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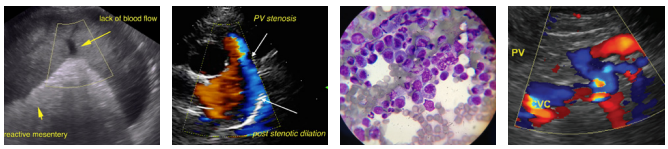

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Hammy Gould

SPECIES
Canine

BREED
Basset X

SEX
Neutered Male

AGE
10 Years

WEIGHT
17.8 kg

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Erin Wicks

HOSPITAL NAME
Shores VEC

REFERRING VET
Dr. Moser

INVOICE
36286

DATE
3/18/22

PRESENTING CLINICAL SIGNS

Presented at our hospital for vomiting yesterday, xrays yesterday with potential fb. He threw up overnight, strained to produce bm but nothing produced. Previous Health Concerns: none Current Medications/Supplements/OTC: sucralfate
Abnormal PE/Chem/CBC/UA Results: Abdominal: palpates " full" and tender in mid abdomen Cbc: nr chem: amylase 1883 epoc; K+ low, sl increase ph Repeat rads: increase in gastric distention, mass effect caudal to area of the spleen

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 pelvic urethra was imaged 2.0 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 right kidney measured 5.87 cm. The left kidney measured 5.96 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 right adrenal gland measured 4.0 mm. The left adrenal gland measured 2.41 cm x 0.53 cm at the cranial pole and 0.61 cm at the caudal pole.

Spleen

The **spleen** revealed an expansive parenchymal mass measuring 5.0 cm, non-cavitated.

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 chyme. The mid small intestine revealed dilated lumen with regional adhesions and focal thickening. Some luminal material was present, yet may be transit of chyme, grass or similar. This was followed by empty small intestine, creating an obstructive pattern.

Pancreas

The **pancreas** was heterogeneous with a minor amount of remodeling, consistent with chronic active pancreatitis.

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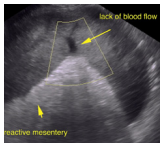

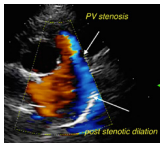

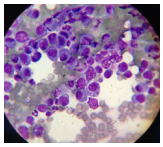
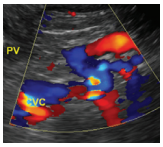

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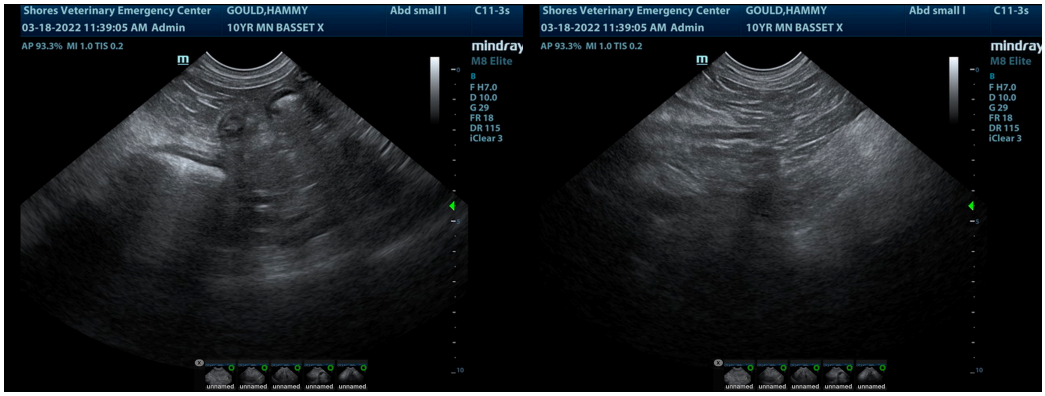
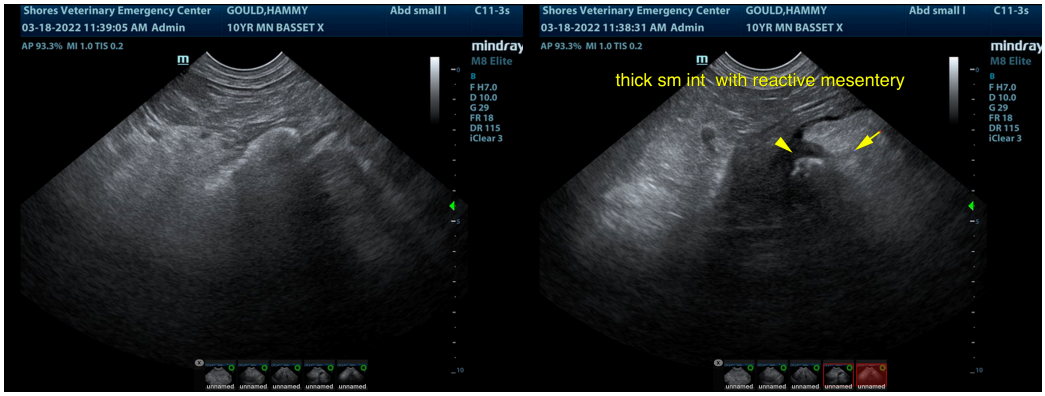
ULTRASONOGRAPHIC FINDINGS

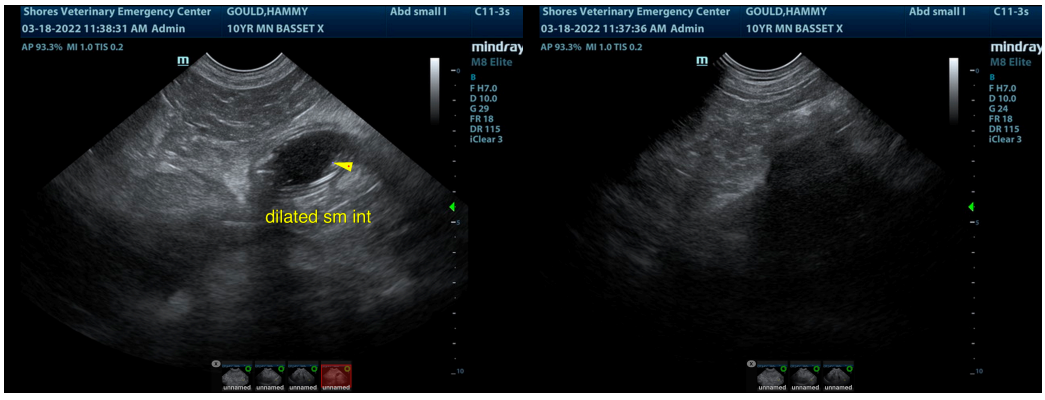
- Obstructive intestinal pattern
- Concurrent splenic mass

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

3-view chest radiographs and rapid echocardiogram recommended to assess for metastatic disease. Given the necessity for splenectomy, recommend exploratory surgery with expectations of resection and anastomosis of the portion of obstructed intestine and removal of any luminal materia. However, I believe that the unhealthy small intestinal wall is likely to blame for the obstructive pattern +/- adhesions. No overt masses noted







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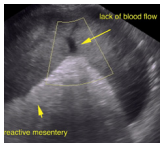

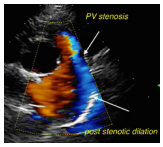

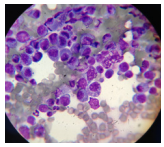
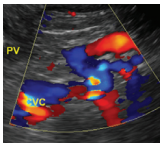

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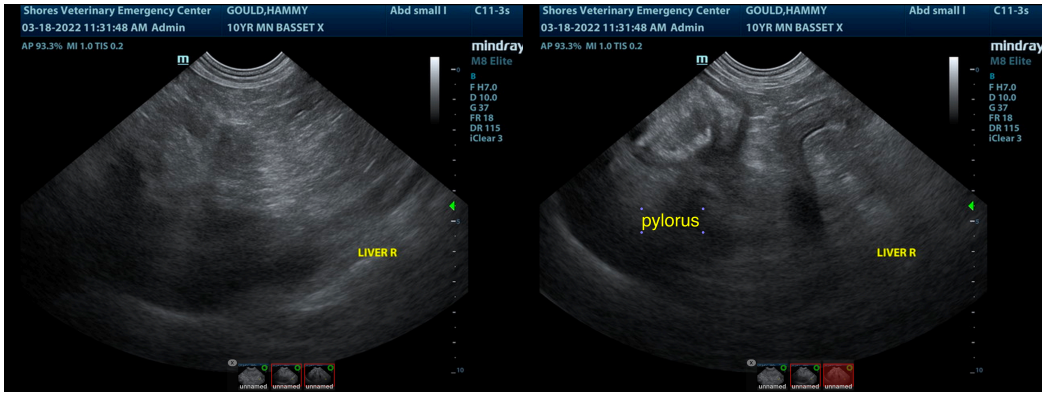

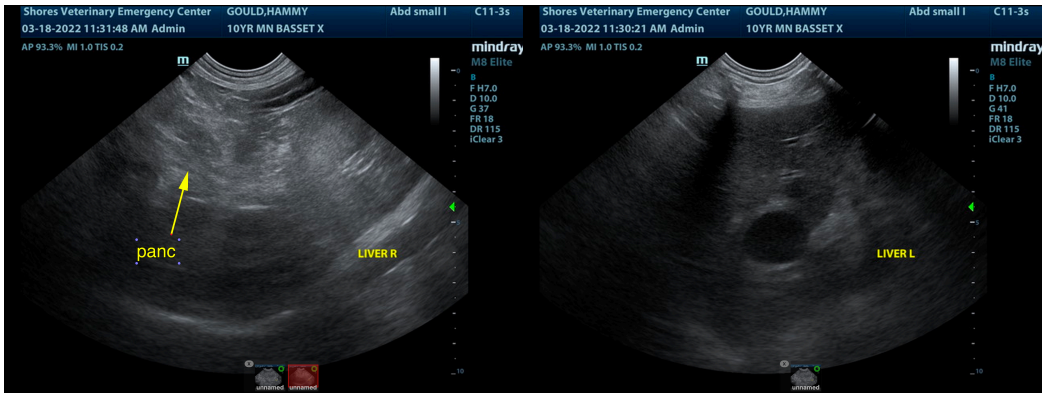

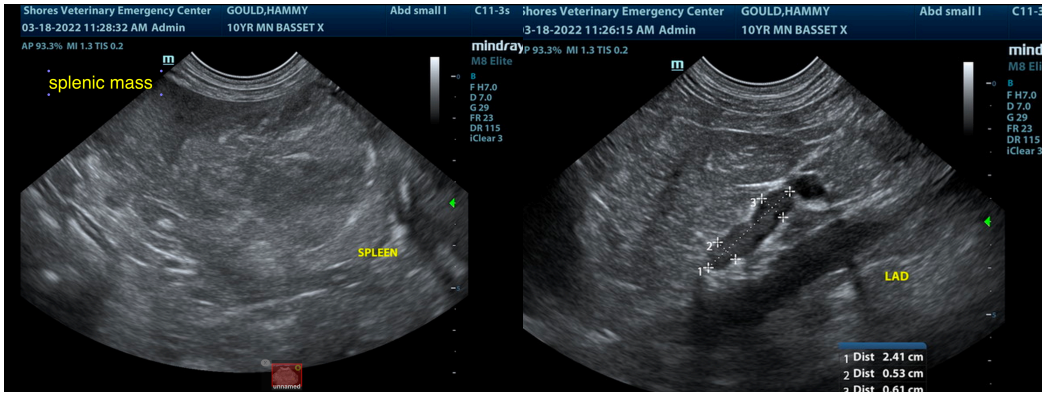

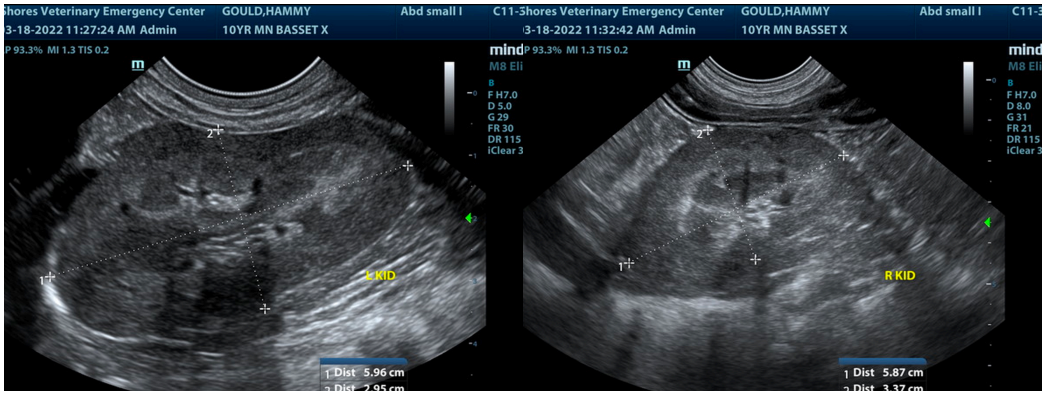

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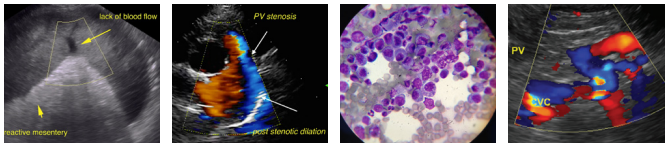

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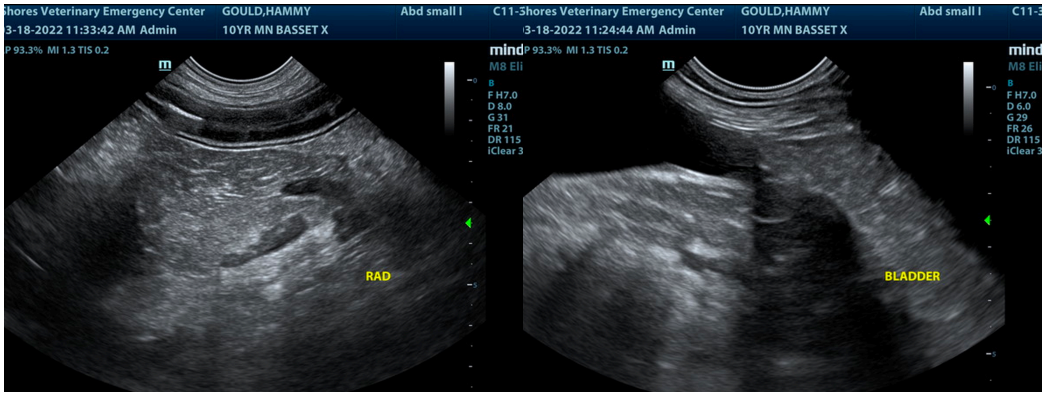

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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