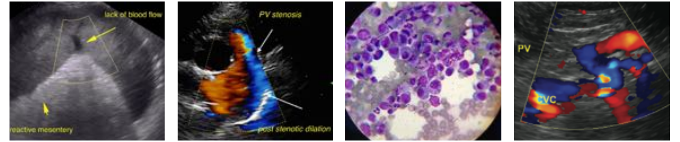

SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Scooby Arnold

SPECIES

Canine

BREED

Pitbull

SEX

Neutered male

AGE

7 years

WEIGHT

29.6 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Lupole

INVOICE

42336

DATE

11/5/22

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for bloated abdomen. Owner says that he noticed patient was looking bloated on Wednesday and was having diarrhea. The next day patient was pretty lethargic and patients' belly was still bloated. In the past couple of hours owner noticed that patient's belly had gotten significantly larger. Diarrhea has stopped. Previous Health Concerns: cyst removal; skin issues; retinal degeneration Current Medications: trazadone PRN
Abnormal PE/Chem/CBC/UA Results: Abdominal: tense cranial abdomen, palpable mass effect, fluid wave present, abdominal distention noted Radiographs: bronchointerstial pattern in generalized lung fields, no obvious metastasis, mass effect in area of spleen with surrounding loss of detail, caudal displacement of intestines, stool in colon, very small urinary bladder Chemistry: BUN 105.9 H, Creat 1.3 H, TP 4.8 H, Albumin 2 L, Glucose 130 H, ALT 141 H, IP 8.3 H CBC: WBC 19.40 H, PMN 16.18 H, stress leukogram EPOC: pH 7.335 L, Na 137 L, Lactate 4.48 H, BUN 101 H, Creat 1.75 H

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 was noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and contour with adequate vascularity. Non-specific, mildly increased cortical echogenicity was noted. This is consistent with interstitial nephrosis. The left kidney measured 7.93 cm. The right kidney measured 8.42 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.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. 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 was noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. The hepatic veins and vena cava were dilated in this patient. This is consistent with passive congestion. The gallbladder was double layered.

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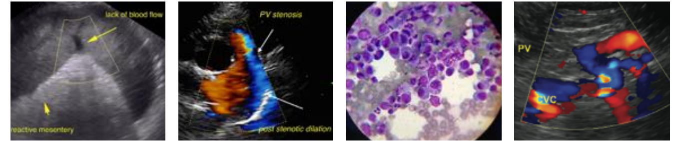

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Gastrointestinal

The **stomach** was severely over distended with fluid and chyme. A 5.6 cm shadowing structure in the stomach. The position of the structure was unclear. This would be consistent with foreign matter. The small intestines were unremarkable. The colon was filled with stool.

Pancreas

The **pancreas** was edematous.

ULTRASONOGRAPHIC FINDINGS

5.0 cm shadowing gastric structure.

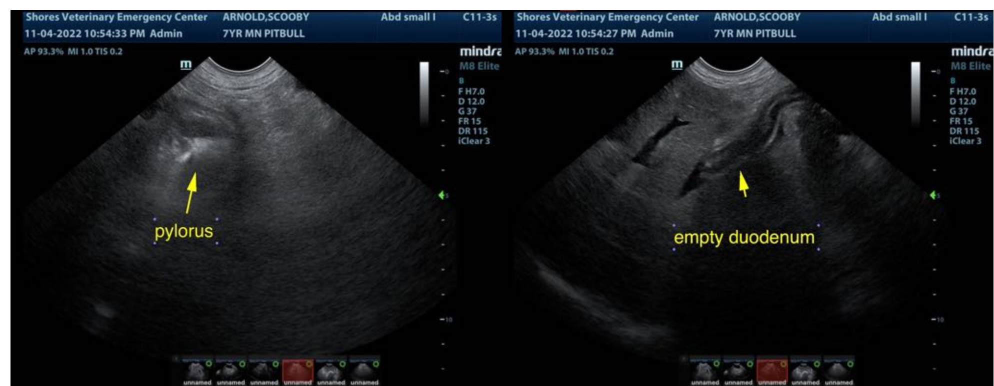
Delayed outflow gastric pattern with bloating.

Passive congestion liver pattern and free fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I believe there are two separate issues in this patient. Nature of the ascites is essential as well as echocardiogram to assess for causes of passive congestion. If aggressive fluid therapy is being utilized then this would justify hepatic vein dilation. However, rapid echocardiogram to assess for pericardial effusion or right-sided cardiac enlargement is indicated. Abdominocentesis of the free fluid is recommended with cytospin to assess for sepsis or neoplastic cells as opposed to transudate. If transudate then the abdominal fluid is likely deriving from passive congestion.

There appears to be a 5.0 cm structure in the stomach; however, I cannot assess if this is the cause of obstruction or GI tract presents gastric stasis owing to ileus. Further diagnostics are necessary. Supportive care and a recheck sonogram is recommended in 12-24 hours after echocardiogram and abdominocentesis has been performed. The azotemia in this patient is likely pre-renal.



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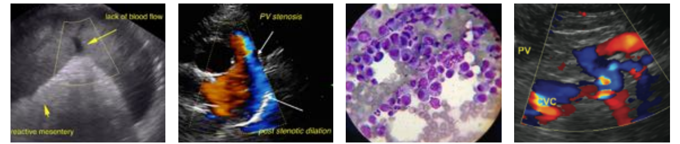

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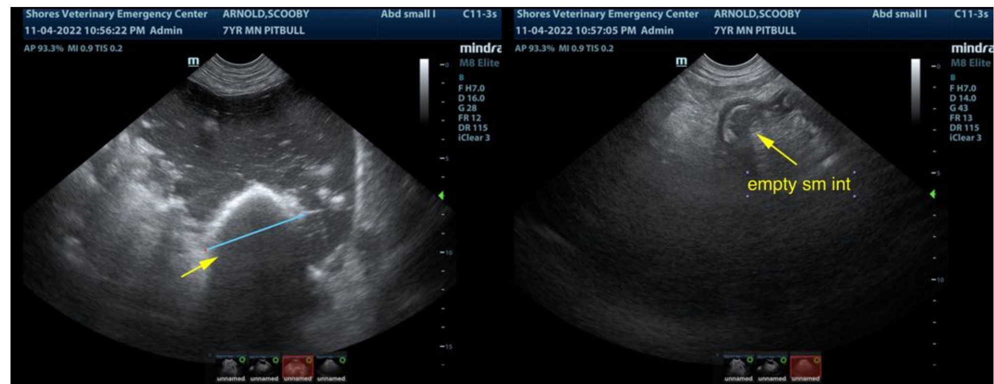

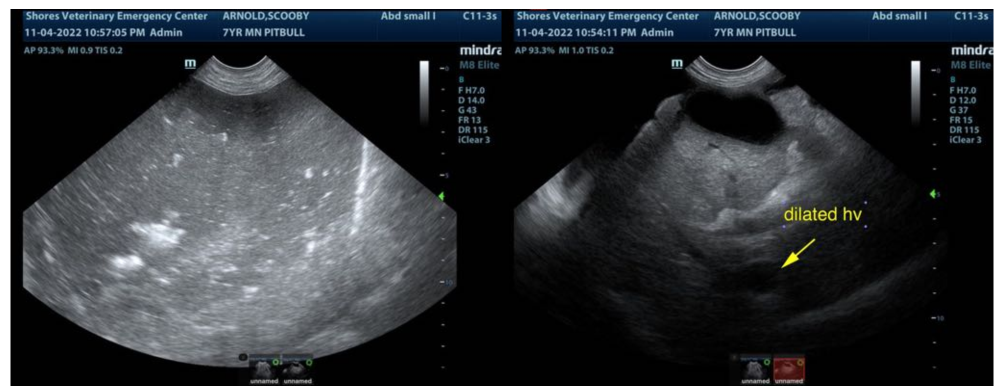

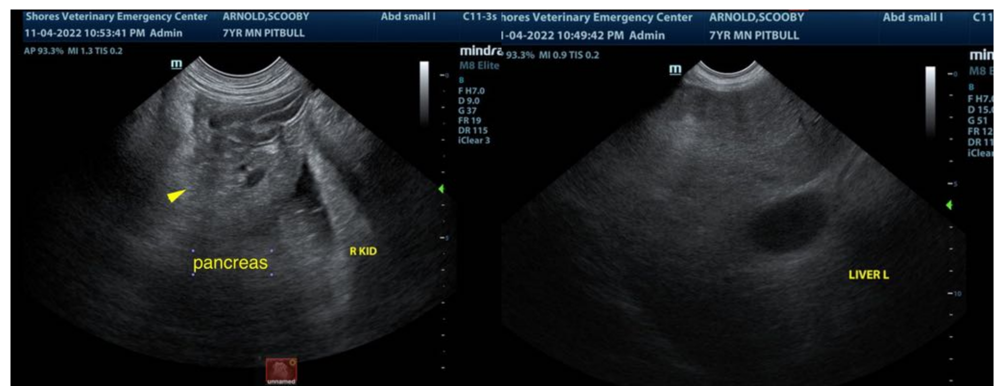

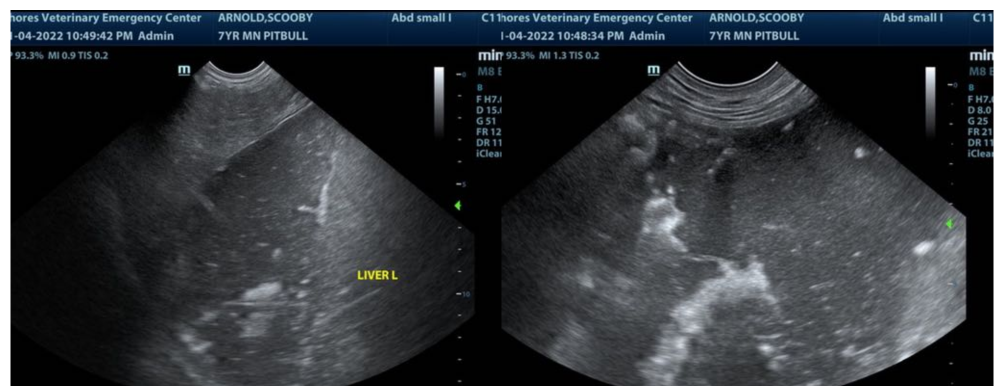

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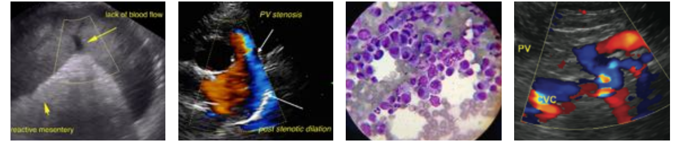

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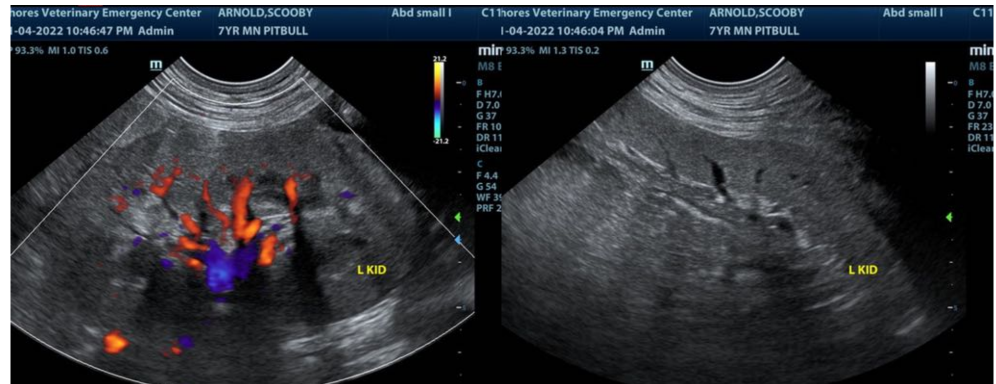

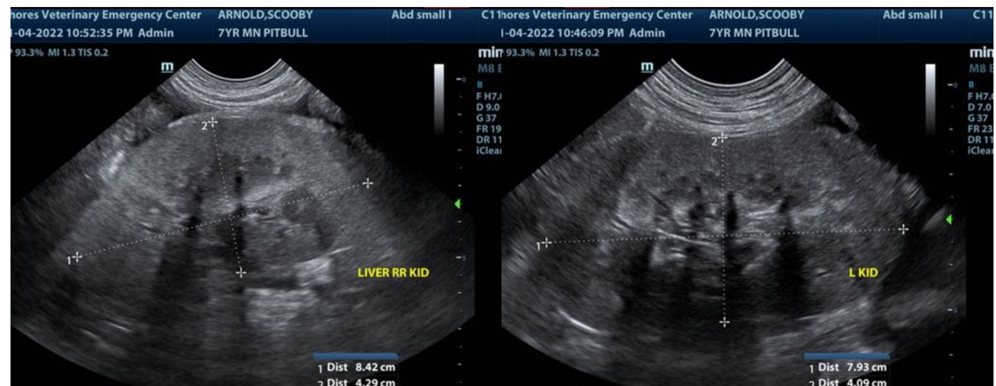

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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