

**DATE**

10/31/22

PRESENTING CLINICAL SIGNS

History: She has stopped eating and is very lethargic. Breathing seems irregular. She did hit her head on a table last night kind of hard. She has also recently been diagnosed with a mass on the top of her jaw that we are scheduled to have removed 11/9. Vomited.

ATO in room: - Mass upper jaw noticed 2-3 weeks ago- dental specialist scheduled for November 11. The mass ruptured now appears white.

History: allergies, apoquel 5-6 years, torn ACL, hematomas on ears.

PATIENT

Brooks Pinette

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

9/18/11

WEIGHT

54.2 Pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**Animal Emergency
Hospital**REFERRING VET**

Dr. Kalwa

INVOICE

17926

Current Medications: Ondansetron, Galliprant, Methocarbamol Unasyn.

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 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 6.64 cm. The right kidney measured 6.21 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 2.35 cm x 0.65 cm at the cranial pole and 0.77 cm at the caudal pole. The right adrenal gland measured 2.8 cm x 0.65 cm at the caudal pole and 0.76 cm at the cranial pole.

Spleen

The **spleen** was mildly enlarged with swollen irregular contour.

Liver

The **liver** was uniformly swollen with minor increased portal markings. The gallbladder wall was edematous and double layered, measuring 0.41 cm. **See Free Abdomen section.

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 base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

Free Abdomen

Slight **free fluid** was noted in the abdomen with a passive congestion liver pattern, this is likely the cause of the gallbladder edema.

Other

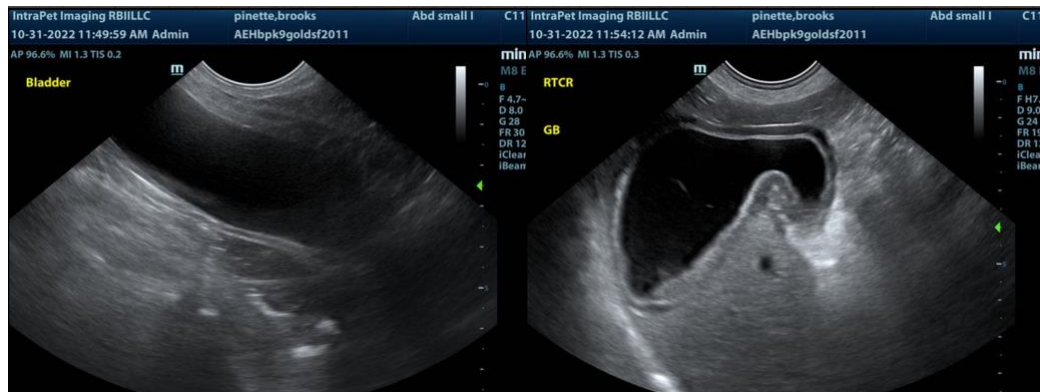
A rapid view of the **heart** revealed no overt pathology, however, causes of passive congestion should be further evaluated. This patient was on fluids with over-circulation.

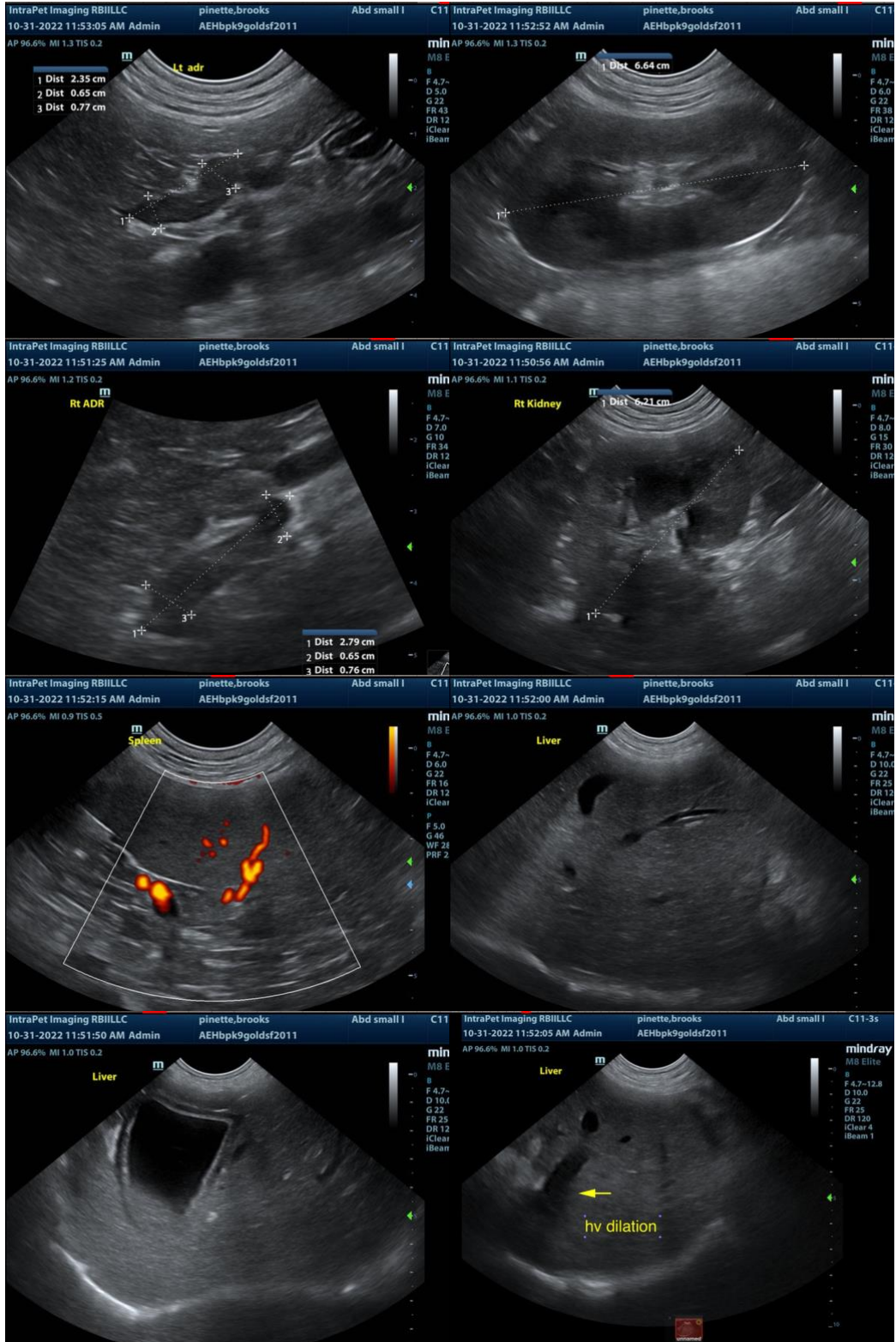
ULTRASONOGRAPHIC FINDINGS

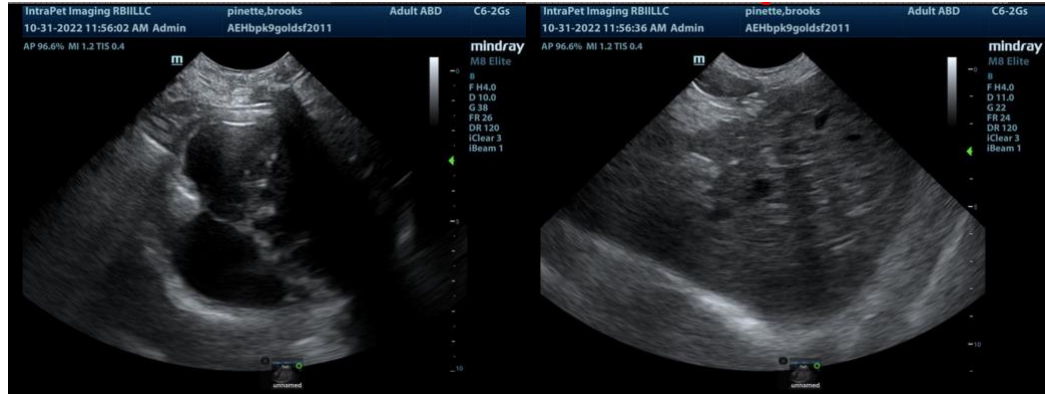
- Passive congestion liver pattern with secondary ascites and edematous gallbladder
- Splenic enlargement, likely owing to passive congestion
- Age-related pancreatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver is indicated. If liver enzymes are elevated , cholecystocentesis would be indicated. Chest radiographs +/- chest CT, as well as blood pressure measurements are warranted to assess if any hypotension is present that may be contributing to the hepatic vein dilation, as well as caudal thoracic disease that may be contributing. The heart appears structurally normal. Could not completely rule out right heart disease without tricuspid insufficiency velocities, yet subjectively the right heart appears normal. Diagnosis is open. Further diagnostics are necessary.







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
info@SonoPath.com