dental recently, they worked heart up and sent info to a cardiologist. He was cleared for surgery. Could not find this info in medical record. Abdomen - soft/ non painful. Previous vet noted a generalized OA. Rectal - a/g easily expressed and mild PL: Discussed further workup of GI issues, lameness (front left and hind end). Owner elects to do all testing at the same time to avoid multiple vet visits and stress to do. Suggested we sedate and get all testing done - owner ok with this. Will get estimate together: Last weight was 13.9 5/19/23 1) Recheck CBC/chem/t4 and 4dx and pro BNP Done at AMH 3/23 (ALT 14) and Tbil (1.1). Fecal negative at this time too 2) Fasted GI panel 3) Abdominal u/s. 4) Xrays of left front leg (possibly due to both?). Throw on some extra views to do 3 view chest xrays as well due to heart. 5) Xrays of hind end (6 view lameness with spine, hips, stifle) + synergy. Discussed with owner that in the future we can try to send home remedies that may work, before bringing dog in for vet visits due to his high anxiety. At least with these diagnostics, hopefully we will get more information as to what is going on and how to best help him.
Abnormal PE/Chem/CBC/UA Results: Thoracic radiographs from today revealed cardiomegaly, suspicious for endocarditis or endocardiosis per radiology review. No bony abnormalities noted. All else is pending.

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 was noted. Ureteral papillae were normal.

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 and no evidence of pelvic dilation was present. The right kidney measured 5.16 cm. The left kidney measured 5.2 cm.

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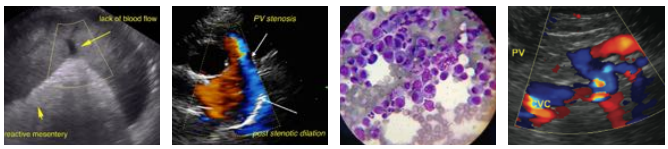

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Adrenal Glands

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 2.0 x 0.47 cm. The right adrenal gland measured 1.42 x 0.62 cm.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. Sublte micronodular changes were noted in the spleen. The spleen was folded upon itself cranially. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Mild, hypoechoic nodular change was noted in the left liver and measured 1.2 cm. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.

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 **pancreas** revealed mixed, hypoechoic and microcystic mass at the base of the pancreas and measured 3.1 cm. This may be non-neoplastic such as adenoma or granuloma. Carcinoma is possible.

ULTRASONOGRAPHIC FINDINGS

Geriatric abdomen with pancreatic mass, possibly benign or low-grade.

Undefined, heterogenous splenic and nodular changes.

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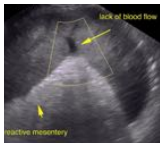
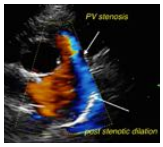
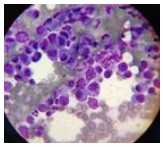
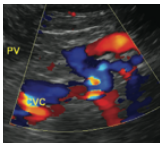

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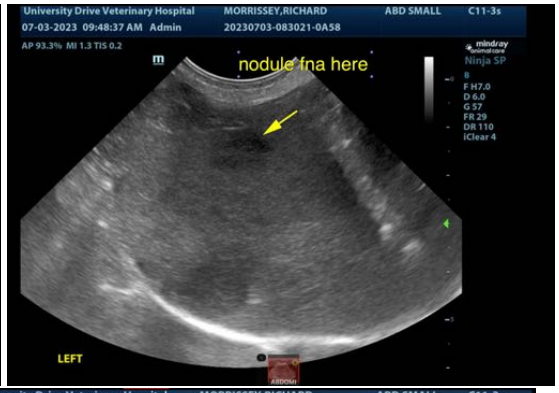
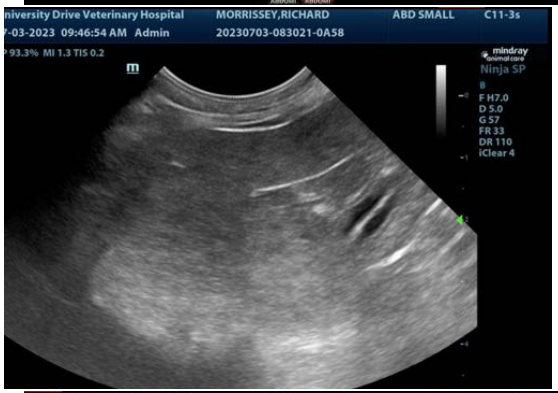
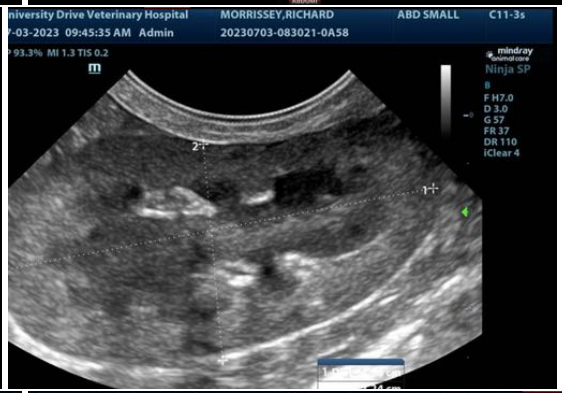
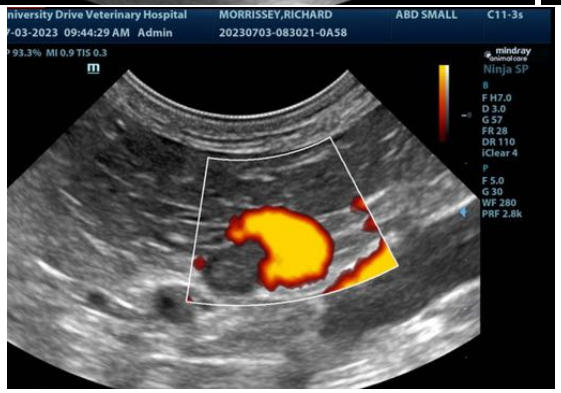
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

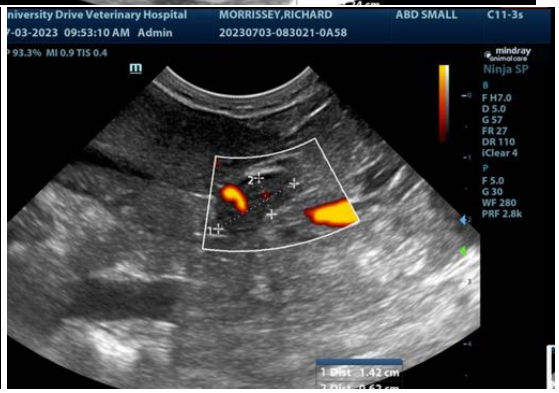
FNA of pancreatic lesion, spleen and liver is recommended for further definition. This may all be benign; however, sampling is essential.











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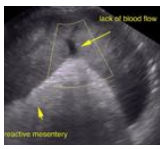
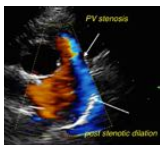
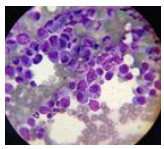
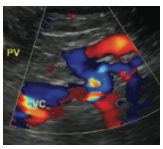

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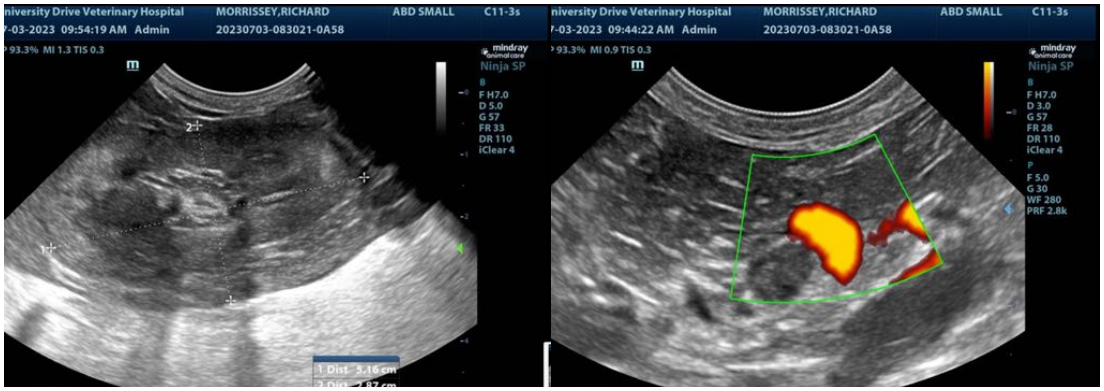

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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