



**PATIENT**

Rocky Burstein

**SPECIES**

Canine

**BREED**

Pit X

**SEX**

Neutered Male

**AGE**

4 Years

**WEIGHT**

42.2 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Dr. Lynette Reyes

**HOSPITAL NAME**

Chain of Lakes AC

**REFERRING VET**

Dr. Lynette Reyes

**INVOICE**

35559

**DATE**

2/9/22

**PRESENTING CLINICAL SIGNS**

Pet presented last Friday for gastroenteritis like clinic signs. He was sent home with medications and food. On Saturday, owner took him to ER for fever and lethargy. They started antibiotics and ran diagnostics including radiographs and BW. Pet has had a fever of unknown origin since Saturday. Temp was normal yesterday, but back at 105.0 today again, so we re-hospitalized. Pet is currently on Metronidazole, Clavamox, Doxycycline and Enrofloxacin was added today. Pet was also on Galliprant but stopped this medication two days ago in case that steroids are needed. Abdomen and chest radiographs are clean. No evidence of lameness or joint swelling.  
Abnormal PE/Chem/CBC/UA Results: PCV: 40%, recheck this am because has been on the upper 38-41% WBC: 19.9 HCT: 34 Plt: 79, clumping and giant platelets present Neu: 18308 (mild toxic changes)

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Prostate (neutered) is normal in size, echotexture and echogenicity for a neutered male.

The right kidney is normal in size (5.5 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal in size (5.3 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

**Adrenal Glands**

The right adrenal gland is normal in size (1.3 cm at the cranial pole and 1.0 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.4 cm at the cranial pole and 0.36 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**Spleen**

Spleen is subjectively enlarged in size with rounded margins but intact capsule. Parenchyma is homogeneously coarse/mottled in echotexture and normal echogenicity. No focal nodules or masses are observed. Splenic vasculature appears normal.

**Liver**

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.



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**Gastrointestinal**

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease. Some intraluminal gas was present.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

**Pancreas**

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

**Free Abdomen**

There is no evidence of peritoneal effusion. A 1.0 cm x 1.5 cm round, hypoechoic nodule/lymph node was noted just dorsal to the urinary bladder, as well as what is believed to be medial iliac lymph nodes that are large and hypoechoic, caught at the edge of a video. Therefore, I cannot be 100% sure. There is another group of hypoechoic, round, partially cavitated lymph nodes surrounded by markedly hyperechoic/reactive mesentery in the mid to caudal abdomen of unknown origin. These may be the previously imaged medial iliac lymph nodes.

**ULTRASONOGRAPHIC FINDINGS**

Coarse splenomegaly – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.

Lymphadenopathy of unknown origin with suspected focal inflammation/peritonitis surrounding the lymph nodes, supported by markedly hyperreactive fat and mesentery.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommendations include a fine needle aspirate of the enlarged lymph nodes for cytology as well as culture, given the reported fever and CBC changes. Other considerations may include a urine culture +/- blood cultures. In the meantime, supportive care with IV fluids and broad-spectrum antibiotics are recommended. If the fever persists beyond fluids and antibiotics, an anti-inflammatory dose of steroids may be necessary to break the fever while awaiting diagnostic results.



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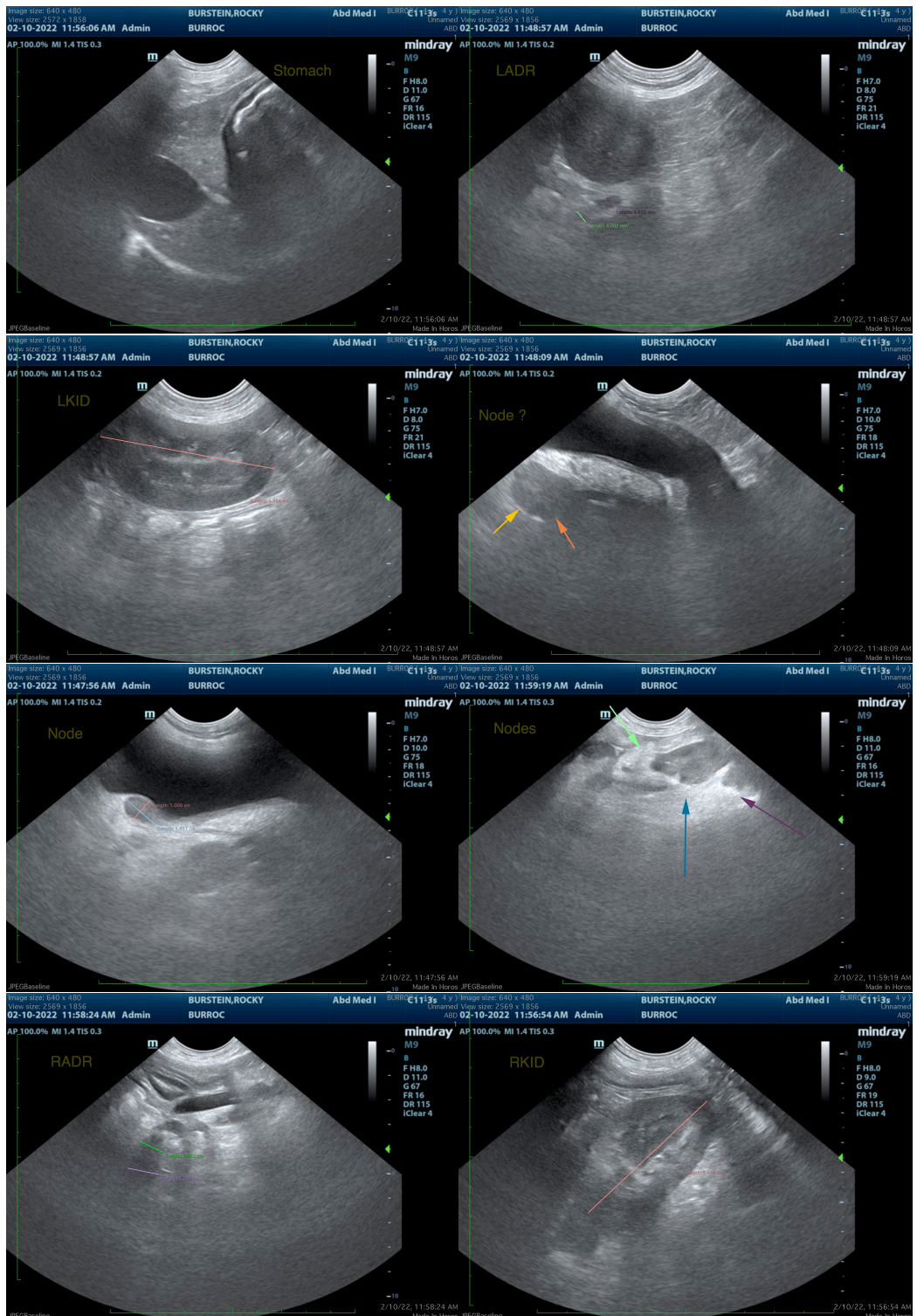
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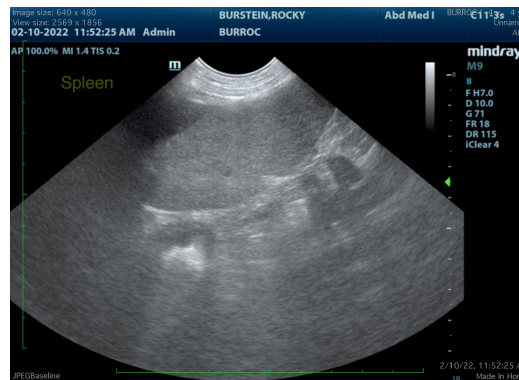
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Beth Johnson, DVM, DACVIM**  
Beth.Johnson@sonopath.com