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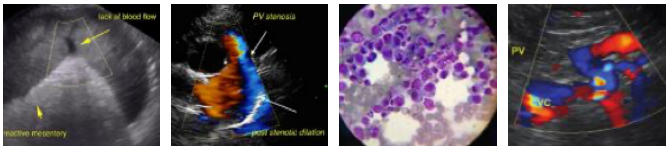


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Cash Stratton

SPECIES
Canine

BREED
German shorthaired pointer

SEX
Male intact

AGE
5 Yrs. 2 months

WEIGHT
27.3 kg

INTERPRETED BY
Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY
Tom McNeill

HOSPITAL NAME
SVS Imaging CT

REFERRING VET
Dr. Alucard

INVOICE
13726

DATE
7/13/22

PRESENTING CLINICAL SIGNS

History: Since yesterday Cash has been acting lethargic and has vomited clear liquid 2 times. Cash has also been uninterested in eating any food and has only drank a small amount of water since onset of symptoms. Cash has no prior medical conditions and is eliminating normally.
Abnormal PE/Chem/CBC/UA Results: Abdomen: Tense and uncomfortable on palpation; normal GI loops palpated; subjectively intestines felt thickened on palpation; bladder was small and distended Bloodwork not yet performed. Planned to be done today.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is enlarged with a normal shape and smooth peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat and slightly heterogeneous in appearance with several varying sized anechoic cysts throughout the gland. The prostatic urethra is not overtly dilated. A scant amount of subcapsular fluid is seen.

The left kidney is normal size (7.49 cm in length); normal shape and architecture with 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.

The right kidney is normal size (6.94 cm in length); normal shape and architecture with 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.

Adrenal Glands

The region of the left adrenal gland is evaluated. No obvious pathology is observed.

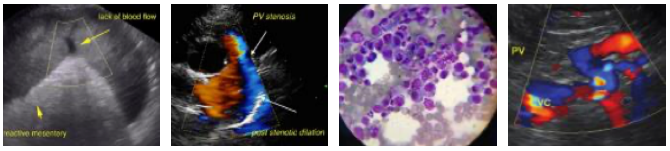
The right adrenal gland is normal size (0.62 cm at cranial pole) (0.78 cm at caudal pole); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is subjectively prominent in size (2.74 cm in width at the level of the hilus) with normal curvilinear peripheral contours. The parenchyma is subtly mottled in appearance. No distinct focal lesions are observed. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately



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distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract appears patent. An approximately 4 cm hard shadowing structure is observed in the proximal duodenum. Proximal to this structure the duodenal lumen is moderately distended with chyme and is hypomotile. Distal to this structure, the small intestinal lumen is empty. The mesentery effacing the serosal surface surrounding the area of duodenum with the shadowing structure is hyperechoic/reactive. In the remainder of the small intestinal tract the wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal.

Pancreas

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.

Free Abdomen

Trace free fluid is observed. A 1.96 cm medial iliac lymph node is visualized. Several prominent mesenteric lymph nodes are also seen, the largest measuring 4.14 cm in length.

Other

The testicles are subjectively normal in size (left testicle 3.73 x 2.36 cm; right testicle 3.87 x 2.41 cm) with a normal shape and smooth peripheral contours. The parenchyma is homogeneous. No obvious pathology is seen.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Suspected duodenal foreign body/obstruction with adjacent peritonitis.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

Secondary Findings:

- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, antigenic stimulation or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- The prostatic changes are most consistent with benign prostatic hyperplasia with parenchymal cysts. Concurrent bacterial prostatitis is also a possibility, particularly if the patient is exhibiting lower urinary tract signs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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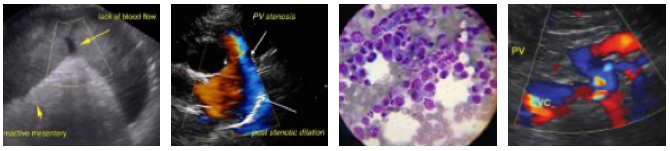

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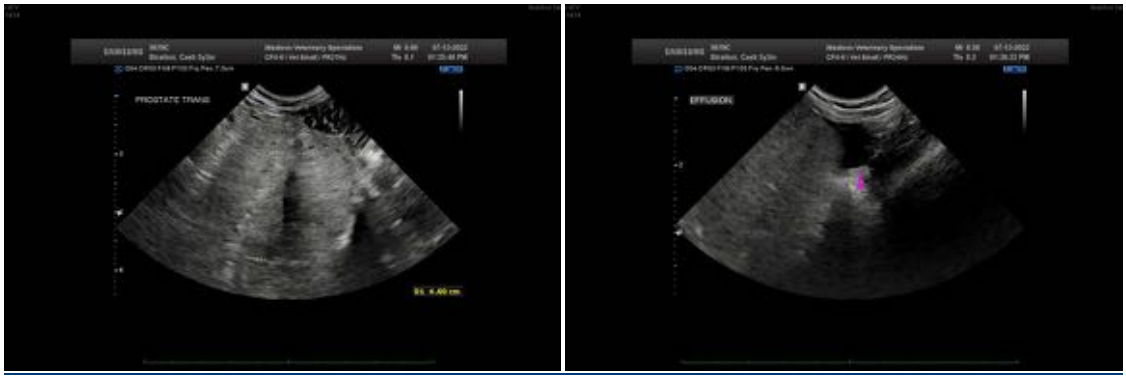
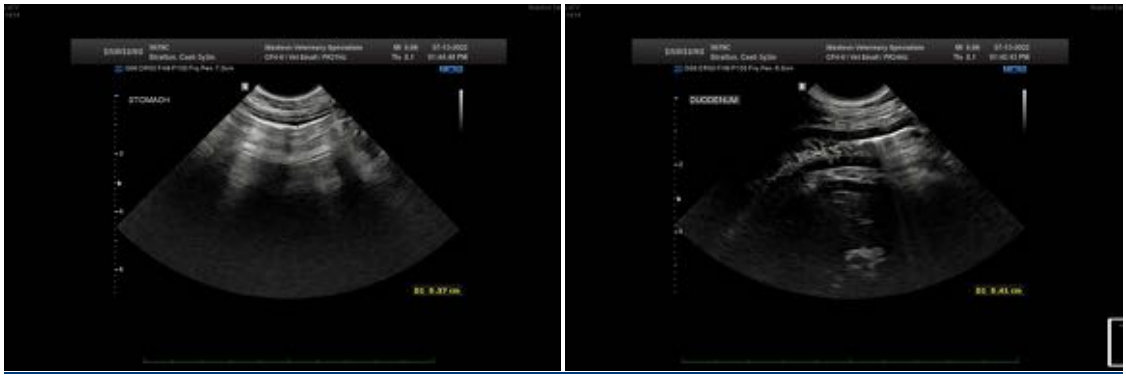
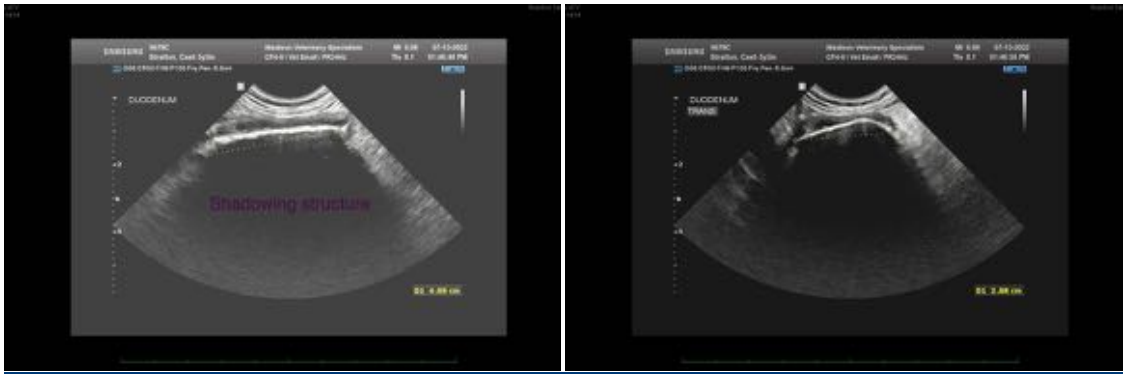
An abdominal exploratory is recommended to assess for and remove a duodenal foreign body, if found. If no foreign body is seen, gastrointestinal and lymph node biopsies should be obtained. Castration is also recommended at the time of surgery, if the patient is stable. Three-view thoracic radiographs are recommended prior to anesthesia to assess for evidence of occult aspiration pneumonia.







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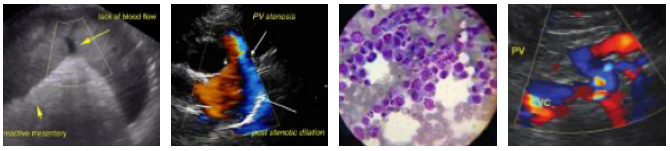

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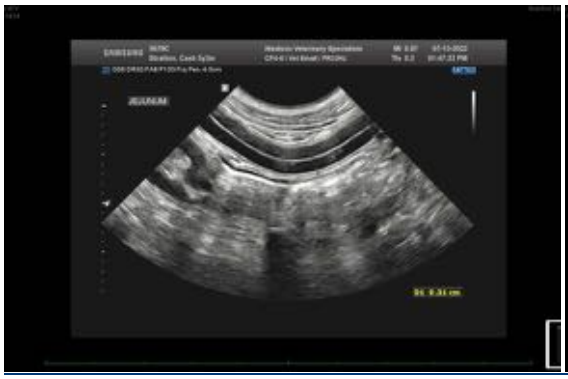

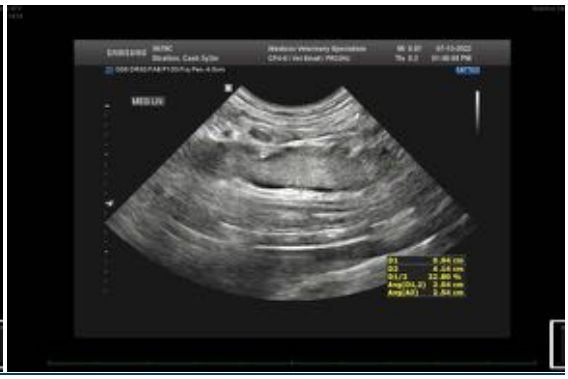

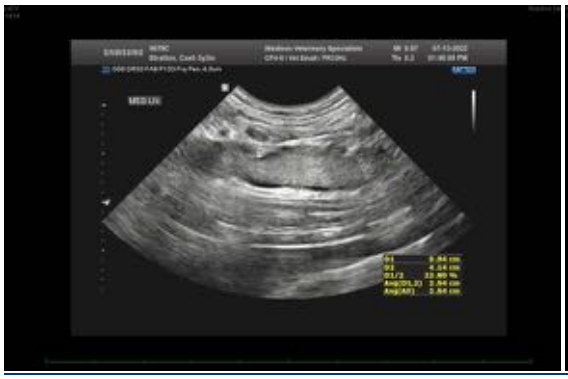

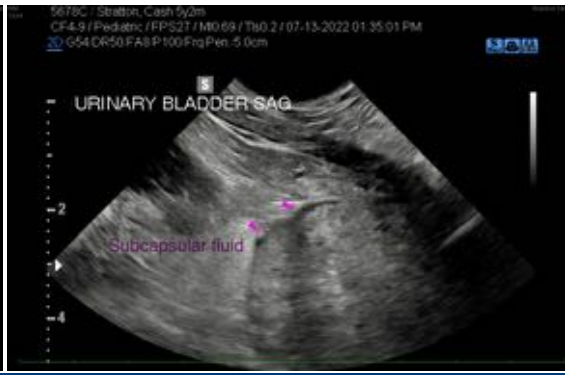

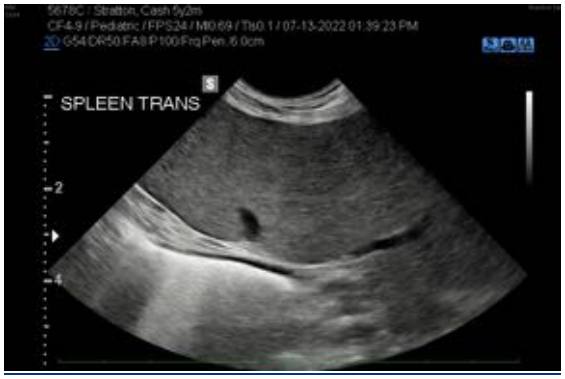

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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