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Clinical Sonography & Telecytology
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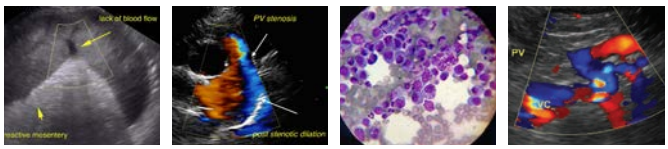

PATIENT
Kiki Spann

SPECIES
Canine

BREED
German Shepherd

SEX
Spayed Female

AGE
8 Years

WEIGHT
96 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Amy Jagger

HOSPITAL NAME
VCA Parkway AH

REFERRING VET
Dr. Amy Jagger

INVOICE
42412

DATE
10/31/22

PRESENTING CLINICAL SIGNS

Intermittent vomiting for about 6 months, has been losing weight recently and had diarrhea for a few weeks. Labs in June were all WNL. Painful response with the US probe trying to get RK (in R lateral) even with sedation. (repeatable response even when rolled into VD and R lateral)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

The **kidneys** presented normal size and contour. Minor pyelectasia noted in both kidneys. The right kidney measured 8.46 cm. The left kidney measured 8.95 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.41 cm. The right adrenal gland measured 0.67 cm.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The spleen was folded upon itself cranially, positional variant. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. Minor dependent gallbladder debris and slight polypoid changes noted.

Gastrointestinal

The upper **gastrointestinal tract** was unremarkable. However, some reactive mesentery noted, consistent with steatitis in the mid abdomen, extending for approximately 4.0 cm. Slight areas of free fluid and minor thickened bowel noted. No neoplastic criteria met. The steatitis appears to be associated with the distal small intestine. This area needs to be monitored carefully. Transit of chyme appears to be partially obstruction, as empty small intestine was present following minor transit of chyme in the upper gastrointestinal tract. Some residual chyme and gas were noted in the stomach. Adhesions owing to steatitis upon the small intestine may be causing a partial obstructive pattern.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

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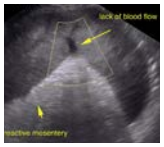
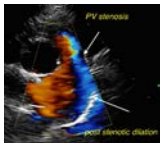
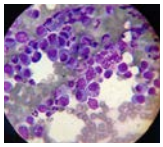
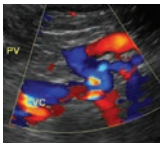

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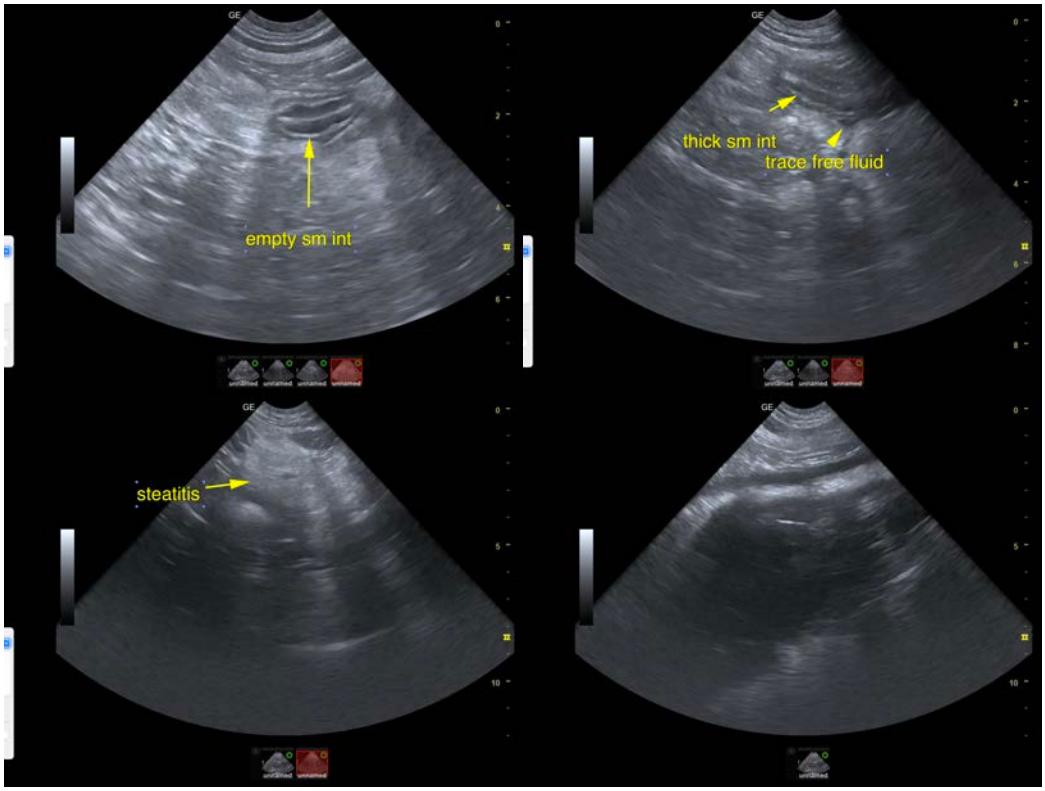
ULTRASONOGRAPHIC FINDINGS

- Enteritis pattern with steatitis/reactive mesentery in the mid abdomen
- Bilateral renal pyelectasia
- Folded spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt neoplastic criteria. However, emerging intestinal neoplasia could not be completely ruled out. This is most consistent with subacute on chronic enteritis with localized peritonitis. Either direct exploratory surgery and resection, biopsy and inspection of bowel associated with the reactive mesentery could be considered, or medical management with Enrofloxacin/Metronidazole, fluid support, and GI protectants. If the patient is stable and improving, then recheck sonogram in 3-5 days. If the patient is declining, then recheck sonogram earlier +/- exploratory surgery. Subacute on chronic inflammatory bowel or possible passage of foreign matter may have caused the regional dysfunctional bowel and reactive mesentery.



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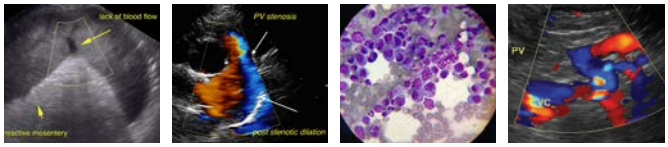

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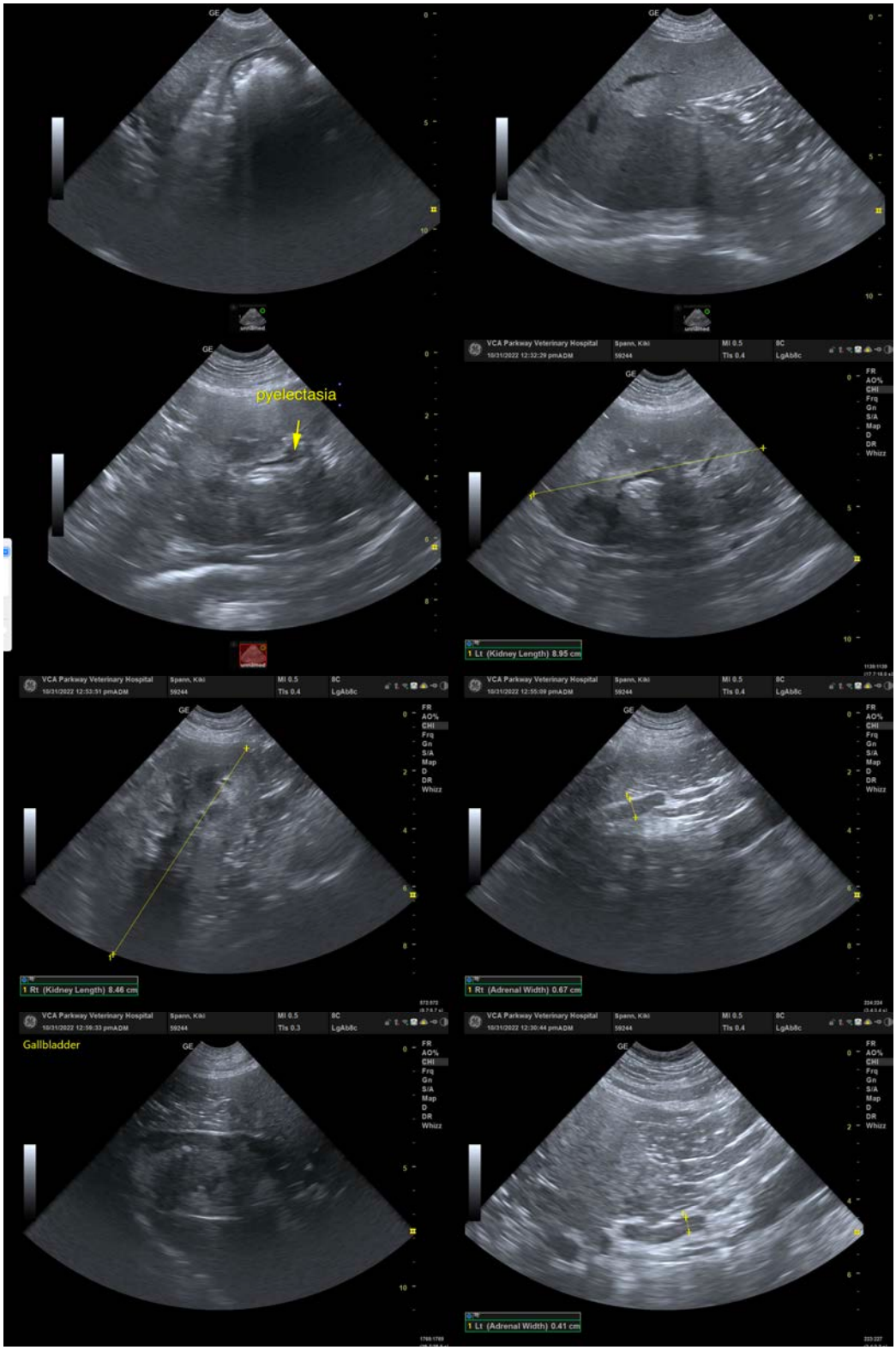

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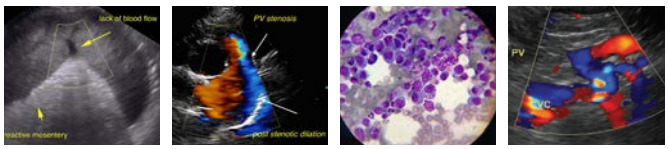

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com