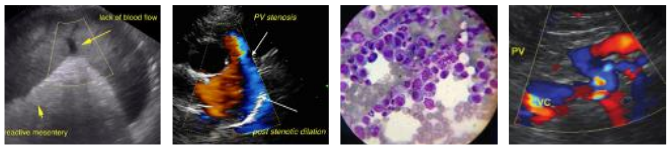
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Cwyk Griffith

SPECIES

Canine

BREED

GSD

SEX

Male

AGE

7

WEIGHT

76.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Cohen

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Cohen

INVOICE

20246

DATE

12/26/22

PRESENTING CLINICAL SIGNS

History: Presented for subacute onset vomiting all stomach contents, liquid diarrhea. Pt tachypneic, seems uncomfortable. Pt had 7-inch jejunal RNA performed 12/4 at WVH, pt prev doing great at home, no Gi signs, eating GI biome + neuvo diet. Pt recently returned to training and had one bout of diarrhea, resolved. Today was pt first day back at work, pt seemed fine, until afterwards and pt had dramatic Gi signs. Diarrhea was not hemorrhagic today. no exposure to raw fish or fishing equipment, no chance of FB ingestion per o. No dietary indiscretion or high fat treats.

Abnormal PE/Chem/CBC/UA Results: Mouth: ptyalism, pink moist mm. CRT <2s Abd: tense, distended abdomen. Clean abdominal incision, no swelling, redness, discharge FAST scan- abundant free abdominal fluid, swirling GI contents throughout small intestine. FNA: cloudy, pink-tinged modified transudate EPOC- Bicarb 13.9, Glu wnl 122, lactate 3.72 (H), PCO2 28.5 (L), pH 7.297 (L), PO2 55.4 (H), TCO2 13.2 (L), BE -12.5 (L), HCT 68% PCV 73% TS 7.4 g/dL CBC- RBC 11.03, Hct 74.1%, Hgb 24.4, RDW 22.3, Retic 169.9, normal leukogram. basophilia 0.16 (mild), MPV 13.4 Chem 17- ALP 20 (mildly low), Tbili 2.1, TS wnl 7.2 g/dL Abdominal fluid PCV 0% TS 3.2 g/dL specific gravity: 1.026 EPOC- K 5.2 (H), Glu 93, Lactate 4.38 (H), pH 7.270, PO2 133.2 (H), BE -6.2 (L) in-house cytology: hypochromic RBCs, central pallor visible, scalloped edge. Very few segmented neuts, no extracellular or intracellular visualized. Pt had HGE BM during Ultrasound(hematochezia)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

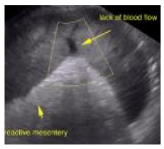
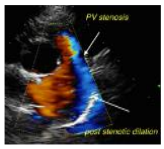
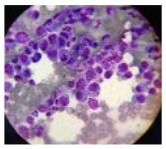
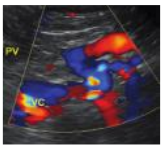
The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized, and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were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

The **prostate** was uniformly enlarged with lobar swelling appeared to impinge upon the urethra and mildly deviate the descending colon. The prostatic tissue was hyperechoic containing focal areas of decreased echogenicity. These changes are suggestive of either chronic inflammatory episodes, benign cystic pathology or both. Underlying neoplasia cannot be completely ruled-out but is lower on the differential list. This presentation is most consistent with benign prostatic hyperplasia with possible active prostatitis. Neutering or off-label Finasteride (Propecia) (0.1-0.5 mg/kg Sid) treatment is indicated +/- FNA or prostatic wash cytology and culture. This is a mild change. The prostate measured 3.0 cm.

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 right kidney measured 8.5 cm. The left kidney measured 9.12 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 0.5 cm in width. The right adrenal gland measured 0.5 cm at the caudal pole and 1.0 cm at the cranial pole.

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

PATIENT

Cwyk Griffith

SPECIES

Canine

BREED

GSD

SEX

Male

AGE

7

WEIGHT

76.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Cohen

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Cohen

INVOICE

20246

DATE

12/26/22

Spleen

The **spleen** was uniform with mild enlargement. Splenic folding was noted. This is typical for the breed. No overt pathology noted. Splenic vascularity was normal without thrombosis.

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 **gastrointestinal tract** revealed gastric stasis, empty small intestine and fluid filled colon that continued into the pelvic inlet.

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.

Free Abdomen

A large amount of **free fluid** was noted in the abdomen, the cause is unclear.

Other

A rapid view of the **heart** revealed no evident pathology. No evidence of passive congestion in the liver.

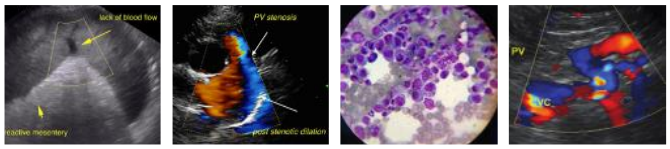
ULTRASONOGRAPHIC FINDINGS

- Large amount of free fluid in the abdomen
- Gastric stasis, empty small intestine and fluid filled colon
- Mild splenic enlargement with splenic fold
- BPH prostate

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dilated adhesions are causing potential lymphatic obstruction, and delayed GI outflow would be the most likely scenario in this patient. Cytospin and immediate slide preparation, to ensure occult neoplasia is not an issue despite the baseline fluid analysis results, is warranted. If ascites continues to form, then exploratory surgery is likely the best option in this patient in order to inspect the gastrointestinal tract, liberate any adhesions, and reassessment of any biopsies taken of the GI tract would also be indicated. However, there is no overt evidence of neoplasia, yet the abundance of free fluid is concerning. Assuming albumin levels are normal, differentials include adhesions and lymphatic obstruction, as well as occult neoplasia. There is a mild potential for underlying intestinal perforation, however, some hyperechoic tissue in the mesentery appears to be adhered to the intestinal tract that may be obscuring an overt minor perforation.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Cwyk Griffith

SPECIES

Canine

BREED

GSD

SEX

Male

AGE

7

WEIGHT

76.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Cohen

HOSPITAL NAME

Willamette VH

REFERRING VET

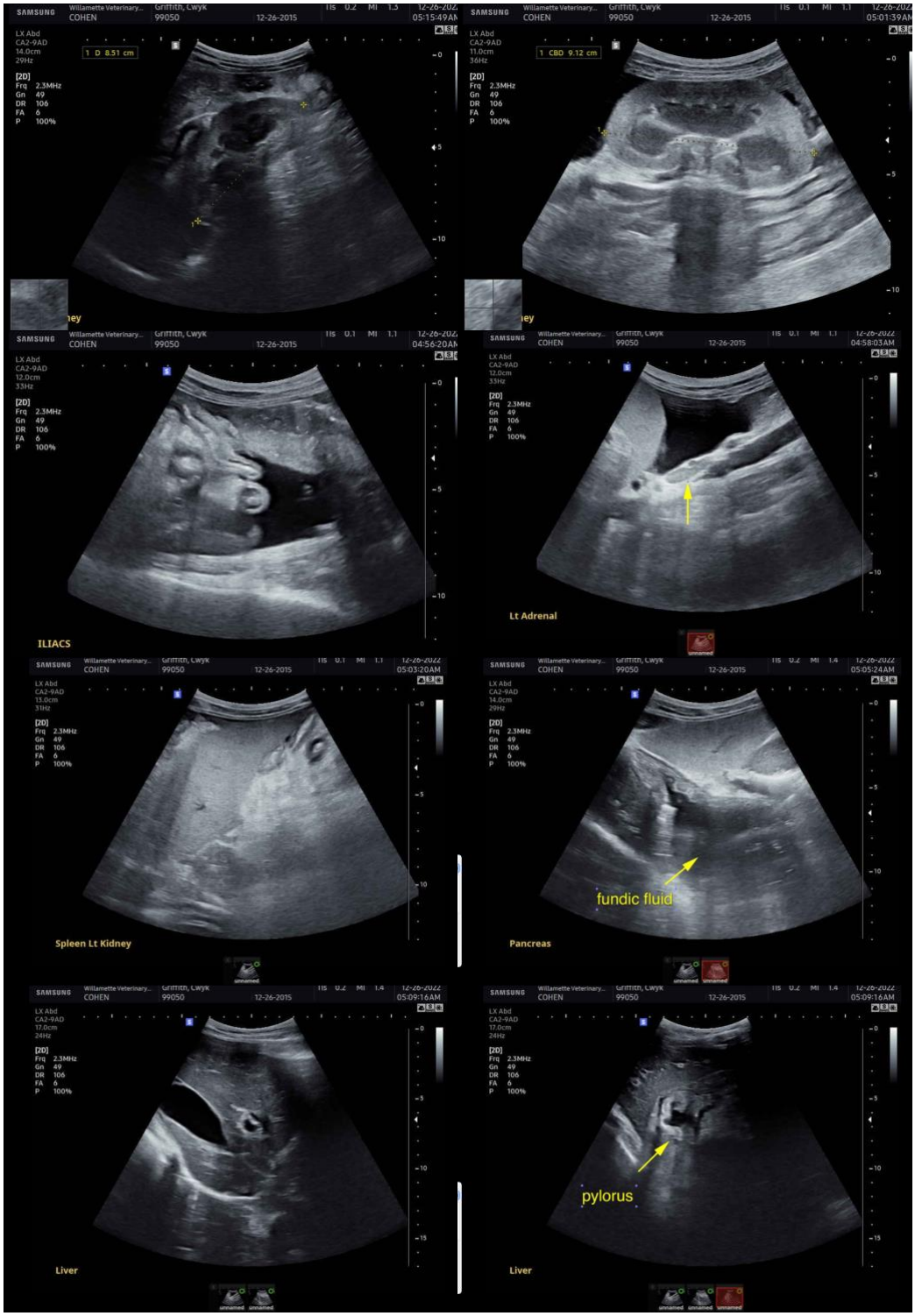
Dr. Cohen

INVOICE

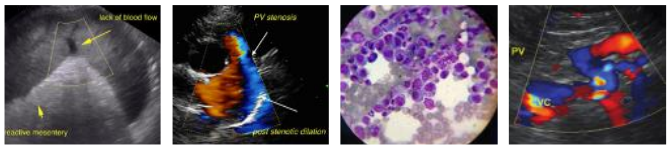
20246

DATE

12/26/22



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Cwyk Griffith

SPECIES

Canine

BREED

GSD

SEX

Male

AGE

7

WEIGHT

76.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Cohen

HOSPITAL NAME

Willamette VH

REFERRING VET

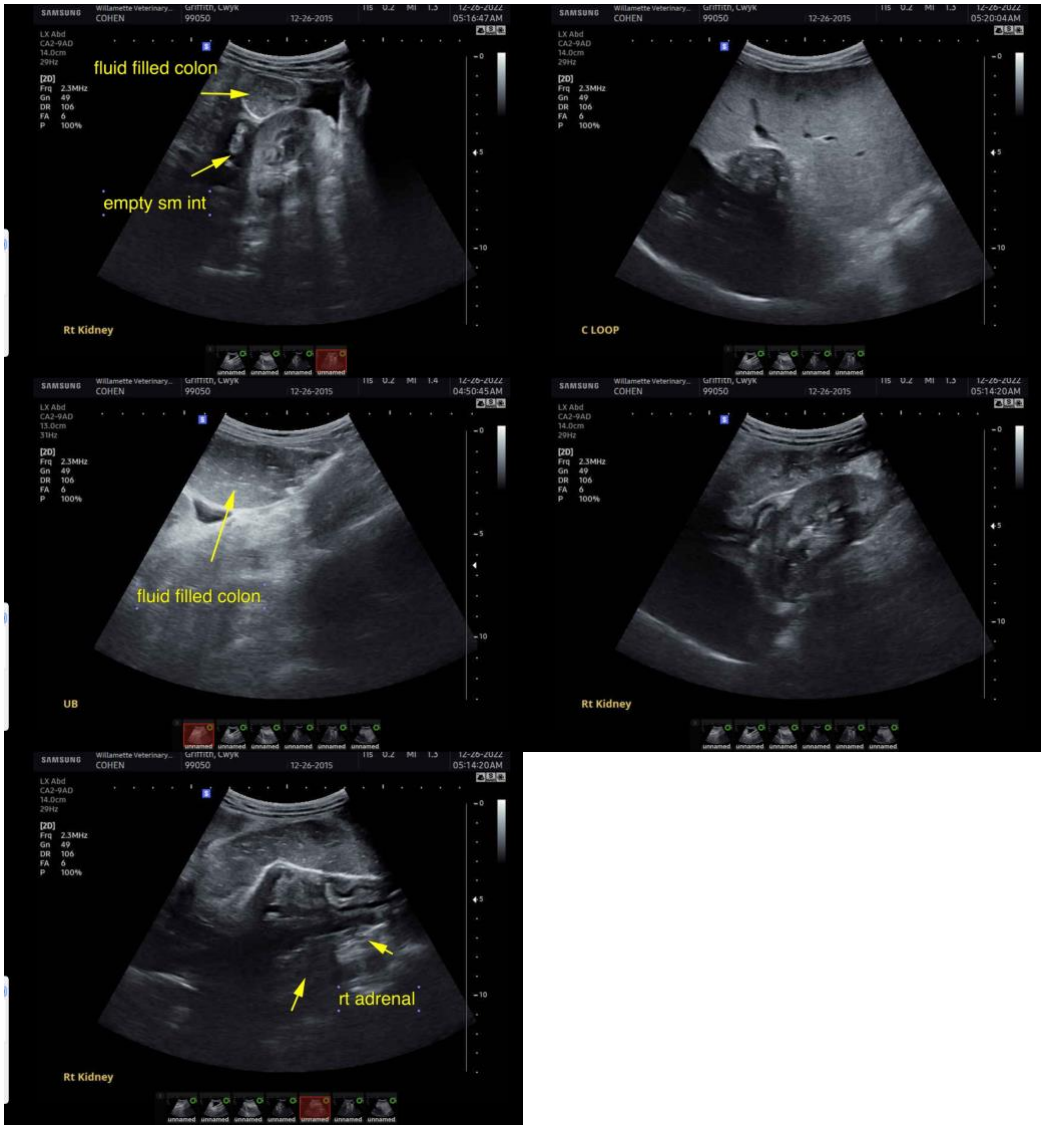
Dr. Cohen

INVOICE

20246

DATE

12/26/22



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.

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