

**DATE PRESENTING CLINICAL SIGNS**

8/2/22

History: Has a 10 days history of vomiting and inappetence. Physical exam is unremarkable. No obvious issues found on abdominal radiographs.

PATIENT

Knox Burdick

Current Medications: None listed.

Lab Results: Unremarkable.

Date of Previous IntraPet Ultrasound: No previous.

SPECIES

Canine

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

BREED

Weimeraner

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Neutered Male

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.

AGE

6/7/16

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 8.54 cm. The right kidney measured 8.54 cm.

WEIGHT

89.3 Pounds

Adrenal Glands

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 3.57 cm x 1.39 cm at the cranial pole and 0.88 cm at the caudal pole. The left adrenal gland measured 3.47 cm x 0.81 cm at the caudal pole and 0.84 cm at the cranial pole.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUS**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.

HOSPITAL NAME

Maddona VC

REFERRING VET

Dr. Brockett

Liver

The **liver** revealed coarse architecture and increased portal markings. The gallbladder was echogenic and thickened. The gallbladder wall was edematous. The hepatic lymph nodes were enlarged, rounded and hypoechoic.

INVOICE

16689

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 **pancreas** was enlarged, hypoechoic and irregular, measuring 7.5 cm x 5.0 cm.

Free Abdomen

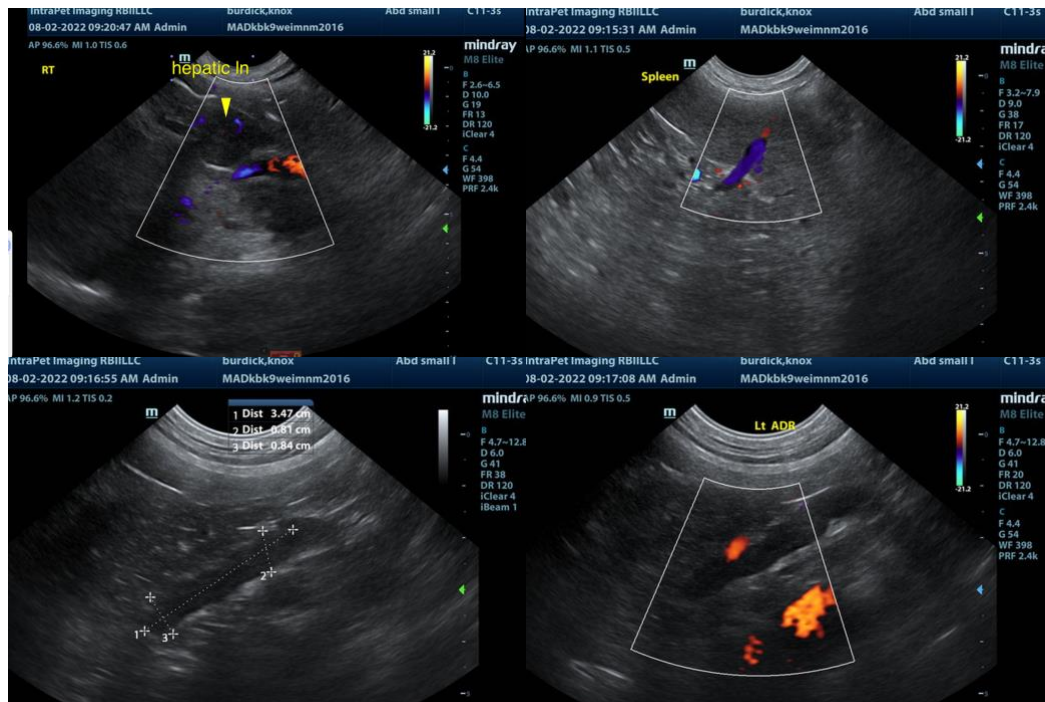
Slight **free fluid** was noted in the abdomen.

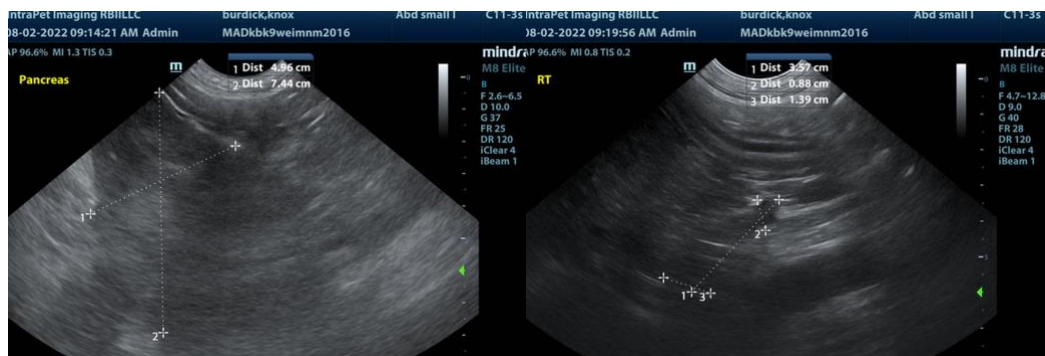
ULTRASONOGRAPHIC FINDINGS

- Chronic inflammatory hepatopathy with significant remodeling- Fibrosis, cholangiohepatitis pattern with hepatic lymphadenopathy and echogenic and thickened gallbladder with edematous wall
- Enlarged, irregular pancreas- pancreatic necrosis and pancreatitis likely
- Free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the pancreas, liver and lymph nodes (if accessible) are all indicated. Potential for conversion to hepatic lymphoma. Free fluid is likely owing to portal hypertension; however, hemorrhage or inflammatory based fluid cannot be completely ruled out. Prognosis is guarded.





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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