

PATIENT PRESENTING CLINICAL SIGNS

Hank Wagner

History: Presented at our hospital for seen at reg vet today for just not acting right. Was diagnosed with severe hyperkalemia, heart murmure and increased liver values, gall bladder mucocoele; sent to Shores for treatment for hyperkalemia and work up for possible addison's disease.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Cardiovascular: 5/6 murmur Respiratory: sl increase effort; sl harsh lung sounds Abdominal: large liver; gassy bowel Epoc: are normal K+ 4.2 na 154 (sl increased) Cortisol 3.7 (n 1 – 6)

BREED

Brittany Spaniel

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Intact male

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction. 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.

AGE

13 years

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 7.08 cm. The right kidney measured 7.08 cm.

WEIGHT

16 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

The left **adrenal gland** was significantly enlarged and measured 3.98 x 1.66 cm at the cranial pole and 1.29 cm at the caudal pole. The right adrenal gland was swollen, yet technically within normal limits measuring 3.0 cm in length, 0.7 cm at the caudal pole and 0.53 cm at the cranial pole.

IMAGING PERFORMED BY

Erin Wicks

Spleen

HOSPITAL NAME

Shores VEC

The **spleen** revealed an expansive nodule at the caudal pole measuring 1.8 cm. A heterogenous nodule was noted at the caudal pole. The remainder of the spleen appeared unremarkable.

REFERRING VET

Dr. Lupole

Liver

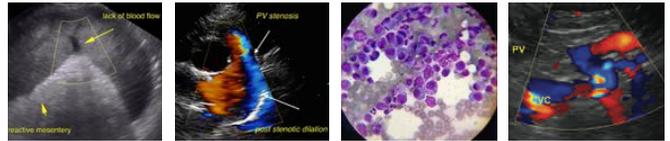
The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Mildly increased portal markings were noted in the liver with minor, swollen contour. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder was over distended with striating bile and minor enhanced surrounding mesentery. This is consistent with mucocele formation.

INVOICE

91119

DATE

8/10/21



PATIENT

Gastrointestinal

Hank Wagner

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.

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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.

SEX

Intact male

ULTRASONOGRAPHIC FINDINGS

Bilateral adrenal hypertrophy more pronounced on the left.

AGE

13 years

Gallbladder mucocele and expansive splenic nodule/emerging mass.

WEIGHT

16 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the patient appears Cushingoid eventual work-up for Cushing's would be warranted. I recommend cholecystectomy and splenectomy in this patient after three view chest radiographs and rapid echocardiogram. The gallbladder is likely the cause of the clinical signs in this patient. The splenic nodule is also concerning for potential emerging neoplastic event, yet this is likely an incidental finding. Differentials for the splenic nodule include hemangiosarcoma, nodular hyperplasia and round cell hyperplasia.

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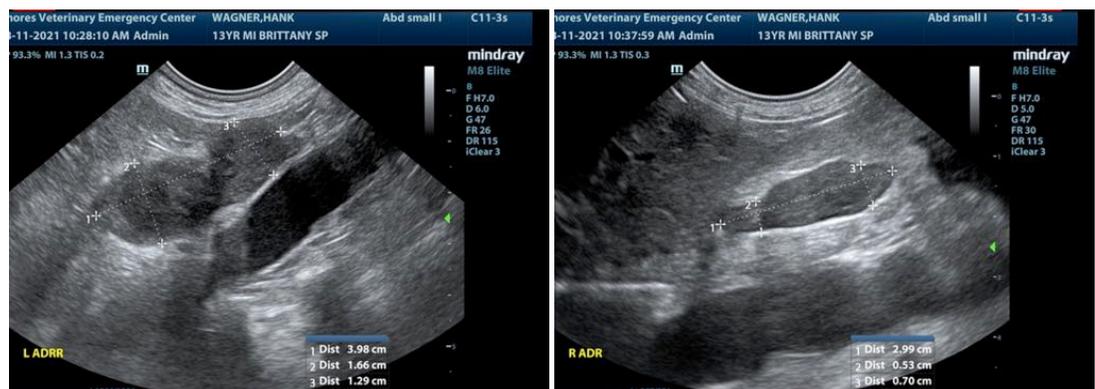
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HOSPITAL NAME

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REFERRING VET

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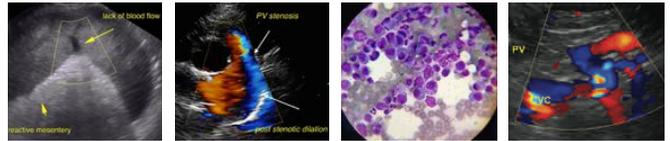


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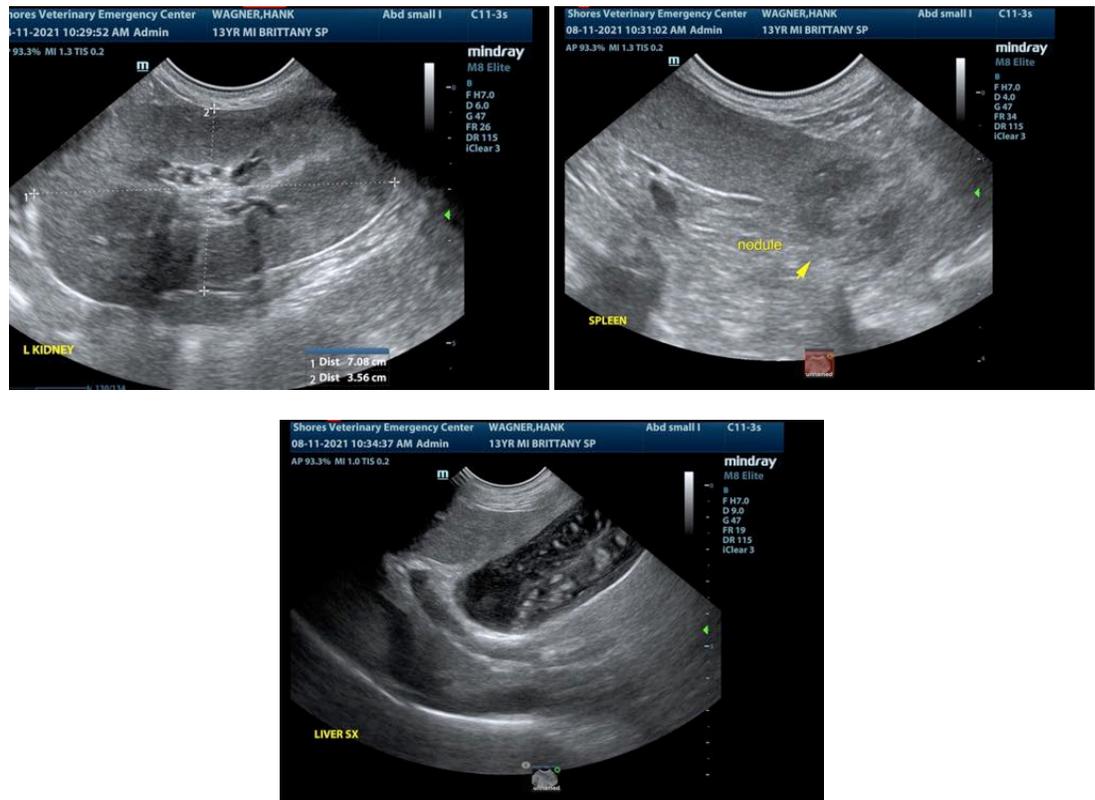
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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