

**DATE**

9/23/22

PRESENTING CLINICAL SIGNS**PATIENT**

History: Referred for continued care. Has been seen at rDVM multiple times since early August for swollen, itchy, nose and clear nasal discharge. Treated with antibiotics and Prednisone. No improvement. Has not been biopsied. Was on 10 mg Pred/day for 4 days then today was starting EOD dosing. For past 3-4 days has vomited and barely eating. Usually vomits up what he eats. (only eats small pieces of food/treats.)

Tebow Hall

SPECIES

Canine

BREED

Collie

SEX

Neutered Male

AGE

9/22/10

WEIGHT

41 Pounds

Current Medications: None listed.

Lab Results: Creatinine-2.3, BUN-69, ALT-280, ALP-513, Amylase- >2000, Lipase- 5823 WBC-24.9K, neuts 22K, USG-1.030

Radiographs: Enlarged liver.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

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 moderate degenerative changes with interstitial nephrosis pattern. A 1.4 cm anechoic cyst was noted at the cranial pole of the right kidney. The right kidney measured 4.9 cm. The left kidney measured 5.71 cm.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**Adrenal Glands**

Both **adrenal glands** were mildly swollen. The right adrenal gland was heterogeneous and irregular with expansive tissue at the phrenic vein. The right adrenal gland measured 2.69 cm x 1.16 cm at the cranial pole and 0.77 cm at the caudal pole. Areas of mineralization were noted. A right adrenal nodule was noted, measuring 1.33 cm x 1.07 cm. The left adrenal gland measured 2.33 cm x 0.95 cm at the caudal pole and 0.85 cm at the cranial pole.

HOSPITAL NAMEAnimal Emergency
Hospital**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.

REFERRING VET

Dr. Martinoli

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild 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 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.

INVOICE

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Gastrointestinal

The **stomach** was hypertrophied, as were portions of the small intestine and colon. Chronic gastroenteritis pattern noted.

Pancreas

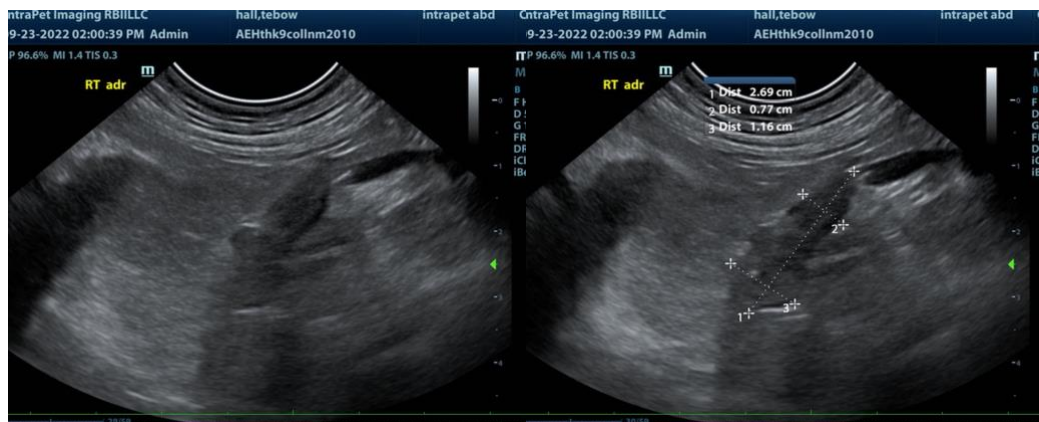
The **pancreas** was enlarged and irregular with undulating contour and echogenic remodeling. A history of pancreatitis and low grade active inflammation suspected.

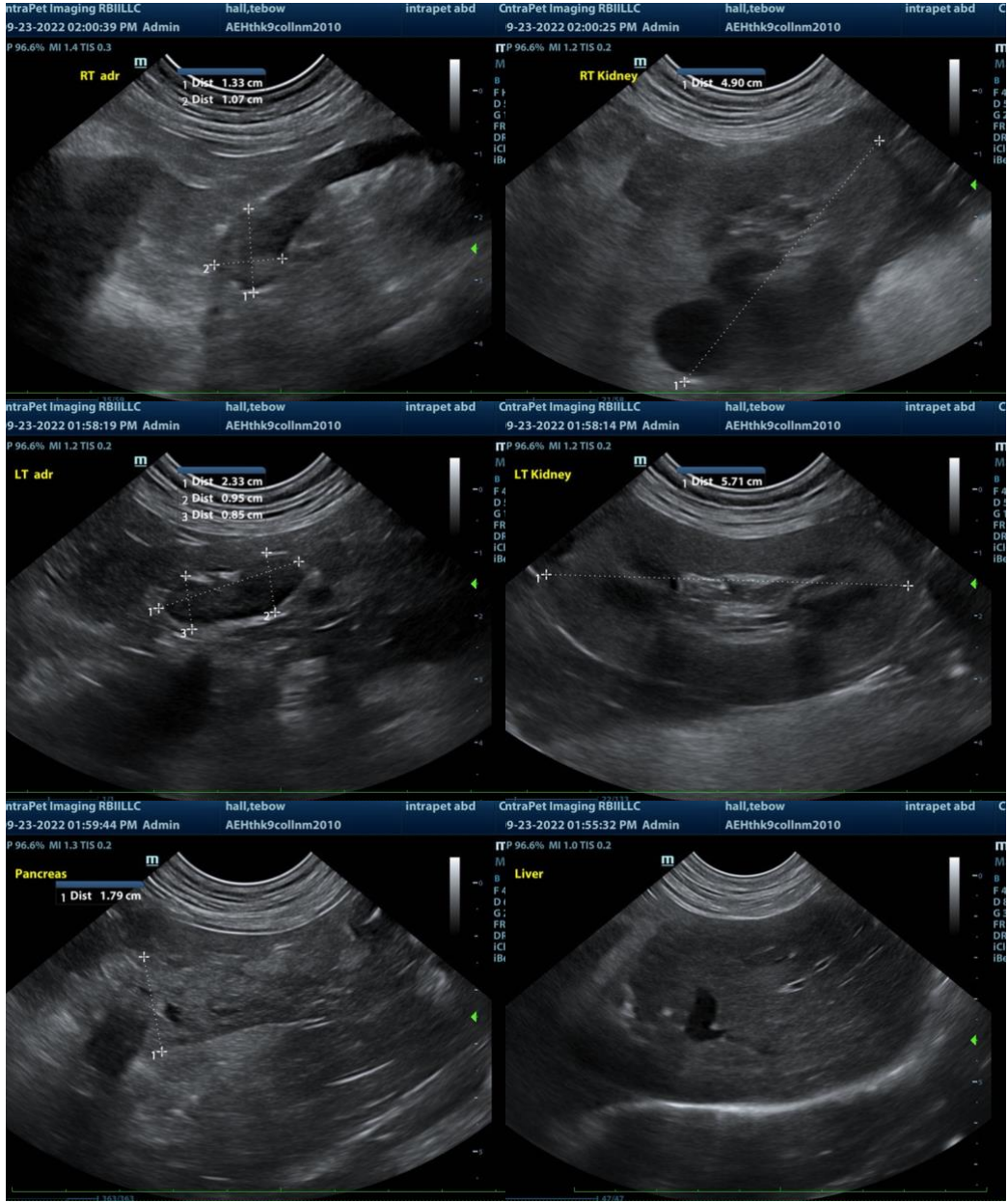
ULTRASONOGRAPHIC FINDINGS

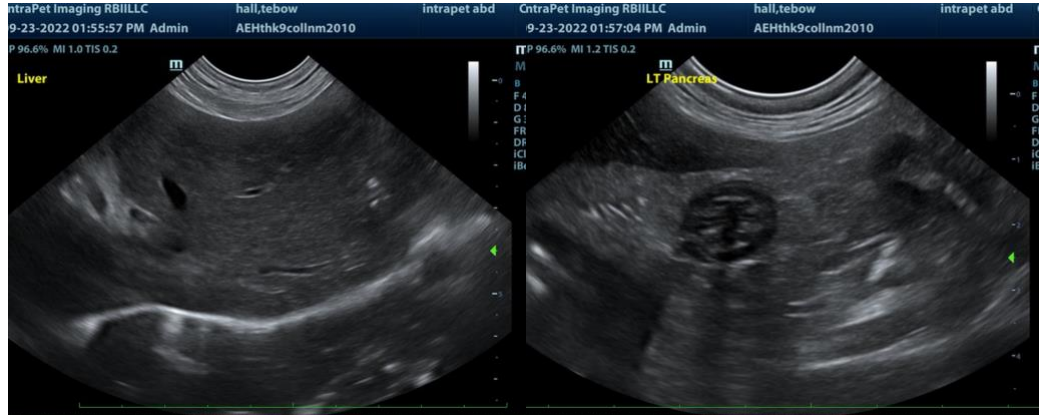
- Nodular irregular right adrenal gland with phrenic vein occupation, both adrenal glands were mildly swollen
- Chronic gastroenteritis/pancreatitis
- Non-end-stage moderate degenerative renal changes with cortical cysts
- Age-related hepatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

72-hour IV fluid protocol is warranted. Blood pressure measurements warranted. Leptospirosis titers indicated. The prednisone may be suppressing a more significant presentation. Right adrenal carcinoma is possible. Bilateral adrenal enlargement may be related to pituitary dependent adrenocorticism could also be considered. Recheck sonogram in 72 hours. If hypertension is present, then urine catecholamine is indicated. Prognosis is guarded depending upon response to therapy.







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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