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Clinical Sonography & Telecytology
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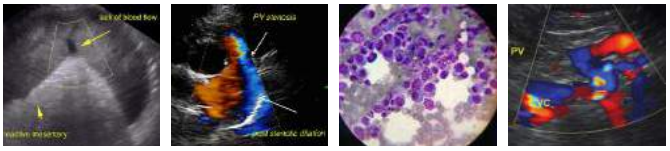


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Dukie Fletcher

SPECIES
Canine

BREED
Rottweiler

SEX
Male Neutered

AGE
5 Years (approximate age, this is a rescue)

WEIGHT
90 lbs.

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

IMAGING PERFORMED BY
Amanda Crook, SDEP Certified Clinical Sonographer

HOSPITAL NAME
Albany Animal Hospital

REFERRING VET
Dr. Fletcher

INVOICE
11681kk

DATE
8/20/21

PRESENTING CLINICAL SIGNS

History: See previous AUS report (listed under Yukie Fletcher from May of 2021) - current history: 3 days of vomiting shortly after eating, acute vomiting for last 24 hours unable to keep anything down. Is currently on Imatinib, recent treatment with Cerenia and Ondansetron. Was previously on steroids as well. FNA performed @ last AUS revealed mastocytosis of the spleen.

Abnormal PE/Chem/CBC/UA Results: Chem and CBC yesterday were WNL; the previous CBC a few months ago revealed mild anemia which has since resolved. Radiographs show some mineralized debris in the stomach. No obvious obstructive pattern.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with anechoic urine. The wall is concentrically thickened (up to 0.72 cm) with a slightly irregular mucosal surface. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is normal in size (1.23 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (7.12 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. Renal vasculature is normal.

The right kidney is normal size (6.93 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. Renal vasculature is normal.

Adrenal Glands

The caudal pole of the left adrenal gland is visualized and is normal size (0.68 cm in width) with a normal shape, glandular echogenicity, and detail. Surrounding vasculature appears normal.

The right adrenal gland is not definitively visualized.

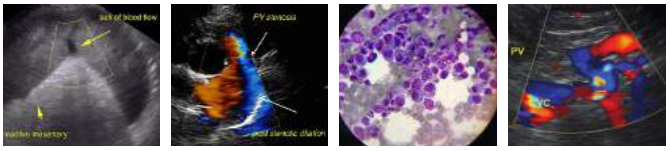
Spleen

The spleen is subjectively prominent in size (2.71 cm in width at the level of the hilus) with slightly undulating peripheral contours. The parenchyma is diffusely mottled in appearance. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen. A 4.27 x 3.41 cm hyperechoic nodule/area is observed in the deep right liver. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. 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.

Gastrointestinal



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The gastric lumen is severely fluid-distended and hypomotile. Within the gastric lumen, a 4.2 cm hyperechoic, hard shadowing structure is observed. In addition, a few smaller, hyperechoic shadowing structures are also seen along with a moderate amount of echogenic debris in the region of the pyloric antrum. The gastric wall and pylorus are normal in thickness with a normal layering pattern. It is difficult to determine if the pyloric outflow tract is patent. Several segments of small intestine are mildly to moderately fluid-distended and hypomotile. Some soft shadowing material, which may be foreign material or chyme, is observed in one of the dilated segments. Other small intestinal segments are not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. The colonic lumen contains shadowing fecal material.

Pancreas

A portion of the pancreas is obscured by the gastric distension. In the visualized portions, no obvious pathology is observed.

Free Abdomen

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Gastric and small intestinal stasis with suspected foreign material in the stomach +/- within the small intestinal lumen. Questionable gastrointestinal obstructive pattern.

Secondary Findings:

- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- The hyperechoic hepatic nodule trends towards the benign (i.e., regenerative nodule with a lower possibility of emerging neoplasia.
- The bladder wall changes could be consistent with cystitis and/or artifactual due to lack of luminal distension. Correlation with clinical findings is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for occult aspiration pneumonia.
2. If an aggressive approach is desired, consider an abdominal exploratory to assess for gastric/small intestinal foreign material. However, a negative exploratory is possible and if no foreign material is found, gastrointestinal biopsies are recommended. A splenic biopsy should also be considered at the time of surgery. If a more conservative approach is desired, consider additional radiographs of the cranial abdomen, including the area of the stomach, to better assess for foreign material, along with conservative medical management. A recheck ultrasound can be performed in 12 hours to assess for improvement/progression.

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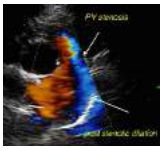
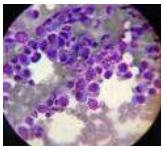
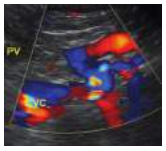

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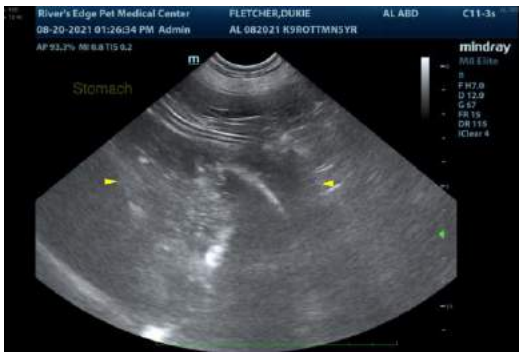

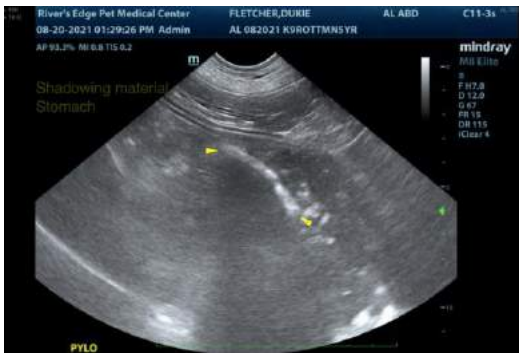

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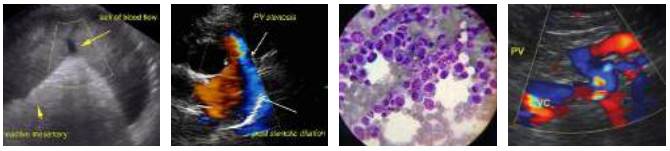

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)
Andrea.nicastro@sonopath.com