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Clinical Sonography & Telecytology
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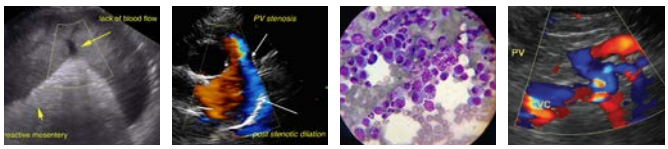


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Max Franklet

SPECIES
Canine

BREED
Cocker Spaniel X

SEX
Neutered Male

AGE
16 Years

WEIGHT
9.3 kg

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Patti Mayfield

HOSPITAL NAME
Bend Animal Emergency & Specialty

REFERRING VET
Dr. Naomi Kitagaki

INVOICE
41041

DATE
9/3/22

PRESENTING CLINICAL SIGNS

Patient presented to BAESC on 9/1/22 for the following complaints: - d+ started tonight - ADR since 3pm - shaking, attached to o, wouldn't go outside w/out o - when attempting to u/d p was moaning - eating and drinking normally Therapeutic plan: - Maropitant 10 mg IV Rx: - Metronidazole 125 PO q12 - Proviable cap Patient presented again to BAESC on 9/3/22 due to vomiting and persistent anorexia since 9/1/22. PPH: -underlying cardiac disease, historical grade VI/VI murmur Previous medications: - Denamarin 90mg PO q24h - Benazepril 5mg PO q24h - Pimobendan 5mg P q12h - Metronidazole 125mg PO q12h - Renal Canine support 1 cap PO q12h - Canine enteric support 2 scoops q12h - Glucosamine 2 chews am, 1 chew pm Current treatments; - IVF (judicious) - Cerenia - Pimobendan - buprenorphine - Metronidazole - Denamarin - Benazepril

Abnormal PE/Chem/CBC/UA Results: PE 9/3/22: - Severe dental disease, lenticular sclerosis, generalized/diffuse muscle atrophy, moderate abdominal pain, grade 6/6 holosystolic murmur, ~5% dehydrated 9/1/22 CBC: HCT 33% CHEM: SDMA 21, LIPA 2474, Cl 122 9/3/22: LAT/VD THORACIC AND ABDOMINAL RADS: The cardiac silhouette is enlarged. The pulmonary vessels are normal in size and shape. There is a mild interstitial pattern around the perihilar region. There is spondylosis of the thoracic and lumbar spine. There is bridging spondylosis of the LS spine. ABDO: The gastric lumen is empty. There is mineralized material in the gallbladder. The small intestines have moderate dilation throughout. Unable to rule out a small intestinal foreign body. The colon and cecum are distended with significant volumes of gas. The liver is enlarged with normal margins. The spleen is normal in size and shape. The urinary bladder and kidneys are wnl. CHEM: - SDMA: 16 (0-14) - BUN: 40 (7-27) - ALP: 239 (23-212) - LIPA: 1918 (200-1800)

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 residual prostate was slightly heterogeneous, yet not pathological, measuring 1.18 cm.

The **kidneys** presented moderate degenerative changes, cortical infarcts, and pyelectasia. The right kidney measured 4.75 cm. The left kidney was mildly subnormal in size at 4.1 cm.

Adrenal Glands

The **right adrenal gland** was 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 0.77 cm at the caudal pole and 0.57 cm at the cranial pole.

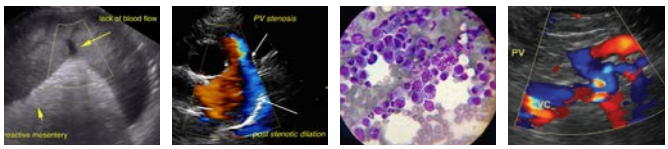
The **left adrenal gland** revealed a hyperechoic nodule at the caudal pole measuring 0.68 cm. Cranial pole measured 0.49 cm.

Spleen

The **spleen** presented multifocal hypoechoic cystic lesions up to 0.87 cm and was mildly enlarged.

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 congestion was noted. The gallbladder presented some dependent debris with essentially normal



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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.

Gastrointestinal

The **stomach** revealed shadowing foreign matter measuring approximately 2.0 cm, or may represent medications, non-obstructive at the time of the sonogram. A 1.25 cm, mixed echogenic, irregular thickening with areas of mineralization was noted, appeared to be colonic.

Pancreas

The **pancreas** presented mixed echogenic, coarse architecture with enlargement of 2.0 cm on the right limb and remodeling. Both limbs affected.

Free Abdomen

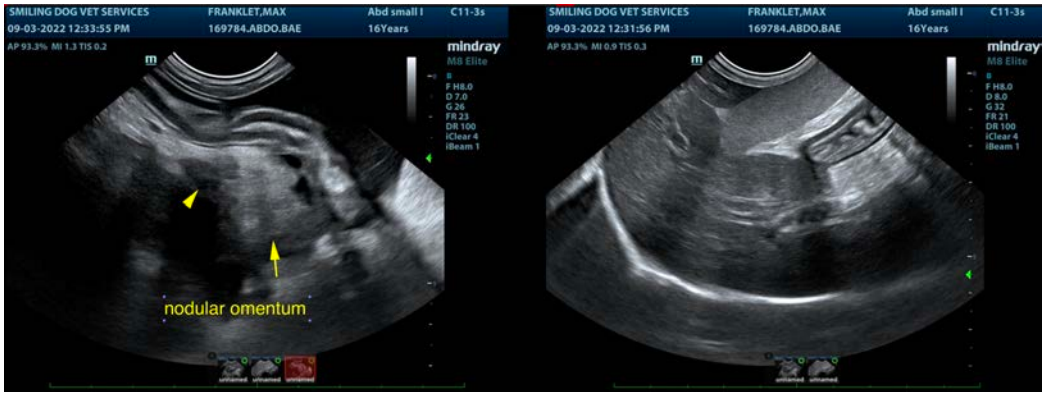
Reactive mesentery noted throughout the mid abdomen. Variable areas of free fluid noted in the abdomen.

ULTRASONOGRAPHIC FINDINGS

- Left adrenal nodule
- Moderate degenerative renal changes with infarcts
- Chronic active pancreatitis pattern
- Gastric foreign matter
- Thickened irregular colon
- Free fluid and nodular omental changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Colonic neoplasia such as carcinoma is a strong concern. Concern for carcinomatosis, which may also be deriving from the pancreas. Recommend abdominocentesis in this patient. Cytospin of the free fluid indicated. If septic abdomen is present, direct exploratory surgery would be indicated. If carcinomatosis or similar neoplasia is found on cytospin of the free fluid, then this is likely a neoplastic spread. Otherwise, direct exploratory surgery indicated with GI inspection, pancreatic inspection and biopsy, as well as nodular omentum biopsy. Prognosis is very guarded depending upon further diagnostics. Chest radiographs warranted if not already performed to assess for thoracic spread.



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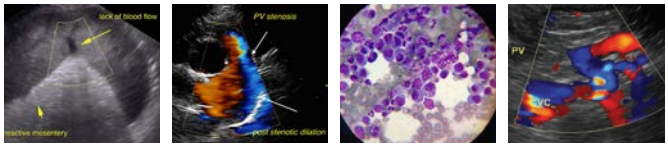

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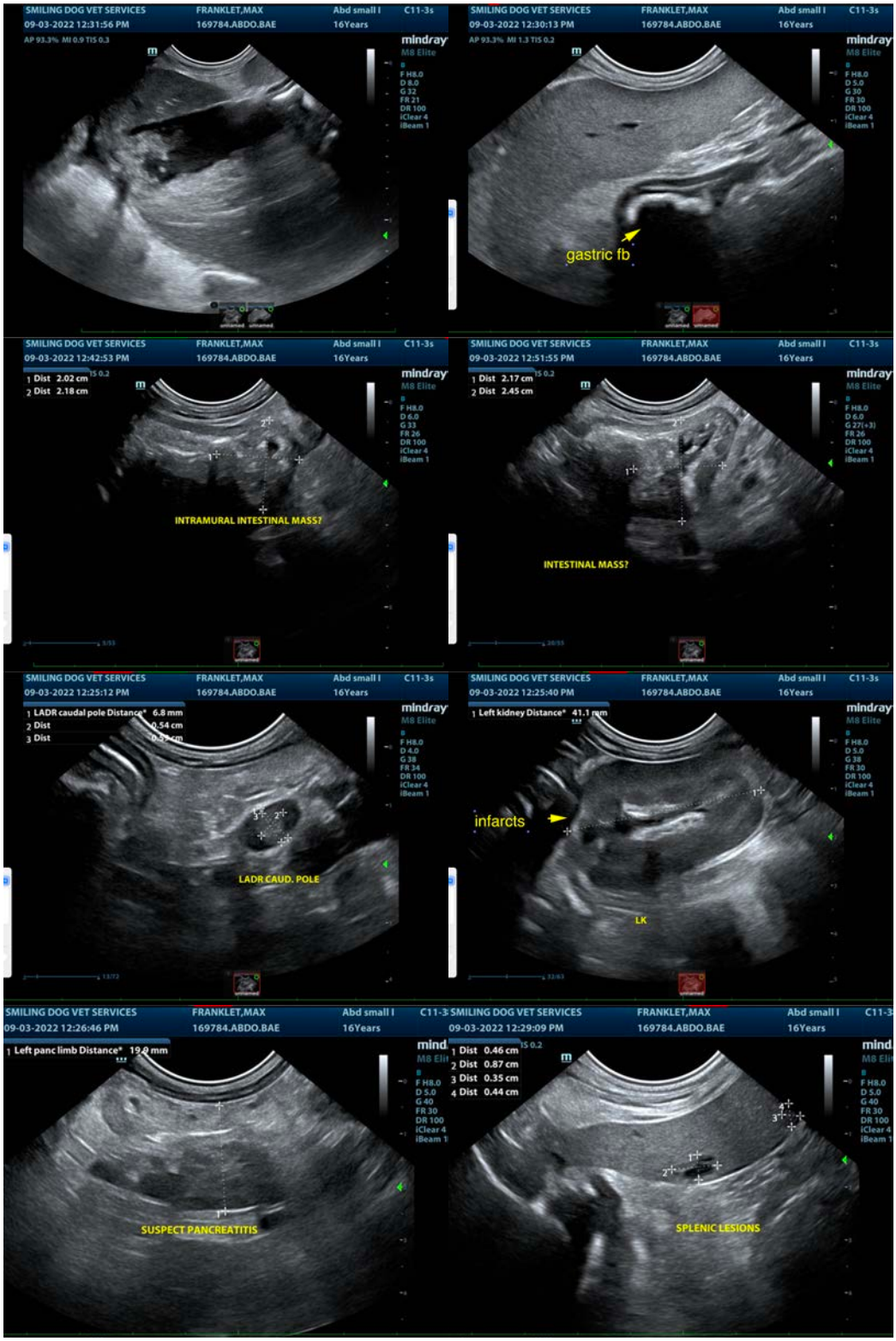

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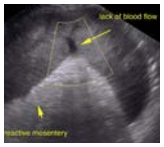
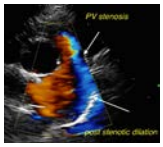
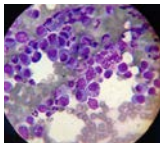
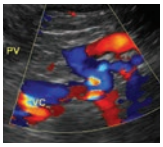

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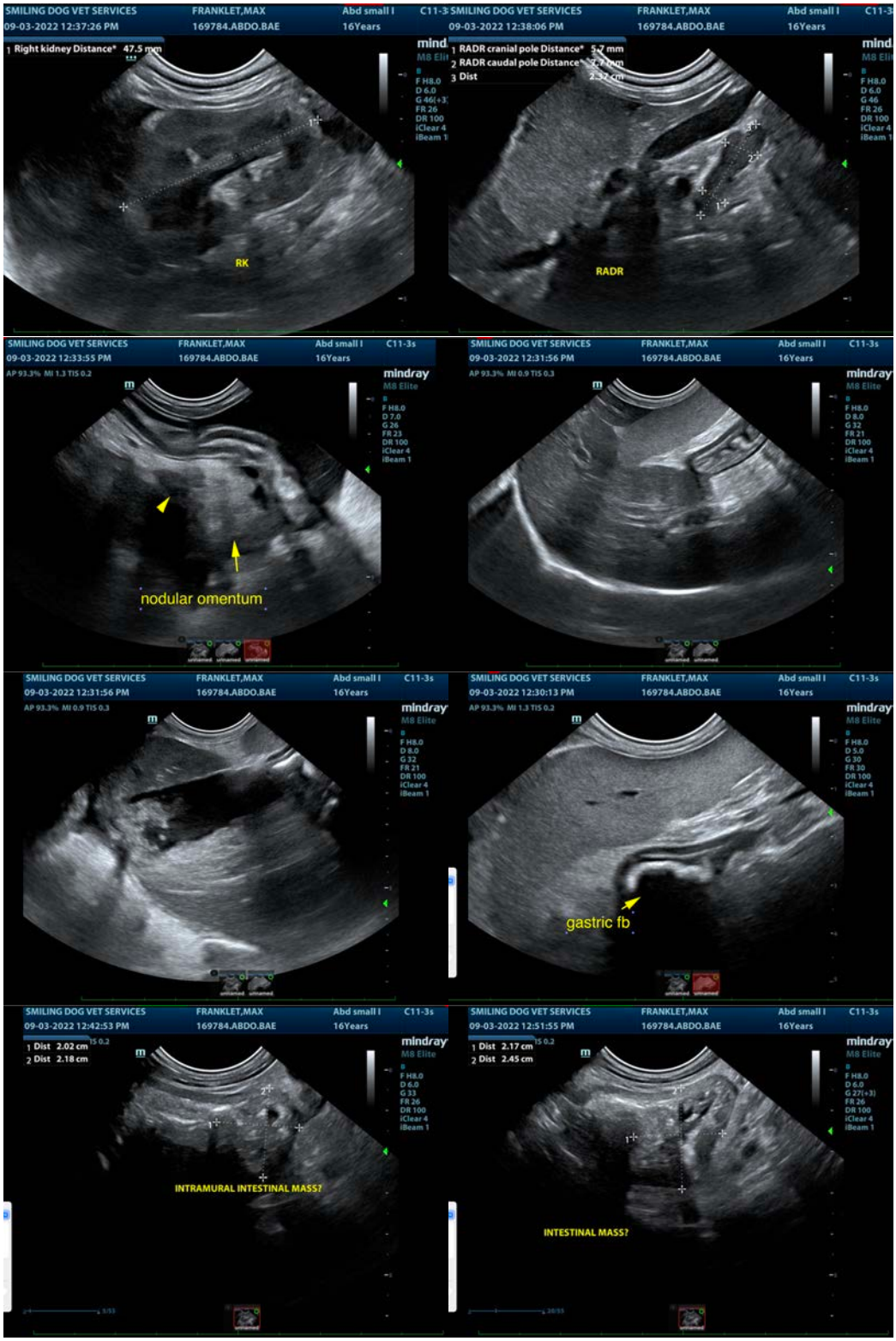

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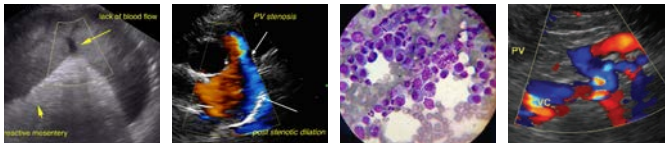

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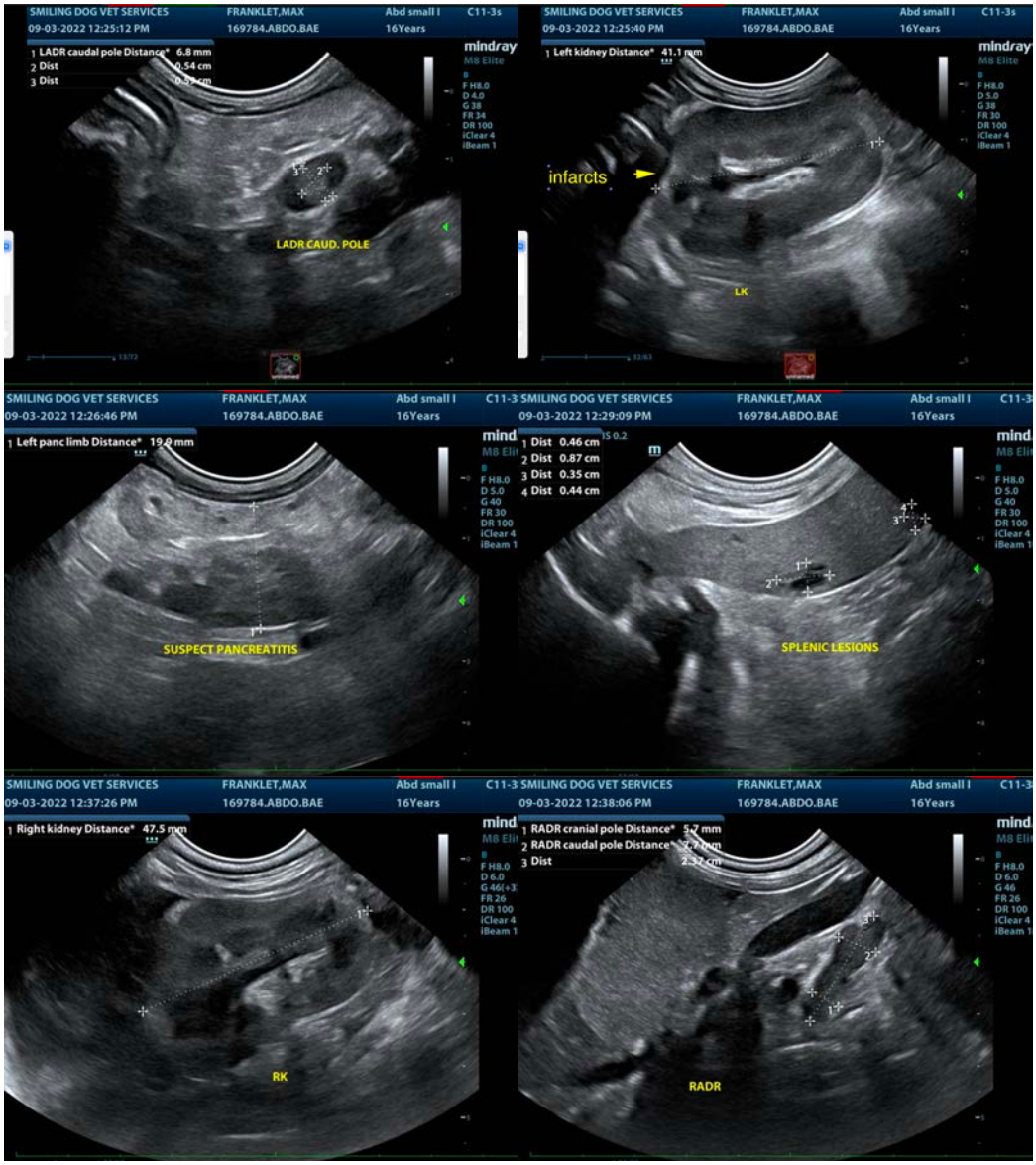

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com