IMAGING PERFORMED BY

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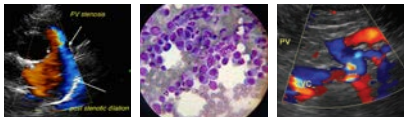

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

12/21/21

PATIENT

Lyka Spies

SPECIES

Canine

BREED

German Shepherd

SEX

Spayed Female

AGE

7/27/18

WEIGHT

59.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Saubier

INVOICE

33633

PRESENTING CLINICAL SIGNS

History: Presenting Complaint: Mass/Swelling – Spleen; Vomiting with Blood. Date: 12-20-2021 Notes: Beginning approx. 4 days started vomiting and had diarrhea. Since then, diarrhea has improved but vomiting has continued. Vomit is now dark drown / black in color. No known toxic or foreign ingestions but does like to chew sticks. Was recently over at Mom's house - mom has 2 puppies in house and does give lots of treats. Seen at rDVM today - sedated with Acepromazine and Butorphanol. BW - CBC low platelets. X-Rays - concern for splenic enlargement. Abnormal gas pattern. Assessment: Vomiting, enlarged spleen, decreased platelets. Plan: Recommend admit into hospital - IV fluids and supportive care for vomiting. Repeat x-rays to evaluate for abnormal gas pattern. Discussed possible concerns with enlarged spleen - possibly related to sedation (acepromazine) vs breed vs infectious vs inflammatory vs other. Recommend sending CBC comp to IDEXX for platelet count, 4DX - r/o Lyme disease, +/- US.
Current Medications:
Lab Results: At rDVM -CBC- low platelets: Platelets were normal on new sample at ER. 4DX neg. PCV/TS 51%, 6.6. Attached separately.
Radiographs: X-Rays - concern for splenic enlargement. Abnormal gas pattern.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: IV DexDomitor.
Stat Report: Not requested.

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 **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 6.12 cm. The right kidney measured 5.91 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 2.12 cm x 0.62 cm at the caudal pole and 0.59 cm at the cranial pole. The right adrenal gland measured 2.46 cm x 0.64 cm at the caudal pole and 0.5 cm at the cranial pole.

Spleen

The **spleen** was uniformly enlarged with relatively uniform parenchyma without evidence of masses. The capsule was mildly swollen. This is most consistent with hypersplenism and reactive hyperplasia deriving from splenic white or red pulp. However, early infiltrative disease, such as lymphoma or mast cell neoplasia can, at times, present in this manner but not suspected. The spleen was folded upon itself caudally owing to gastric dilation. 25g US-guided FNA would be best in order to ensure only reactive hyperplasia is present. If clinical signs fit with potential neoplasia or mast cell disease, then Benadryl injection (1 mg/pound IM) 15 minutes prior to FNA would be recommended.

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. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The **stomach** was overdistended with mildly echogenic fluid. The pylorus was free of evident pathology. No overt evidence of obstruction.

Pancreas

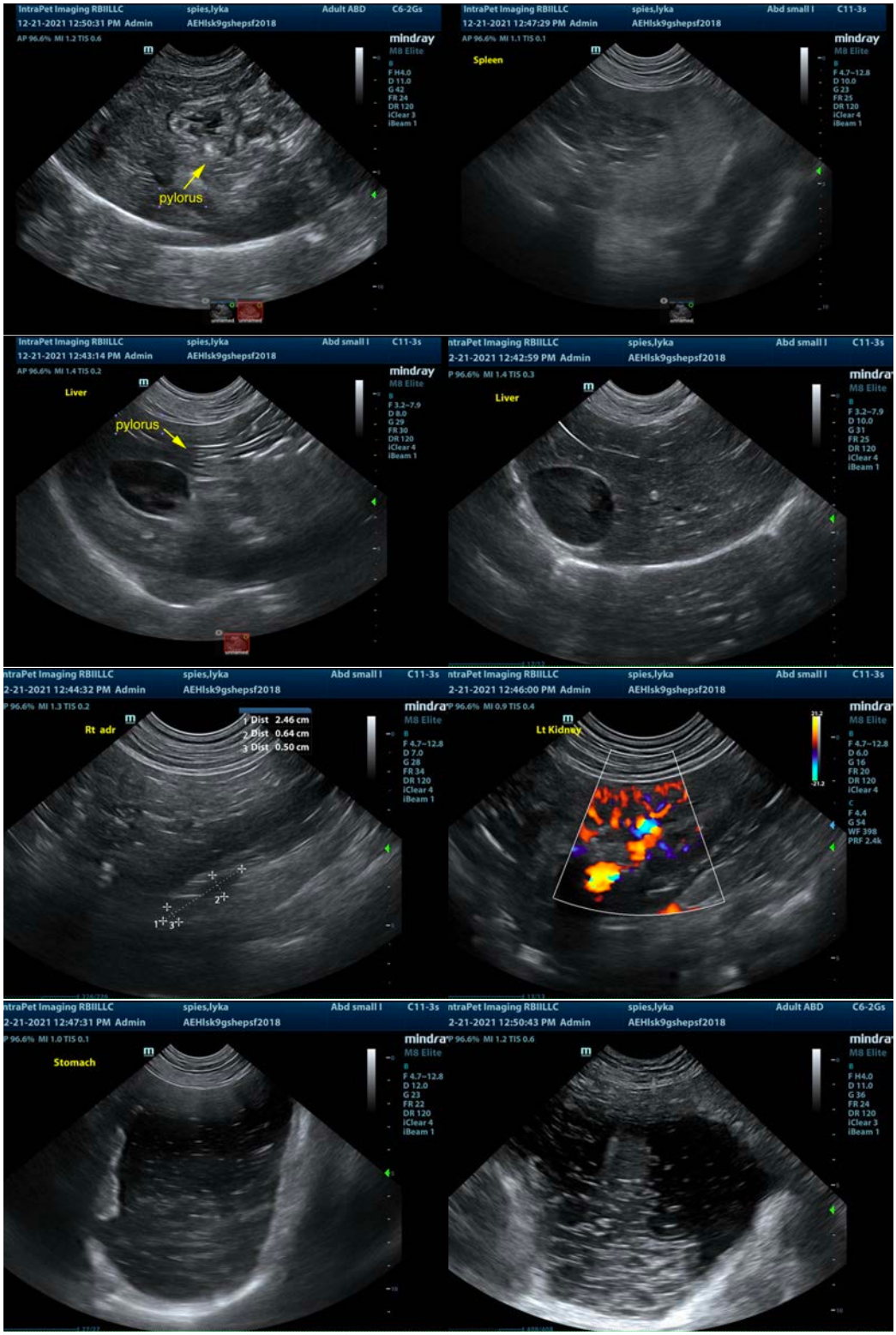
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Gastric dilation – suspect bloat and gastritis, possible predisposition to rotation or torsion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Gastric tube placement recommended in this patient with evacuation of the stomach. Conservative therapy for bloat and assessment for potential emerging torsion. At the time of the sonogram, the pylorus was in proper position. However, given the breed and splenic pattern with gastric overdistention, I'm concerned GDV development. This may be a preliminary presentation to potential emerging GDV.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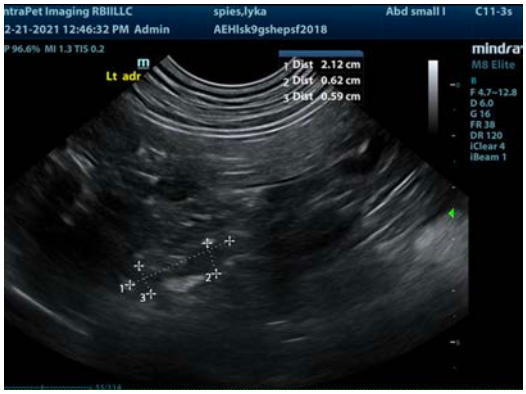

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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