

IMAGING PERFORMED BY

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SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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DATE PRESENTING CLINICAL SIGNS

1/8/22 PC: abdominal pain, leaking diarrhea, lethargy
ATO-

PATIENT Signs started yesterday morning 8-10am- noticed that he was not moving around, crying, went outside and pacing in the snow (abnormal for him). Didnt notice belly getting bigger.

Maximus Szachta Medical hx: down at Towson ER a lot- liver problem, skin issue, heart issue, hypothyroidism. P intubated, under anesthesia, passed orogastric tube- removed large amount of dark fluid, prepped for surgery. Retook x ray- stomach appears in normal position but caudally displaced gastric axis

SPECIES Current Medications: Carprofen 75 mg, Apoquel 60 mg, thyro caps, Enalapril, Metoclopramide, Ketamine, Midazolam, Amp/Sulb, Enrofloxacin, Maropitant, Buprenorphine.

Canine Lab Results: Alkp= 395 (23-212), Glob= 4.7 (2.5-4.5), Bun= 43 (7-27), Crea= 1.9 (0.5-1.8)

BREED Date of Previous IntraPet Ultrasound: No previous.

American Cocker Spaniel Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: DVM requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Neutered Male

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

AGE

8/17/11

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight corticomedullary mineralization noted in both kidneys. The left kidney measured 6.34 cm. The right kidney measured 6.0 cm.

WEIGHT

33.8 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins were noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The left adrenal gland measured 2.64 cm x 0.78 cm at the cranial pole and 0.69 cm at the caudal pole. The right adrenal gland measured 2.5 cm x 0.78 cm at the cranial pole and 0.78 cm at the caudal pole.

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Animal Emergency
Hospital

Spleen

REFERRING VET

Dr. Goessling

The **spleen** was not visualized, presumed to be splenectomized.

Liver

INVOICE

34099

The **liver** presented increased portal markings. Minor gallbladder debris. The gallbladder was mildly overdistended.

Gastrointestinal

The **stomach** was moderately overdistended with mildly echogenic chyme. The gastroesophageal inlet was thickened. The gastroesophageal sphincter was thickened. Uniformly hypertrophied muscularis noted. The

duodenum was displaced and vertical owing to partial gastric rotation. The pyloric outflow was not in its normal position. The duodenal papilla was displaced ventrocranially. The colon was positioned cranially to the duodenum. Gas accumulation within the stomach obscured some visibility of the pyloric antrum. There is some debris noted within the stomach. A 2.2 cm round mixed hypoechoic floating structure noted, likely pill pocket, non-obstructive.

Pancreas

The **pancreas** presented regional mixed hypoechoic parenchymal changes with enhanced surrounding mesentery, suggestive for inflammation. The gastric overdistention obscured some visibility of the pancreas.

Other

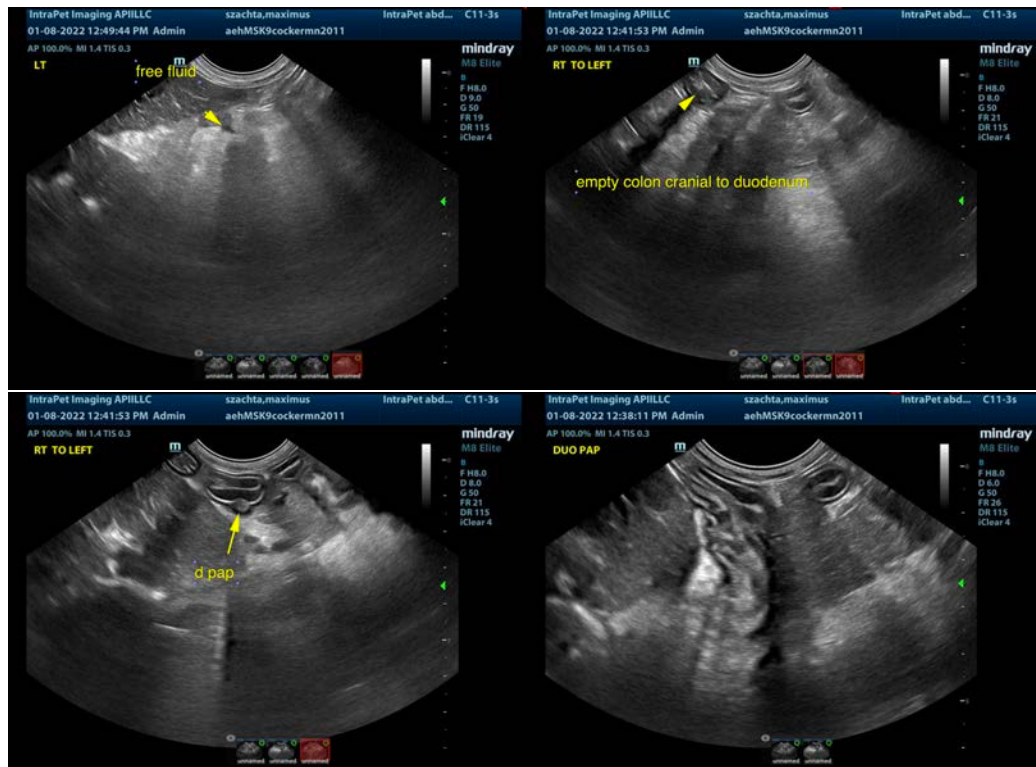
A significant amount of inflammation is present in this patient. Slight areas of free fluid also noted. Some level of peritonitis present around the cranial abdomen and gastric outflow.

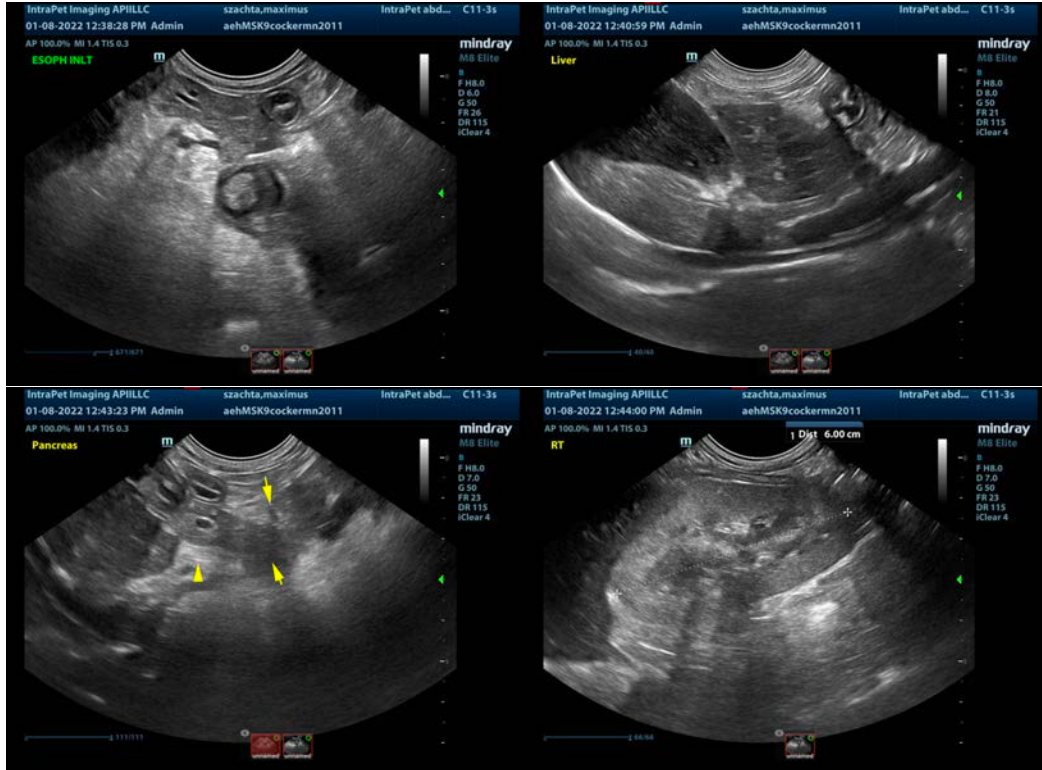
ULTRASONOGRAPHIC FINDINGS

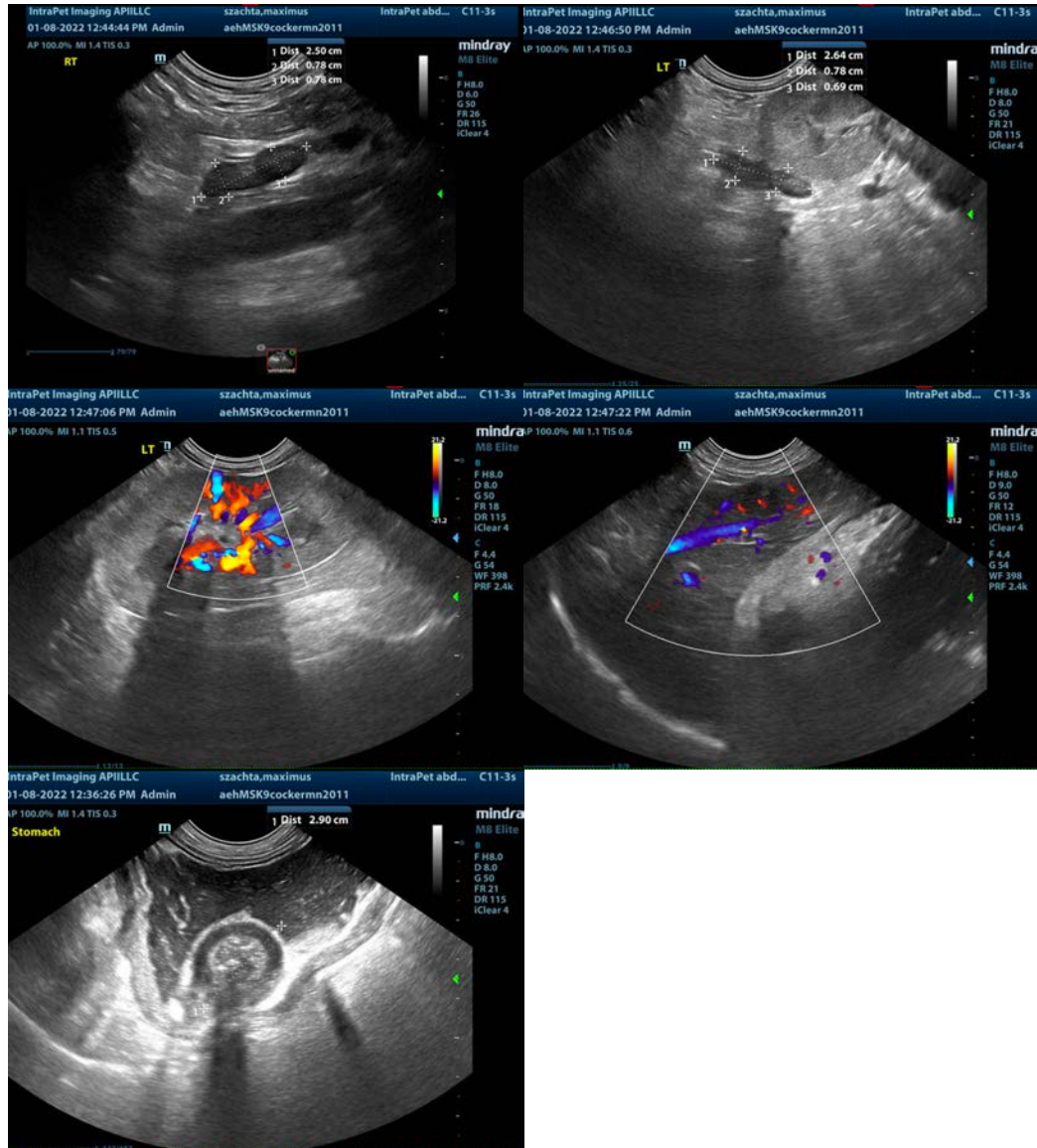
- Chronic upper GI thickening with gastric rotation
- Concurrent pancreatitis
- Hepatic remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend surgical exploratory with evacuation of the stomach, GI biopsies, and gastropexy. Liver biopsy +/- J-tube may be appropriate given that pancreatitis is present in order to enhance enteral feeding.







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.

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