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Clinical Sonography & Telecytology
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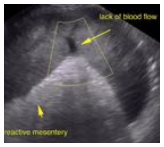
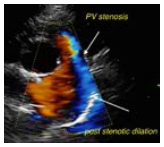
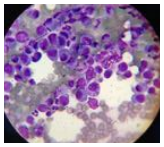
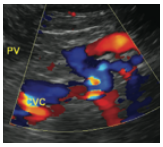

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1-800-838-4268 info@sonopath.com

PATIENT
Kitty Franklin

SPECIES
Canine

BREED
Staffordshire Terrier

SEX
Spayed female

AGE
7 years

WEIGHT
65.7 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Neuhaus

HOSPITAL NAME
Willamette VH

REFERRING VET
Dr. Neuhaus

INVOICE
42930

DATE
2/24/23

PRESENTING CLINICAL SIGNS

History: Vomiting vs regurgitation at home since being seen on 2/14 for laceration repair, diarrhea ongoing since that time and has recently been seemingly fecal incontinent. Pt was seen here for a laceration repair 2/14 and has returned several times for aspiration pneumonia treatments. US PE: QAR, mm pnk/sl tacky, crt <2s, grade 2-3/6 left systolic murmur, mild increase R cranial BV sounds, abd sl tense on palpation, rectal tone wnl, lnn wnl, all wounds healing wnl, NG tube in place
Abnormal PE/Chem/CBC/UA Results: 2/20/23 Thoracic /cervical radiographs: no esophageal dilation found; stomach is mildly flaccid/dilated in appearance with prominent rugal folds; does not appear to have fluid retention; Slight consolidation of cranial L lung lobe still present; No other AbN findings noted; PCV/TS: 56% and 7.0 TS; 2/23 PCV/TS = 55%, 6.4 EPOC = nsf. lactate 2.28, K 4.0, Na 146, Glu 108, Crea 1.07, BUN 7 FecalG, pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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 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 6.57 cm. The right kidney measured 6.06 cm.

Adrenal Glands

The left **adrenal gland** was subnormal in size and measured approximately 0.3 cm. The right adrenal gland measured was visualized

Spleen

The **spleen** was uniformly enlarged and folded upon itself.

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.

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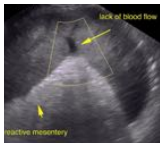

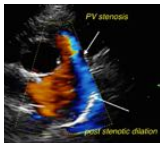

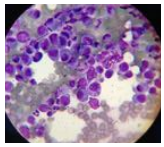
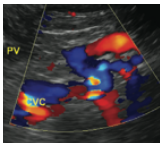

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Gastrointestinal

Gastric stasis was noted with anechoic fluid. The pylorus revealed minor shadowing material. This may be a foreign body or possible medication measuring 3.9 cm. The duodenum was empty. The small intestine was edematous. The colon revealed soft stool.

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

Hypersplenism.

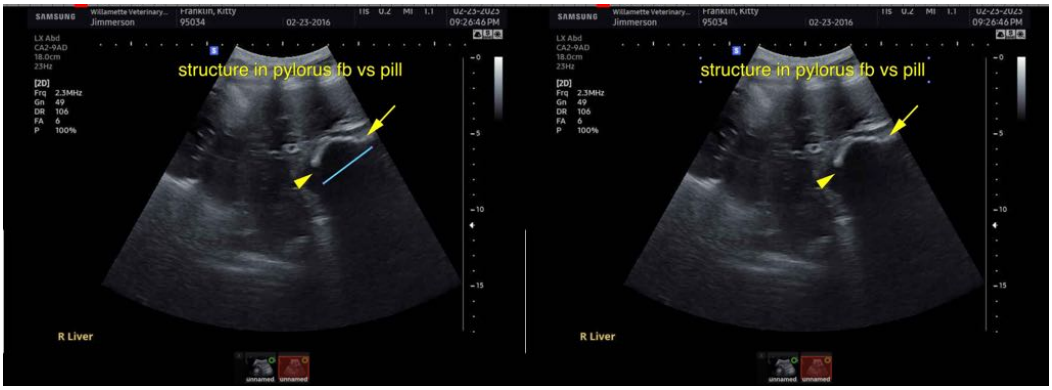
Minor gastric fluid accumulation with 3.9 cm shadowing structure in the pylorus.

Minor edematous small intestine.

Small left adrenal.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Endoscopy would be ideal in this patient. Prior to procedure I recommend ensuring that the 3.9 cm structure is persistently present and has not been liberated or moved into the small intestine, but is present in multiple views. Otherwise, surgical intervention is warranted; however, SDEP 13 approach to the pylorus should be performed just prior to surgery to ensure persistence of the structure. Screening for Addison's is warranted given the right adrenal gland is not visualized and the left adrenal gland is small. Baseline cortisol or ACTH stimulation is recommended.



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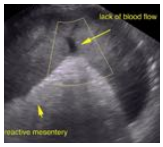

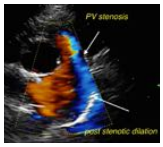

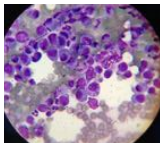
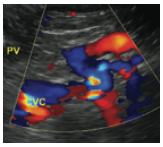

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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