


PATIENT PRESENTING CLINICAL SIGNS

Poppy Quinn History: Acute onset vomiting with blood appearing eventually. Abdominal pain on initial exam which markedly improved with methadone. Vomiting has discontinued with cerein and GI support meds.

SPECIES Abnormal PE/Chem/CBC/UA Results: Concern for splenomegaly on abdominal rads with some displacement of SI caudally. CBC showed mild neutrophilia and lymphopenia. Chemistry and baseline cortisol normal.
Canine

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

German Shepherd **Urinary System**
 The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

Female Spayed **SEX**
 The left kidney is normal in size (7.51 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

2 years **AGE**
 The right kidney is normal in size (7.46 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

40 kg **WEIGHT** **Adrenal Glands**
 The left adrenal gland is subjectively normal in length (0.32 cm at cranial pole) (0.32 cm at caudal pole) with a flattened contour and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine)
 The right adrenal gland is not definitively visualized in the available images. However, no obvious abnormalities are observed in this region.

Spleen

The spleen is normal in size (3.72 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is diffusely mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

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Sarah Barthelemy **Liver**
 The liver is normal to slightly small in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and homogenous in appearance. No focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

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Alpine 24 hour PH
 The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

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Dr Paulsen **Gastrointestinal**
 The gastric lumen is mildly to moderately fluid-distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is segmentally fluid-distended (mild). The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileoceocolic junction and colonic wall are normal. The colonic lumen is diffusely distended with diarrheic stool. There is no obvious evidence of an obstructive pattern.

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PATIENT *Pancreas*

Poppy Quinn The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

SPECIES *Free Abdomen*

There is no obvious evidence of free fluid. A 2.46 cm lymph node is observed in the right cranial quadrant.

Canine **ULTRASONOGRAPHIC FINDINGS**

BREED **Primary Findings**

German Shepherd

- The splenic changes could be consistent with infiltrative neoplasia (i.e., round cell tumor) or a benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation, other).

SEX

- The gastrointestinal changes are most consistent with gastroenteritis.

Female Spayed

Secondary Findings

AGE

- The prominent lymph node in the right cranial quadrant could be consistent with reactive lymphadenitis, lymphoid hyperplasia or emerging neoplasia (i.e., lymphoma).

2 years

- The flattened left adrenal gland may be a normal variant for this patient or may be secondary to early atrophy (i.e., secondary to hypoadrenocorticism).

WEIGHT

40 kg

- Questionable microhepatica

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Medicine)

- Consider a fine-needle aspirate of the spleen (if clotting status is appropriate). A 25-gauge needle should be used. If aspiration is not pursued at this time, consider a repeat ultrasound in 2-3 weeks to reassess the spleen.

- Regarding the gastrointestinal signs, consider the following:

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Sarah Barthelemy

- Fecal evaluation for ova and Giardia
- Prophylactic deworming with Fenbendazole
- Supportive care for acute gastroenteritis (including fluid therapy, gastric protectants, probiotic +/- fiber supplement). If the patient's clinical signs do not begin to improve within 48-72 hours of initiating medical management, a more comprehensive GI work-up may be warranted.

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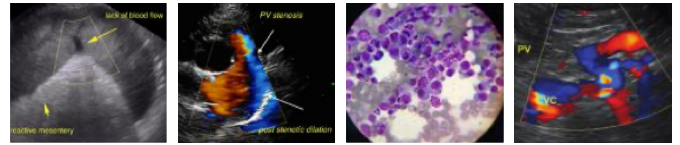
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SPECIES

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BREED

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SEX

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AGE

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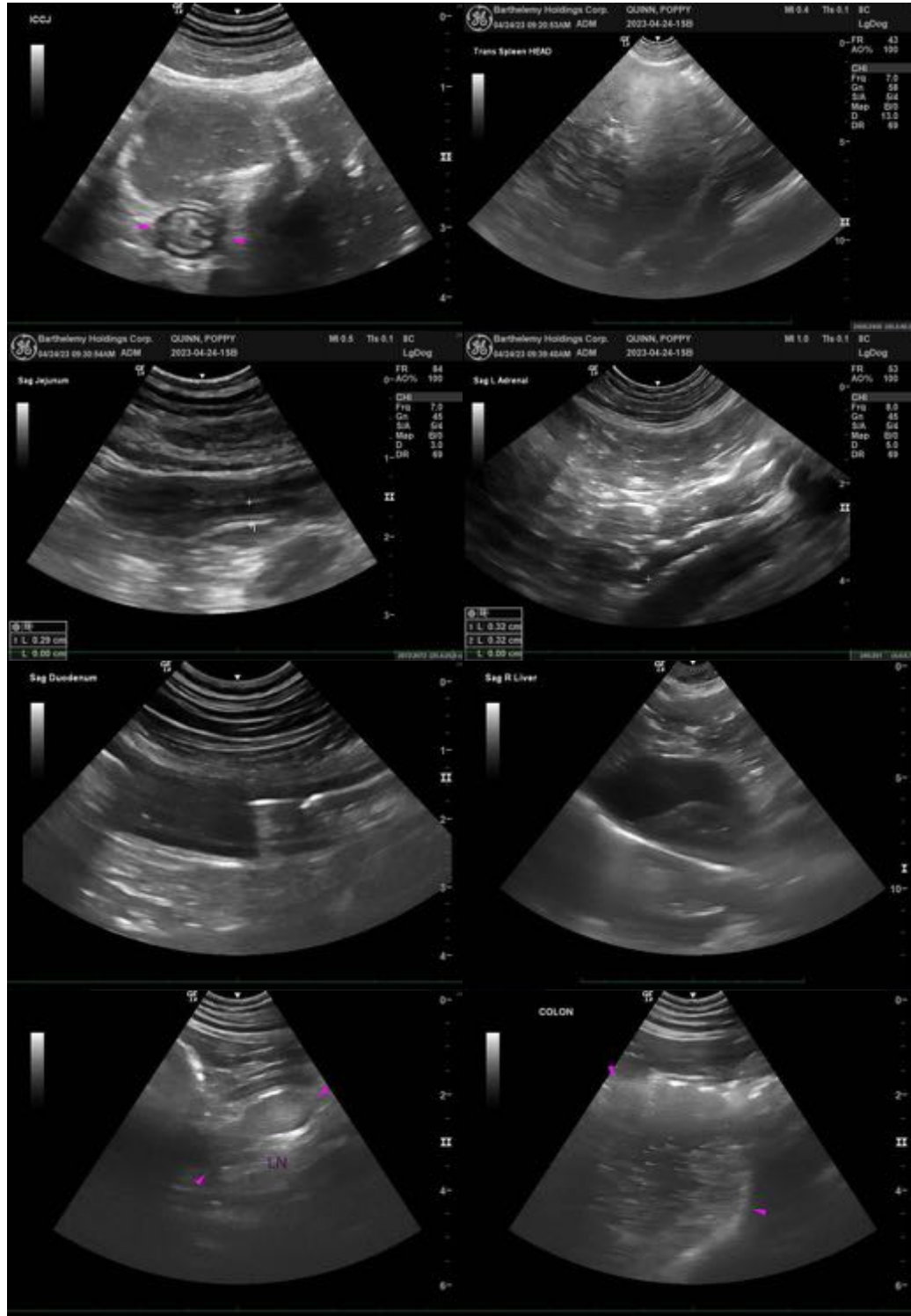
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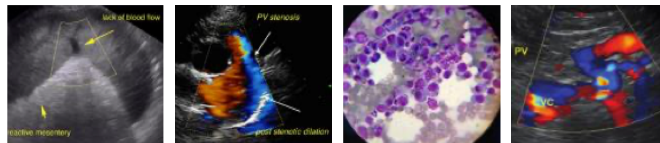
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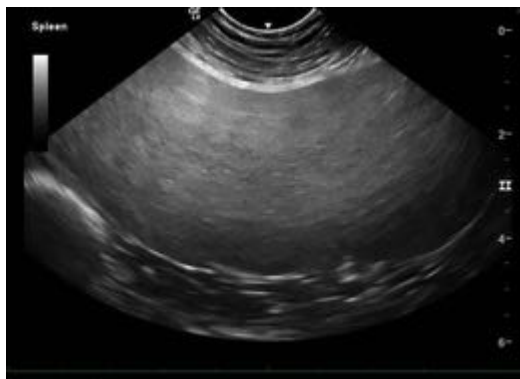
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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