SonoPath
Clinical Sonography & Telecytology
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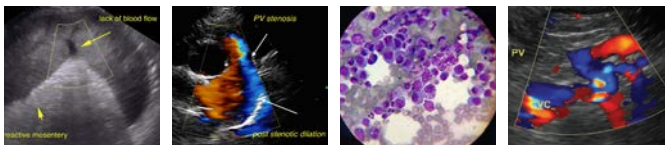


SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT
Zeus Clemente

SPECIES
Canine

BREED
Rottweiler

SEX
Male

AGE
9 Months

WEIGHT
38 kg

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Dallas Reynolds, LVT

HOSPITAL NAME
Lone Mountain AH

REFERRING VET
Dr. Munoz

INVOICE
41584

DATE
9/22/22

PRESENTING CLINICAL SIGNS

(9/17) - P was seen 3 days ago for skin infection. Was given cytopoint and cefpodoxime. Today, O reports that p has been vomiting since 3am and has not been interested in food or water. P has been vomiting 2-3 times during the day since. O reports that stomach has been making weird sounds and dark soft feces. O does reports that on yesterday's feces, O found a small silicone headphone. P has been training out of the house and O unsure of he could've gotten into something while he was training.] Hosp for 3 days IV fluids, cerenia, pantoprazole, metronidazole (D+) 9/17-9/19 (Initial xray reports: Appearance of the large bowel consistent with colitis and diarrhea, and transient appearance of the stomach yesterday suggestive of gastritis, not repeated on recheck. Otherwise, normal abdomen with current prominently filled urinary bladder. There is no G.I. tract obstruction or foreign body appreciated.) Did not vomit during hosp. P went home on oral meds on 9/19 - yesterday 9/21 O fed chicken/rice, O reports P vomited 4 -5x consecutively after eating. Looking for poss. obstruction vs. other

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 is normal in size for an intact male. Parenchyma is diffusely homogenous and relatively hyperechoic. Normal distinct margins and symmetrical bilobed shape are maintained.

The right kidney is normal in size (7.4 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 (7.9 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 (0.75 cm at the cranial pole and 0.46 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

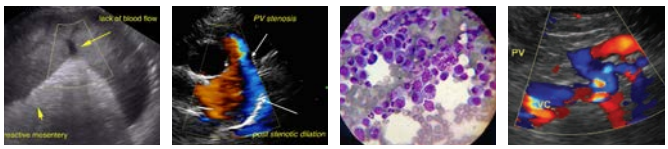
The left adrenal gland is normal in size (0.43 cm at the cranial pole and 0.50 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively large in size with a mildly swollen but smooth capsule. Parenchyma is diffusely nodular in appearance, characterized by small discrete hypoechoic nodules. 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.



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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.

Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The stomach is severely distended with echogenic fluid. Within the pylorus, there is a curvilinear echogenic density that could potentially represent foreign material such as a linear foreign body. However, normal gas pattern/ingesta is possible as well. There is no definitive evidence of a foreign body or infiltrative disease to explain the gastric distention.

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.

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 a scant amount of anechoic free fluid, primarily around the spleen.

Mesenteric lymph nodes are enlarged with swollen irregular capsular contour and loss of normal length to width ratio (rounded in shape). Nodes are hypoechoic with loss of normal parenchymal detail.

ULTRASONOGRAPHIC FINDINGS

- **Micronodular hyperplasia splenic appearance** – This is typical an aging change. In a dog of this young age, infiltrative disease including infiltrative neoplasia has to be considered.
- **Aggressive mesenteric lymph nodes –** most consistent with infiltrative round cell or metastatic neoplasia. A benign aggressive inflammatory response cannot be ruled out without tissue sampling +/- culture.
- **Large, fluid distended stomach** – concerning for outflow obstruction, possibly a foreign body pattern. There is a structure within the pylorus that could potentially be foreign material. However, the change is very subtle and foreign material cannot be definitively observed.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the chronicity of this patient clinical signs and the questionable nature of the structure in the pylorus, combined with the more aggressive appearing other pathology described, recommendations include a fine needle aspirate of the spleen and mesenteric lymph nodes if patient's coagulation status is appropriate. If clinical signs persist and cytology is not diagnostic, next steps at that point would be an exploratory laparotomy to both biopsy the lymph nodes as well as assess the gastrointestinal tract for a foreign body and remove if present. If a foreign body is not discovered, any visible or palpably abnormal bowel should be biopsied at the same time as the lymph nodes and the spleen.

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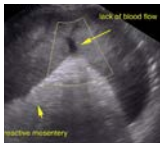
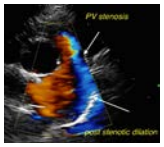
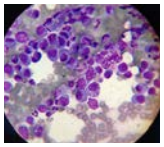
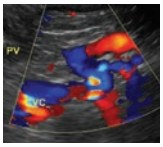

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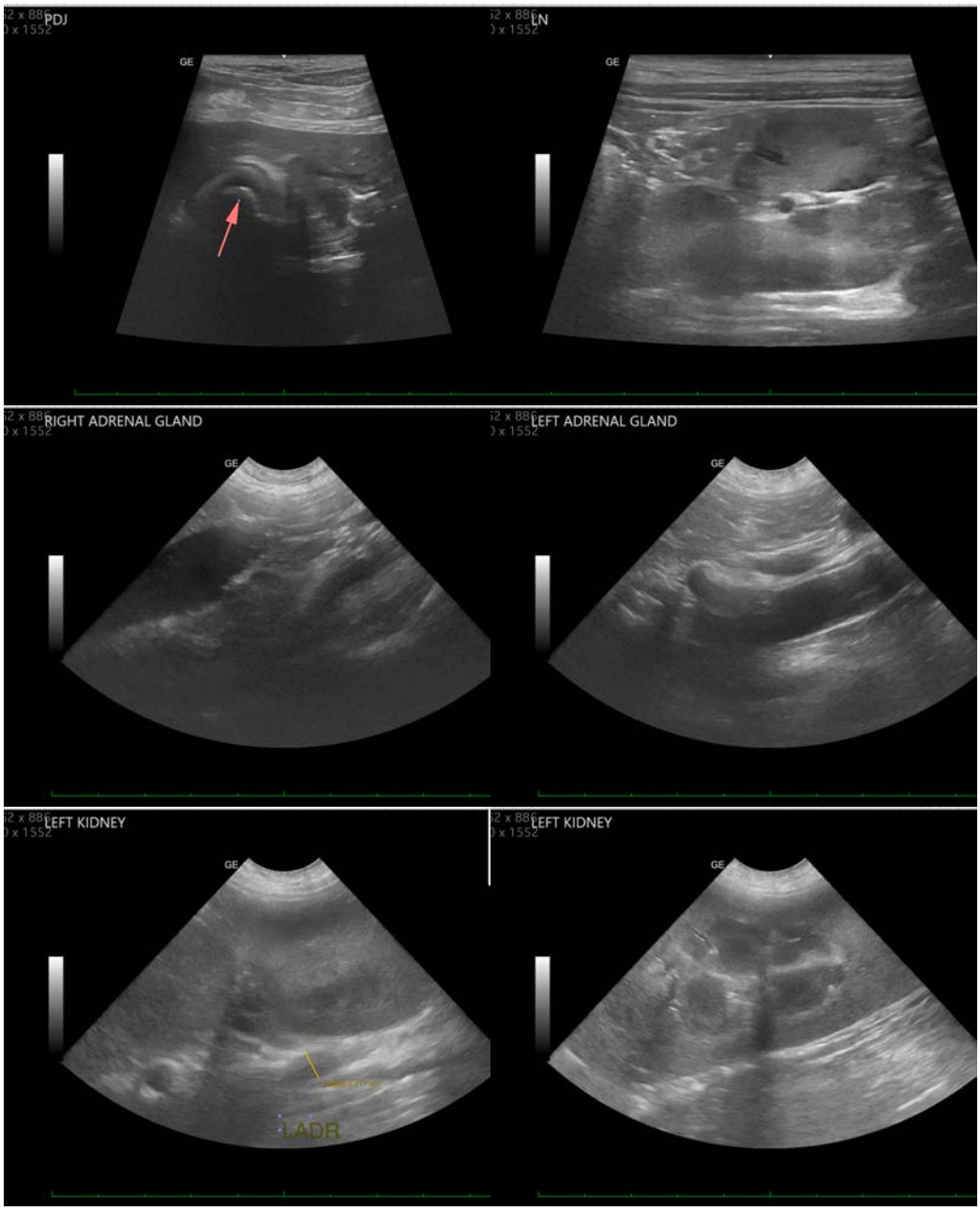

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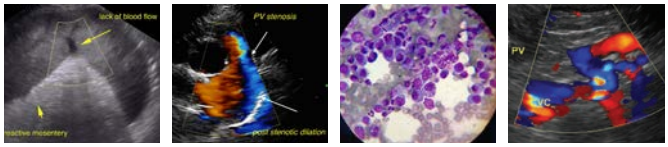

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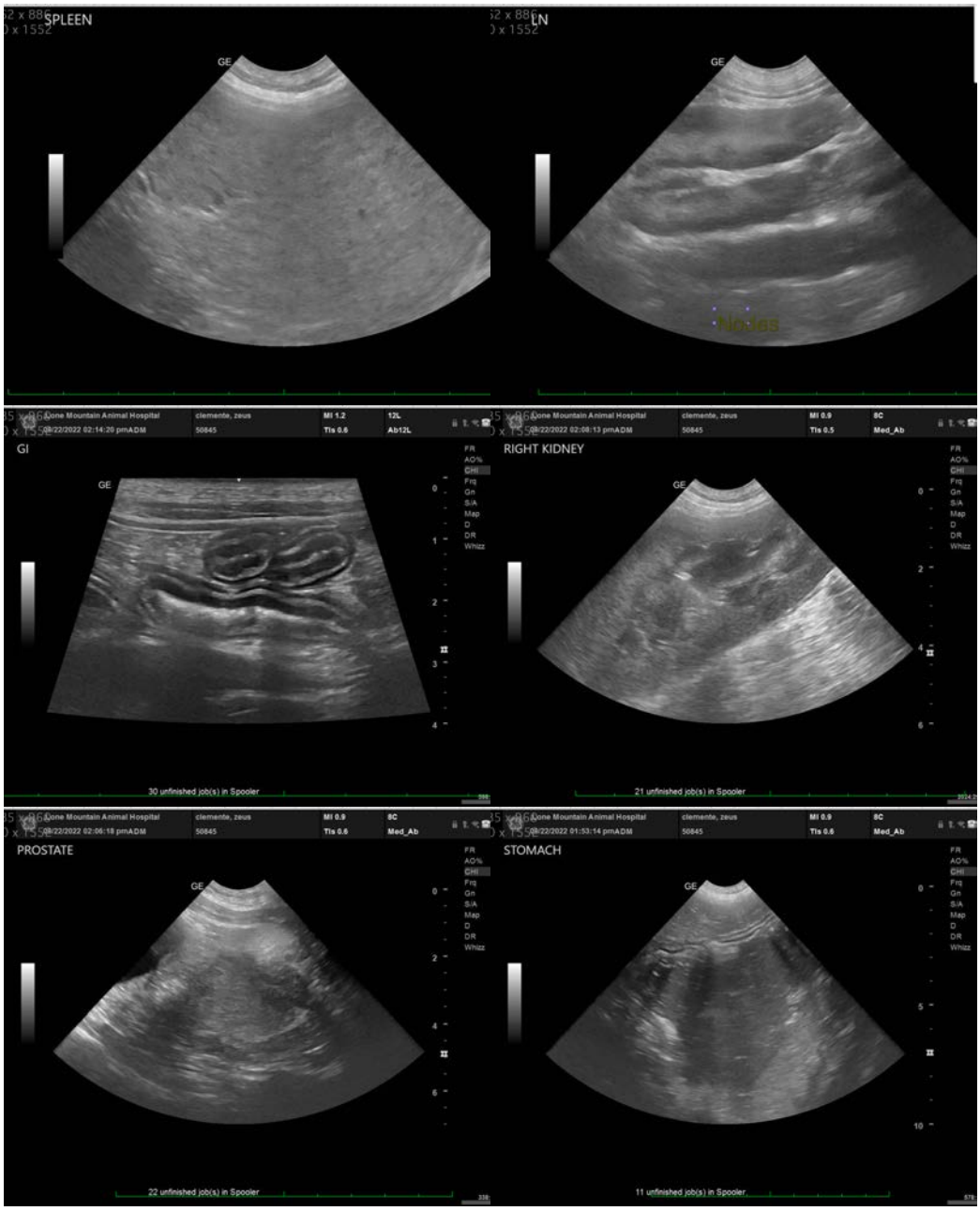

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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