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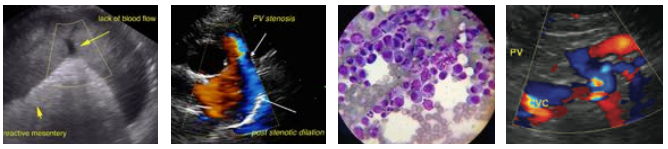

PATIENT

Zizek Maggiulli

SPECIES

Canine

BREED

Kelpie

SEX

Neutered male

AGE

9 years

WEIGHT

61.6 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Harmon

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Maggiulli

INVOICE

31501

DATE

7/7/22

PRESENTING CLINICAL SIGNS

History: O reports steroids aren't helping as much anymore, very lethargic. Lethargy has increased in the last week, has been having more trouble getting up in the last 3-4 days. Incontinent. No vomiting or diarrhea. Dewormed a few weeks ago. Also got many vaccines at one time on the 27th of June, Rabies and DHPP, is a known complicated epileptic on polypharmacy (no seizures since 2/22), hx of multiple FB surgeries, 11/21 p had anaerobic infection along ventral body wall and had infection within abdomen and thorax requiring diaphragmatic resection, noted blood clot at bifurcation of caudal aorta at that time on CT, Cervical IVDD with instability in 4/22 and being managed on prednisone. Recent increase in weakness and instability and bradycardia is significant and new. ECG submitted, suspect sick sinus syndrome and atropine response test performed. repeat ecg shows partial response. Meds: Prednisone 10mg in the am, 5pm in the pm. Phenobard 64.8 BID, Potassium Bromide 3mL BID, Keppra 700mg Abnormal PE/Chem/CBC/UA Results: CBC- HCT 38.5%, RBC 5.34, LYM 0.93, EOS 0.02, CHEM 17/LYTES- NA 164, CL 134, ALT 875, ALP 667, GGT 37, ECG- HEART RATE AND RHYTHM: Heart Rate: 62 Heart Rhythm: Sinus bradycardia with periods of sinus arrest PT/PTT is WNL

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 normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 5.0 cm. The right kidney measured 6.0 cm.

Adrenal Glands

The left **adrenal gland** was uniform and mildly enlarged measuring 1.0 cm. The right adrenal gland was not visualized.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself. This is a positional variant and is not pathological. There was no evidence of significant disease.

Liver

A focal nodule was noted in the caudal aspect of the left lateral liver. Other heterogenous changes were noted in the liver. The gallbladder and common bile duct were unremarkable.

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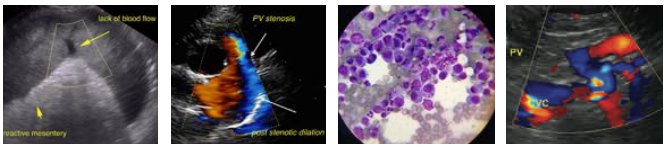

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Gastrointestinal

A minor amount of non-shadowing, non-obstructive ingesta was noted in the **stomach**. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

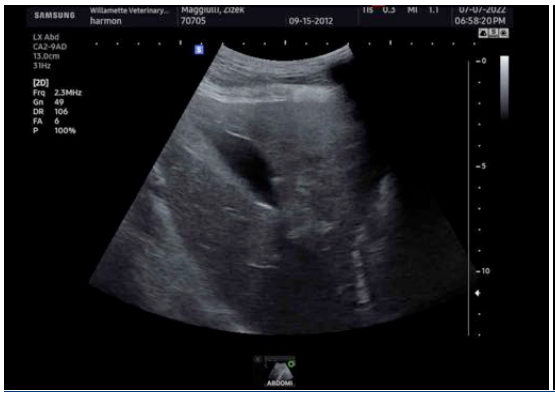
ULTRASONOGRAPHIC FINDINGS

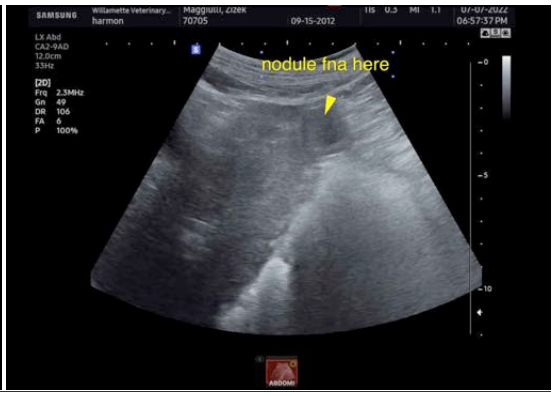
Focal, left lateral liver nodule with mild hepatic remodeling.

Full stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the hepatic nodule is indicated. I recommend FNA of the liver. Given the ALT elevations Leptospirosis titers are indicated. The Prednisone therapy may be suppressing a more significant presentation. Otherwise, there was no obvious evidence of visceral disease that would be responsible for the lethargy. However, given the ALT values acute on chronic inflammatory hepatopathy may be contributing. Bile acid profile is indicated to support the potential that hepatic insult may be contributing to the lethargy along with FNA of the nodule.





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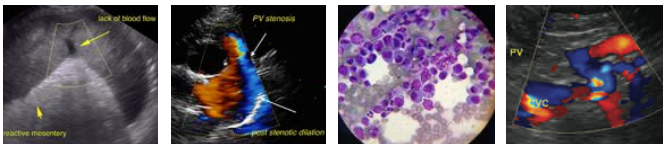

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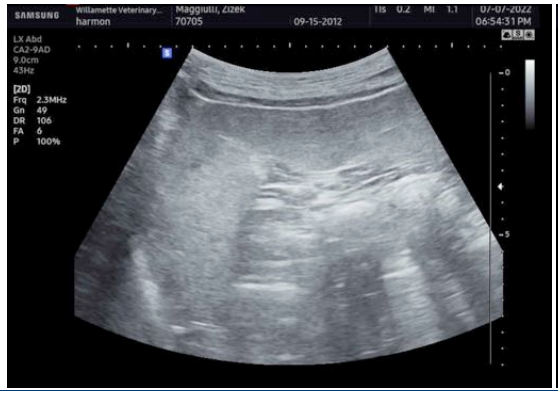

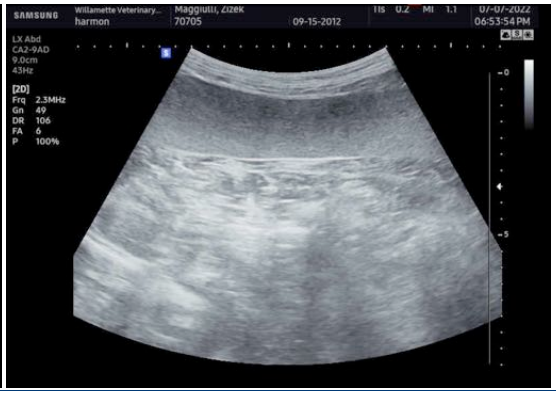

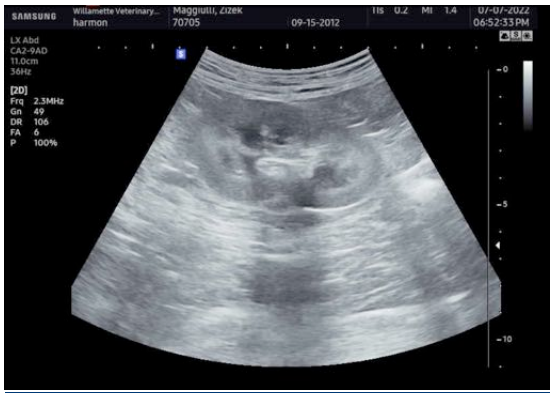

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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