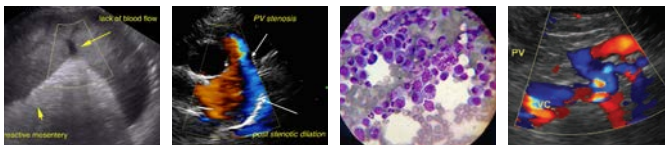
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Tessa Fogleman

SPECIES
Canine

BREED
Plott Hound X

SEX
Spayed Female

AGE
11 Years

WEIGHT
33.6 kg

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Erin Wicks

HOSPITAL NAME
Shores VEC

REFERRING VET
Dr. Lupole

INVOICE
40274

DATE
8/10/22

PRESENTING CLINICAL SIGNS

Presented seen at our hospital for labored breathing, raspy noise, gurgling sound when laying down, O thinks humidity is a factor to breathing- did have P outside all day yesterday, rDVM noticed the heavy breathing, did x-rays that showed occupied space in lungs, got a bronchodilator and didn't improve, then went back and got prednisone- was on about day 6 when P vomited so O stopped with pred, 2 weeks ago started coughing so went back to rDVM and got Lasix Previous Health Concerns: arthritis- spine fusing Current Medications: Lasix- 7pm, gabapentin and Novox PRN
Abnormal PE/Chem/CBC/UA Results: Cardiovascular: no murmur or arrythmia Respiratory: crackles bilaterally Abdominal: possible mass or enlarged organ in mid-cranial ventral abdomen Cbc:nr Chem: increase bun (48) creat (2.1) Epoc: increased bun, creat, lactate Rads; moderate cardiomegaly, diffuse patchy insterstitial pattern; mild perihilar edema ; possible rounded mass in mid cranial abdomen displacing stomach rostrally

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 **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. Pyelectasia, cortical remodeling and mineralization noted in the left kidney. The left kidney measured 5.46 cm. The right kidney measured 5.83 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The **spleen** was enlarged. A hypoechoic 1.5 cm nodule was noted. Hyperechoic lipogranulomatous nodules also present.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. 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 presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. 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.

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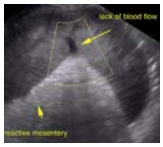
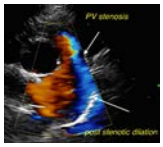
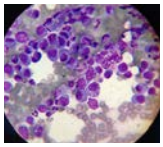
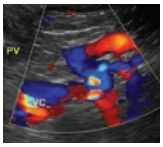

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Pancreas

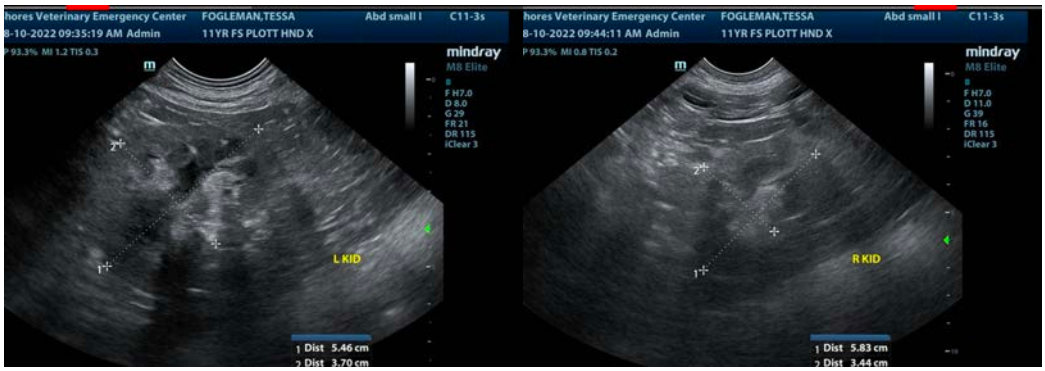
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

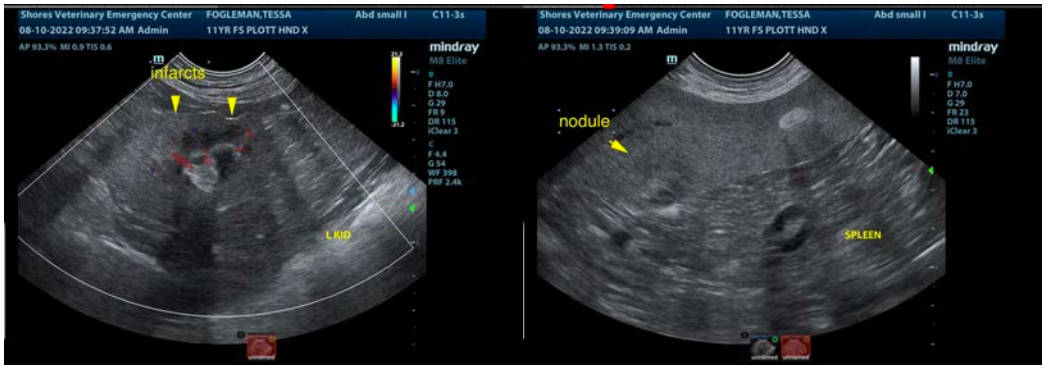
ULTRASONOGRAPHIC FINDINGS

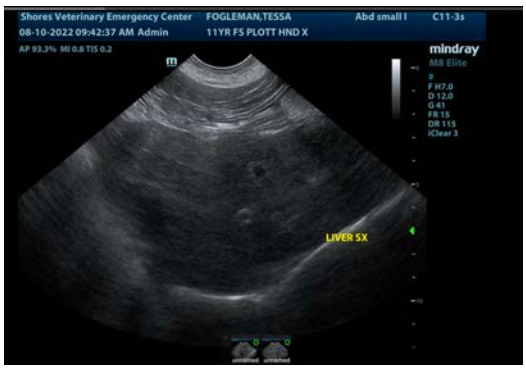
- Renal dystrophy/moderate degenerative changes with infarcts
- Splenic nodules, undefined – round cell neoplasia, hemangiosarcoma, hyperplasia all possible.
- Age related hepatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Focus on primary respiratory or cardiac disease, given the patient history.







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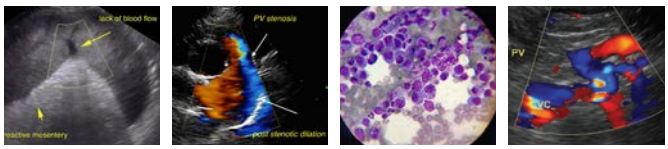

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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