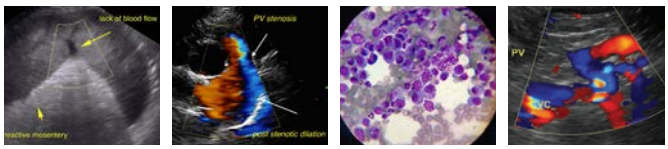
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Tyke Russell

SPECIES
Canine

BREED
Chihuahua X

SEX
Neutered Male

AGE
14 Years

WEIGHT
4 kg

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Neil Russell

HOSPITAL NAME
Frosted Faces Foundation, Inc.

REFERRING VET
Dr. Neil Russell

INVOICE
43605

DATE
12/21/22

PRESENTING CLINICAL SIGNS

Lethargy, V+ (mulch) in kennel 2 nights prior, weight loss since intake 0.4kg, see GI radiograph findings and concern for possible obstruction, tachycardia r/o obstruction vs gastritis vs pancreatitis vs neoplasia vs ++

Abnormal PE/Chem/CBC/UA Results: Labs: - Neutrophilia 21K - Monocytosis 2K - ALT 444

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened at moderate repletion with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

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. The left kidney measured 3.9 cm. The right kidney measured 3.95 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 0.63 cm at the caudal pole and 0.43 cm at the cranial pole. The right adrenal gland measured 0.82 cm at the cranial pole and 0.44 cm at the caudal pole.

Spleen

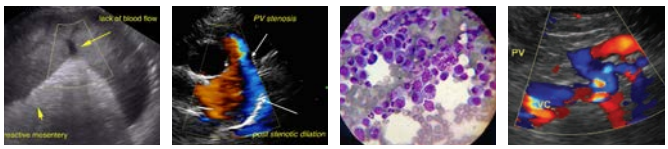
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes 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. 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 **gastric** wall was thickened with hypertrophied mucosal changes and some remodeling. Pyloric mucosal hypertrophy also noted in the stomach. A dilated portion of bowel was noted in this patient, followed by empty small intestine. The dilated portion of intestine was surrounded by hyperechoic



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omentum, suggestive for early peritonitis. Mesenteric lymph nodes were present. A shadowing 3.0 cm structure was present in the intestinal lumen with localized areas of free fluid. The portion of intestine affected was unclear, likely jejunum. Some areas of small intestine revealed mucosal fogging.

Pancreas

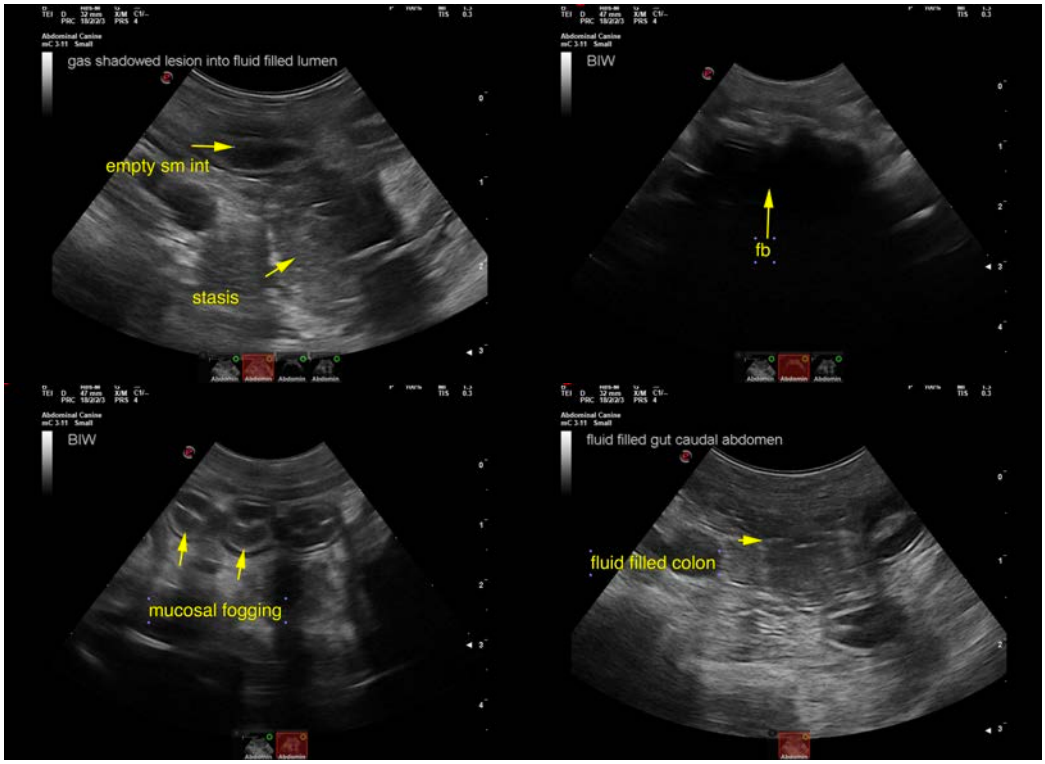
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Suspect intestinal obstruction with foreign body and concurrent underlying chronic disease
- Mildly thickened urinary bladder
- Age related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory surgery indicated. Inspection of the pyloric outflow also indicated, given the prominent mucosal changes. Gastrointestinal and lymph node biopsies are essential.



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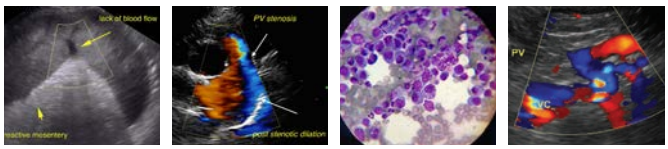

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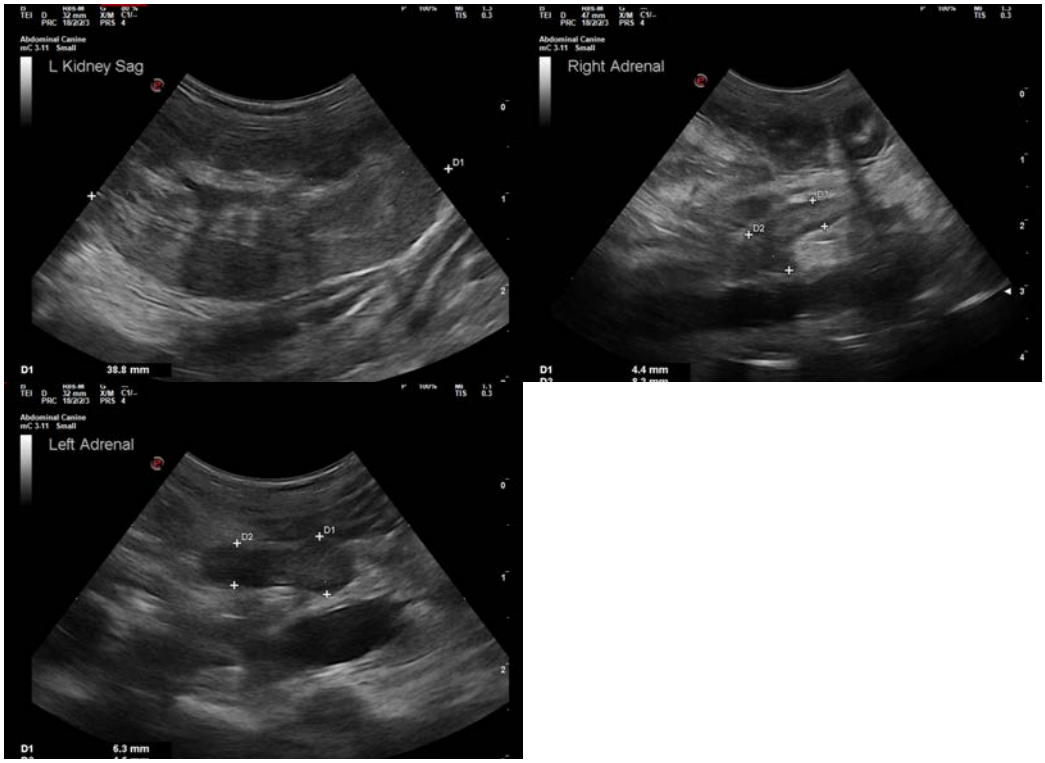

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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