



DATE PRESENTING CLINICAL SIGNS

8/13/21 History: 08-13-2021 Notes: PC: drooling, retching, pacing, vomiting foam Treats- Greenies, She Had Some Steak Tonight ATO- Started around dinner time. elderly, doesn't eat as well as she used to feeding chicken / rice/ pumpkin and dry dog food- pickier eater. Tonight, didn't eat. Around 10pm started pacing, panting and drooling excessively vomiting mucus/ bubbly material- water --> O feels it was vomit and not coughing. seemed normal pain wise and some trouble standing No hx of heart disease or arrhythmia No hx of this in the past- has had episodes of getting sick, unsure if related to heat. O worried about the pacing No weight loss just today drinking more after dinnertime. **Assessment:** 12 yr. FS Great Dane: Problems: Febrile 106 F on presentation Drooling/ retching/ vomiting, DDX: neoplasia vs CKD vs pancreatitis vs liver dz vs gastroenteritis vs other. **Recommend to Owner** Hospitalization, IV catheter, fluid therapy, and further treatment as needed Recheck temp X rays, full bloodwork , 4dx, AUS tomorrow +- oxygen .

BREED

Great Dane Current Medications: Wil be placed on Unasyn, Gabapentin, Ondansetron, and Protonix. Lab Results: Not provided by the veterinarian.

SEX

Spayed Female Radiographs: X ray abdomen: Hazy/ decreased serosal detail, decreased lucency of bone, spondylosis, no evidence of GDV, abnormal gas pattern, Scant FF in abdomen. X ray thorax: NSF- heart and lungs NSF lungs clear Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

AGE

12/21/09 Sedation: not needed Stat Report: not

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

WEIGHT

91.8 Pounds

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.

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

The **right kidney** presented moderate hydronephrosis and generalized enlargement, measuring 10.4 cm in width. Hydronephrosis of 3.4 cm x 5.0 cm noted. The right ureter was obstructed by a 3.2 cm wide x 6+ cm long mass. Regional free fluid and inflammation noted. The right ureter was dilated prior to the mass up to 1.85 cm.

HOSPITAL NAME

Animal Eergency Hospital

The **left kidney** was structurally unremarkable at 8.0 cm.

Adrenal Glands

REFERRING VET

Dr. Kalwa

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 right adrenal gland measured 3.98 cm x 1.22 cm at the caudal pole and 0.91 cm at the cranial pole. The left adrenal gland measured 3.43 cm x 1.03 cm at the caudal pole and 0.91 cm at the cranial pole.

INVOICE

24684

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.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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

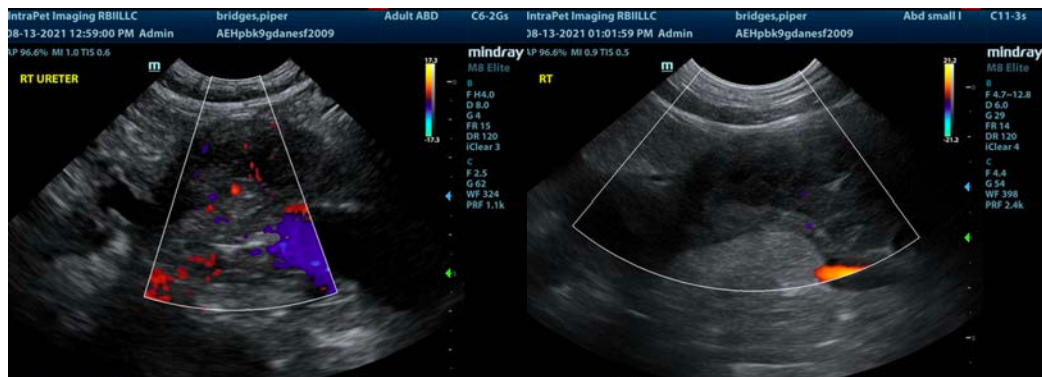
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

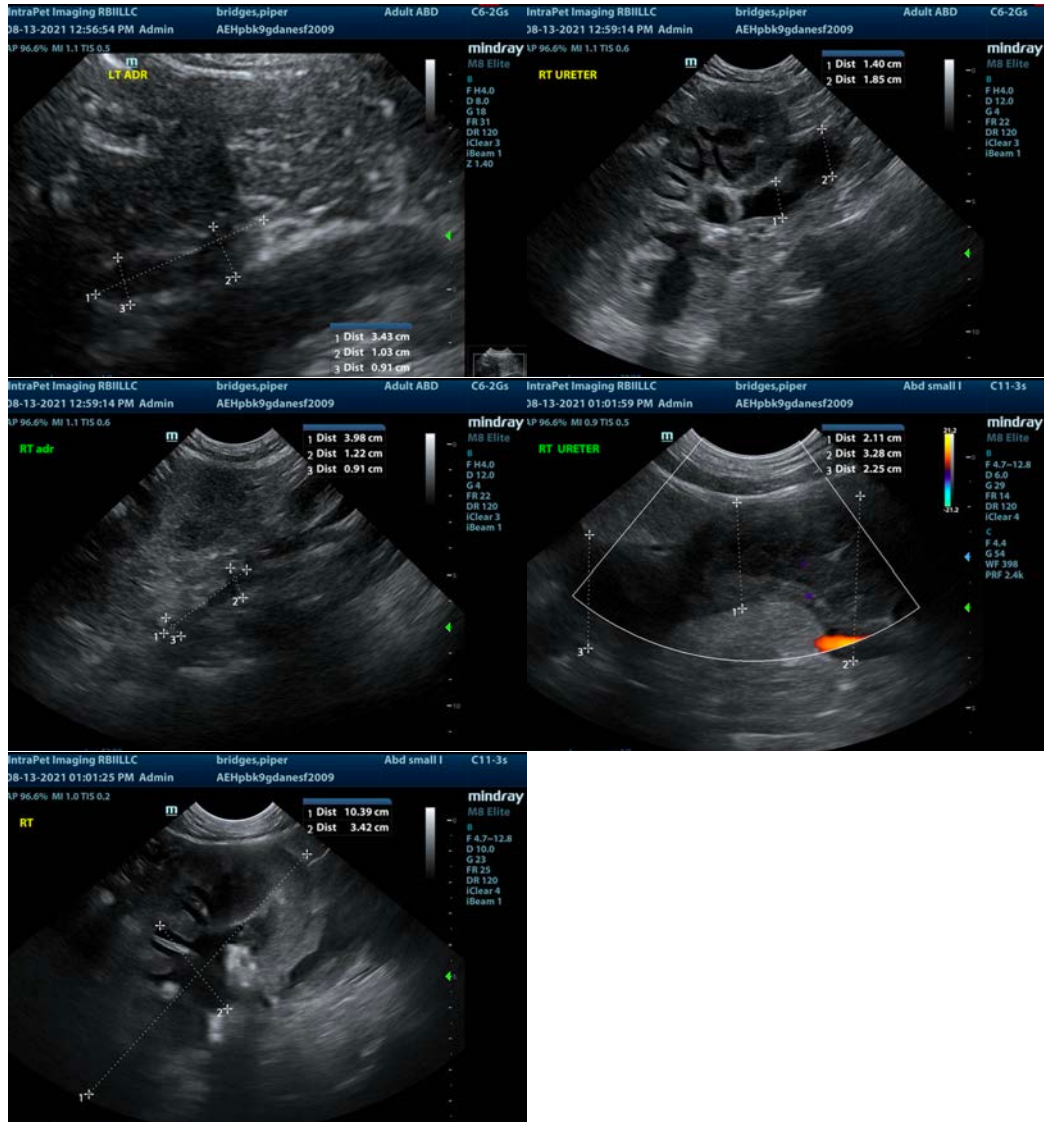
ULTRASONOGRAPHIC FINDINGS

- Right ureteral mass – suspect carcinoma

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Right nephrectomy/ureterectomy may be appropriate in this patient. However, metastatic spread can be an issue in these cases. CT evaluation of the chest and abdomen would be ideal prior to surgical planning. Suspect carcinoma. Ultrasound guided FNA of the mass could be considered. However, there is a significant potential for tumor trailing.





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