

**PATIENT PRESENTING CLINICAL SIGNS**

Frankie Dilello

**SPECIES**

Canine

**BREED**

Terrier Cross

**SEX**

Neutered male

**AGE**

9 years

**WEIGHT**

9.5 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Erin Wicks

**HOSPITAL NAME**

Shores VEC

**REFERRING VET**

Dr. Miller

**INVOICE**

91054

**DATE**

8/9/21

History: Presented at our hospital for lethargy, restless, weakness. Reluctance to stand or walk. Nasal discharge. Was on couch groan/moan, owner describes collapse, syncope? when put on floor. Owner concerned abdomen is more distended than what they usually note. Seen yesterday for increased respiratory effort for 4 days. Previous Health Concerns: obesity, allergies (rice, corn, trees, grass, etc), pulmonary fibrosis, small trachea, mild heart and liver enlargement, hypothyroid vs. cushings  
Current Medications: apoquel, cerenia injection 8/7, Polyflex injection 8/7, doxycycline 100 mg ½ tab every 12 hrs (had this am), cerenia tab 16 mg Q 24 hr (due tonight)  
Radiographs – increased interstitial to alveolar pattern in the lung fields

CBC – WBC (31.5) NEU 29.27 LYM (0.69) CHEM – BUN (39.7) Ca (7) Glob (4.6) gluc (148) choles (388) ALT (429) ALP (189) GGT (<10) t bili (<0.1) lipase (326) EPOC – K (5.2) BUN (30) gluc (138) 4DX – all negative

**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 was noted. Ureteral papillae were normal.

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. The right kidney revealed slight pyelectasia. The right kidney measured 5.38 cm. The left kidney measured 4.49 cm.

**Adrenal Glands**

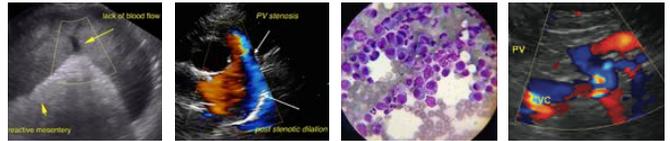
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.5 cm. The right adrenal gland measured 0.6 cm.

**Spleen**

The **spleen** revealed a focal, hypoechoic nodule that measured 0.96 x 0.55 cm.

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of



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congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable. The transdiaphragmatic view revealed a comet tail lung pattern. This is indicative of alveolar disease.

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**Gastrointestinal**

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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.

**SEX**

Neutered male

**Pancreas**

**AGE**

9 years

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.

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**ULTRASONOGRAPHIC FINDINGS**

Focal splenic nodule.

Age related renal changes with pyelectasia.

Comet tail lung pattern.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

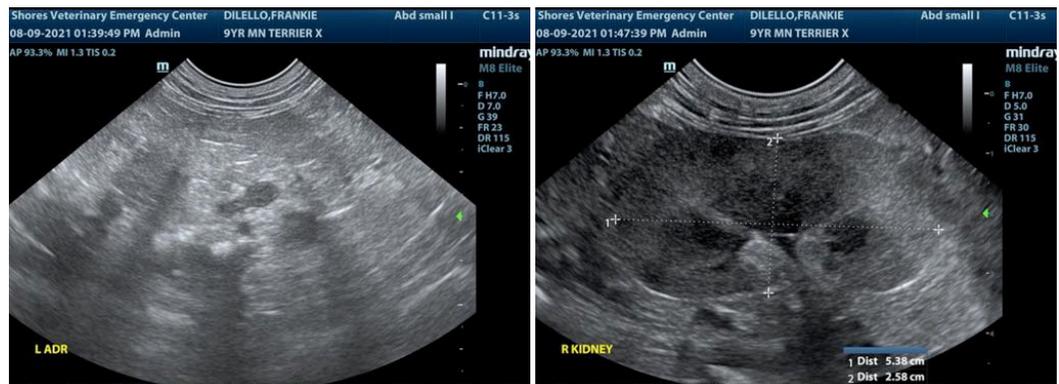
FNA of the splenic nodule is warranted along with three view chest radiographs. Assessment for urinary tract infection is warranted. Treatment should be based on pulmonary presentation as the abdomen appears largely unremarkable aside from the splenic nodule and pyelectasia.

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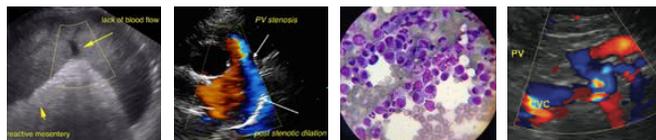
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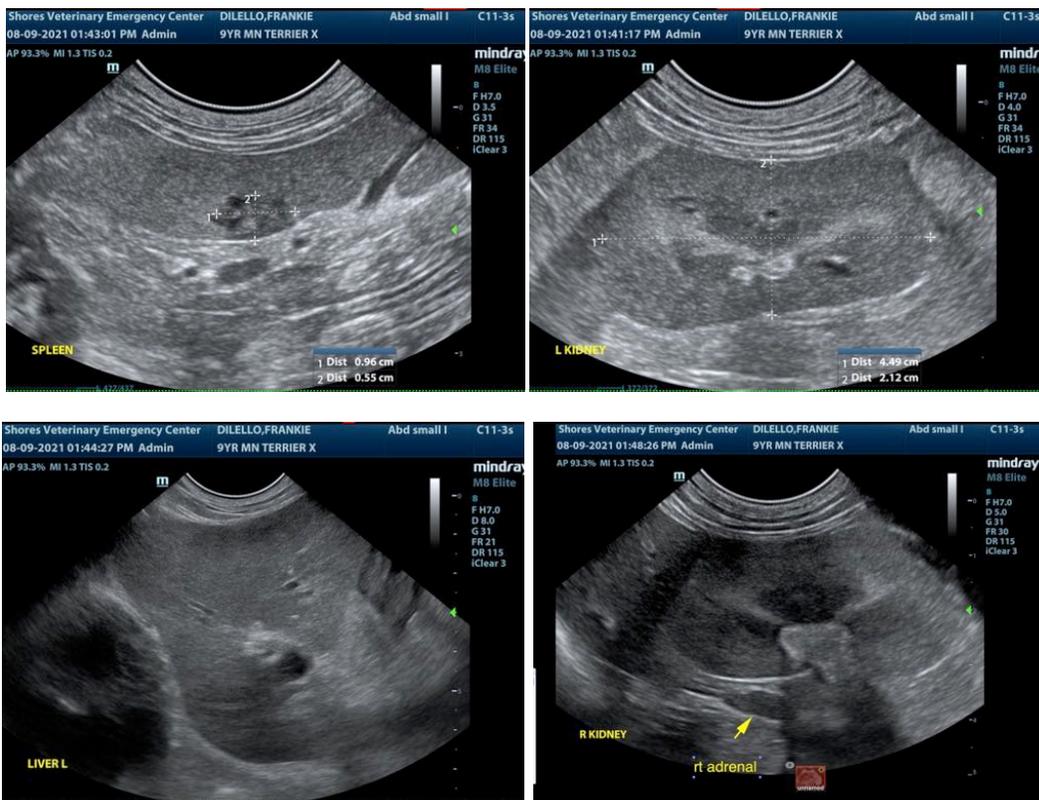
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
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