

PATIENT

Abby Dinsley

SPECIES

Canine

BREED

Mix

SEX

Neutered Male

AGE

14

WEIGHT

16.7 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Kari Lemanski

HOSPITAL NAME

Animal Emergency
Hospital Deland

REFERRING VET

Dr. Kari Lemanski

INVOICE

44924

DATE

8/24/23

PRESENTING CLINICAL SIGNS

Abby is a 14 YO MC Mix who was presented for vomiting blood and lethargy. P vomited 5 times last night and one time it was bloody. P is eating normally but has had increased thirst/drinking for the last 3 days

Abnormal PE/Chem/CBC/UA Results: PE Abdomen: Tense upon palpation of abdomen, non-diagnostic palpation Pleural Effusion; Open R/O neoplasia Possible Pneumonia Pancreatitis Azotemia Hepatopathy Radiology Report Conclusion Pleural effusion. The mediastinal widening may be associated with the presence of pleural effusion. An enlarged lymph node or mass cannot be excluded. The pulmonary changes are accentuated by underinflation. Pulmonary infiltrate associated with lower airway disease such as pneumonia is possible. A neoplastic process cannot be excluded. The gastric contents are unexpected given the history of vomiting. This may be associated with intraluminal foreign material, indicate an outflow abnormality, or be associated with recent ingestion of food. This finding should be correlated with when the patient last ate and when the last episode of vomiting occurred. Hepatomegaly. Consider liver disease, an endocrinopathy, as well as a regenerative or neoplastic process. This finding should be assessed in light of current blood work. The loss of detail may be associated with effusion as well as inflammation. Organomegaly also likely contributes. The presence of an enlarged lymph node or an abdominal mass cannot be excluded. Mild to moderate degenerative changes spine. For definitive cause for this patient's clinical signs is not determined. The pending lab work may help to guide further workup or treatment.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal. A dorsal polyp was noted measuring 5.0 mm.

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 his age patient. Medullary structure differed distinctly from that of the cortex. The left kidney measured 5.8 cm with slight pyelectasia noted.

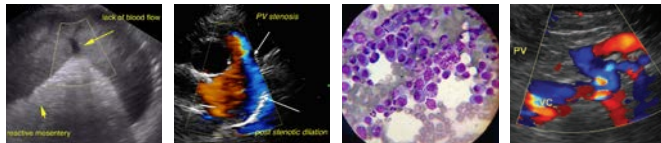
Adrenal Glands

A **left adrenal gland** mass was noted measuring 2.8 cm in width.

The **right adrenal gland** was not visualized.

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



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congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

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Liver

The **liver** was swollen and mildly irregular with increased portal markings. Free fluid noted between the liver lobes. A mixed echogenic mass was noted in what appears to be the cranial liver, measuring approximately 3.0 cm. The gallbladder was thickened and echogenic with mild excessive debris.

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Gastrointestinal

The **stomach** itself was unremarkable. Areas of spastic upper duodenum noted with slight increased submucosal echogenicity and thickening. The lumen was empty. Epigastric lymph nodes were slightly enlarged.

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Pancreas

The right limb of the **pancreas** was heterogeneous, hypoechoic and irregular. Some level of pancreatitis likely.

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ULTRASONOGRAPHIC FINDINGS

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- Left adrenal gland mass
- Swollen, irregular liver with mass visualized in one view – Mass differentials include abscessation, carcinoma. Further imaging and sampling recommended.
- Free fluid – likely owing to paraneoplastic effusion.
- Spastic duodenum and enlarged epigastric lymph nodes
- Possible right limb pancreatitis
- Age related urinary bladder changes
- Age related renal changes with left kidney pyelectasia

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Note that depth was inadequate to visualize the dorsal structures in the abdomen. The hepatic lesion and adrenal glands merit further imaging.

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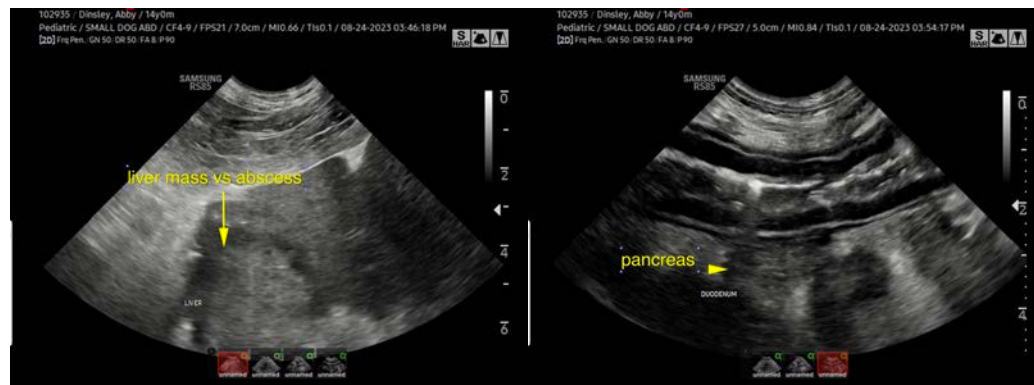
Dr. Kari Lemanski

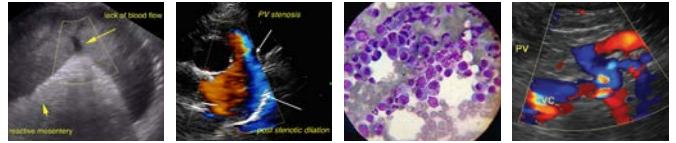
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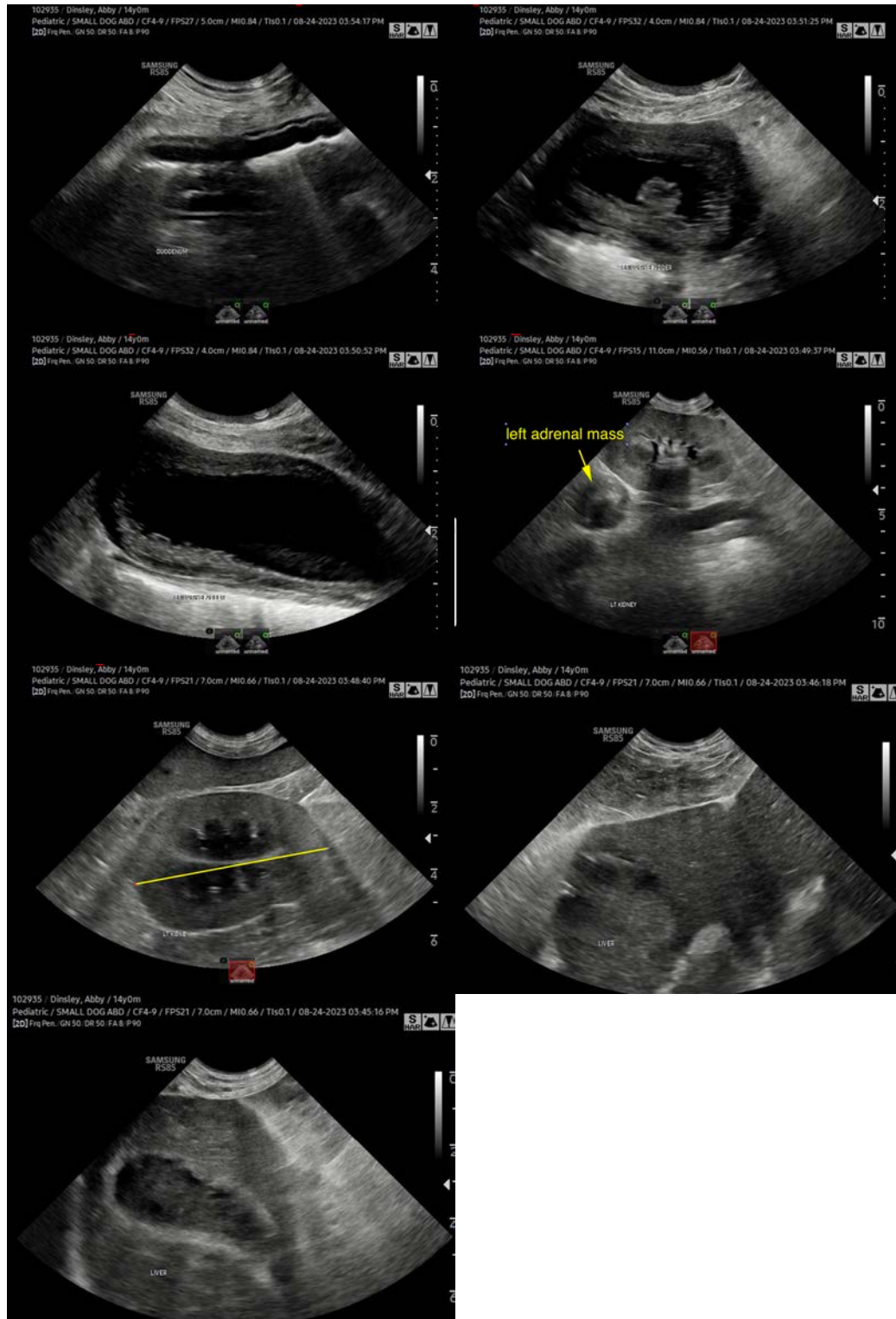
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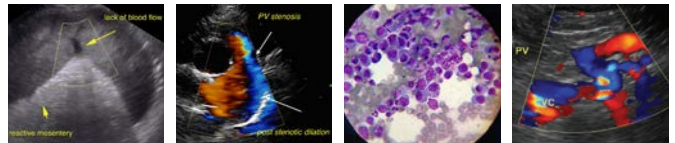
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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