

**DATE**

8/19/22

PRESENTING CLINICAL SIGNS

History: Lethargy with few episodes of vomiting and diarrhea since 8/13/2022. O ran out of regular food and fed chicken and venison. O= P is QAR, MM pink but tacky. Normal skin turgor. Heart and lung sounds are WNL. Abdominal palpation is unremarkable, no mass or foreign body noted. P is not painful on abdominal palpation. Femoral pulses are normal and strong, lymph nodes are normal size P was fractious for rectal exam, small amount of gelatinous, bloody stool was present on glove after exam. Radiographs of abdomen showed no evidence of cystic calculi, no evidence of ileus, no visible foreign body. A=gastroenteritis likely from human food.

PATIENT

Boh Torrence

SPECIES

Canine

BREED

German Shepherd

SEX

Neutered Male

AGE

7/9/18

WEIGHT

85.5 Pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**

Festival VC

REFERRING VET

Dr. Prange

INVOICE

16927

Current Medications: Cerenia injectable, Metronidazole 500mg 2 PO BID, Provable

Lab Results: CBC= leukocytosis, Chem Panel= slight hyperglobulinemia. WBCs 29.49, increased neutrophils, monos

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Dexdomitor/Torbugesic.

Stat Report: Not requested.

Imaging Performed By: Stephanie Warga RDCS, RVT.

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 **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. Occasional cortical cysts were noted, not pathological. The right kidney measured 8.12 cm. The left kidney measured 6.9 cm.

Adrenal Glands

The **adrenal glands** were flattened and isoechoic. The right adrenal gland measured 3.4 cm x 0.37 cm at the caudal pole and 0.29 cm at the cranial pole.

Spleen

The **spleen** revealed subtle heterogeneous parenchymal changes. Splenic fold was 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.

Free Abdomen

A mesenteric **lymph node** was enlarged, hypoechoic and irregular, measuring up to 2.0 cm.

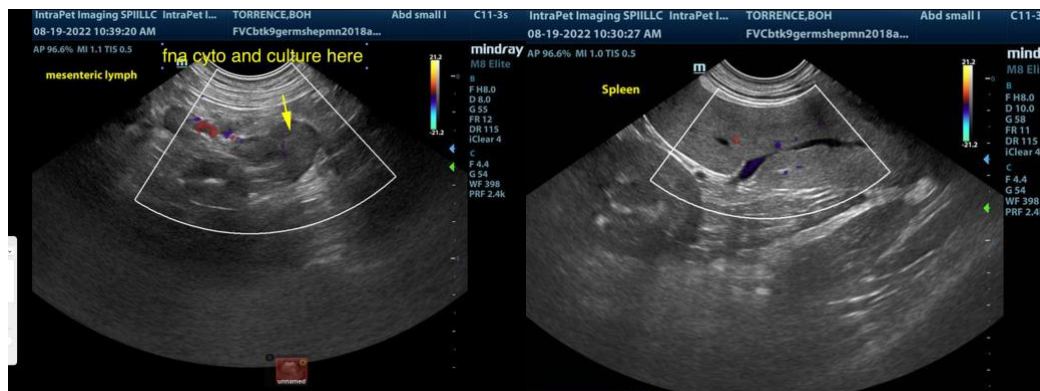
The sublumbar **lymph nodes** (up to 2.15 cm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

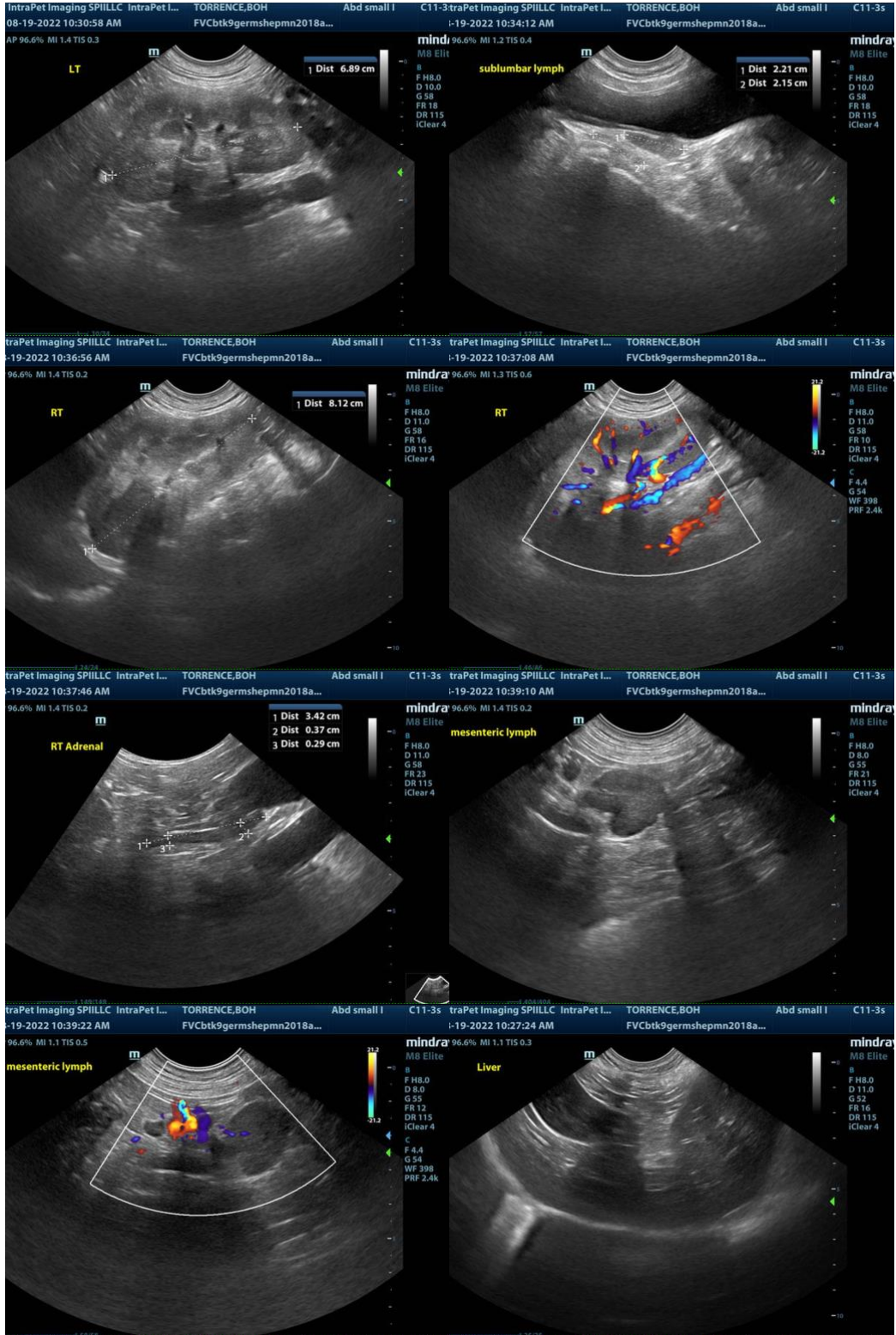
ULTRASONOGRAPHIC FINDINGS

- Multifocal lymphadenopathy, likely reactive
- Flattened adrenal glands
- Heterogenous spleen with splenic fold
- Age-related renal changes with occasional cortical cysts

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the largest lymph nodes, cytology and culture are indicated. Screening for underlying occult Addisons that may be contributing to or causing the clinical signs. FNA of the spleen and accessible lymph nodes is indicated. Other than the lymphadenopathy, the cause of the elevated white count is unclear. Antiparasitic protocol and tick-borne disease panel, may be appropriate. Otherwise, occult GI parasitism, dietary intolerance and helicobacter are all potentials as a cause of the clinical signs. No evidence of foreign bodies or obvious neoplasia, yet emerging round cell neoplasia cannot be completely ruled out, given the lymphoproliferative pattern.





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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