

**DATE PRESENTING CLINICAL SIGNS**

4/29/22

PATIENT

Tucker Menger

SPECIES

Canine

BREED

Beagle

SEX

Neutered male

AGE

2013

WEIGHT

27 lbs

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**

Chadwell AH

REFERRING VET

Dr. Schupp

INVOICE

14974

Weight loss, sudden onset vomiting for 3 days, anorexia. Has a history of kidney disease.

Current Medications: Ampicillin 250 mg IV BID, Cerenia 30 mg SQ QD, and NaCl IV fluids at 50 mls/ hour

Lab Results: Attached.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

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 residual prostate was uniform, measuring 1.01 cm.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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. Slight pyelectasia (0.31 cm) noted in the left kidney. Minor pyelectasia was noted in the right kidney, measuring 0.35 cm. Cortical infarct noted. The left kidney measured 4.87 cm. The right kidney measured 4.31 cm in length.

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 2.02 cm x 0.69 cm at the cranial pole and 0.73 cm at the caudal pole. The right adrenal gland measured 2.2 cm x 0.71 cm at the caudal pole and 0.63 cm at the cranial 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** was uniform with multifocal biliary mineralization noted.

Gastrointestinal

The **stomach** in this patient revealed an anchored pyloric foreign body with linear attachment, continuing into the small intestine, causing accordion pleating and regional inflammation. The amount of intestine was extensive. Appeared to continue into the jejunum.

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

The right cranial **abdomen** revealed a 4.62 cm cystic structure and a 2.0 cm cystic structure, consistent with pancreatic or lymph node cysts. Minor free fluid was noted in the abdomen.

ULTRASONOGRAPHIC FINDINGS

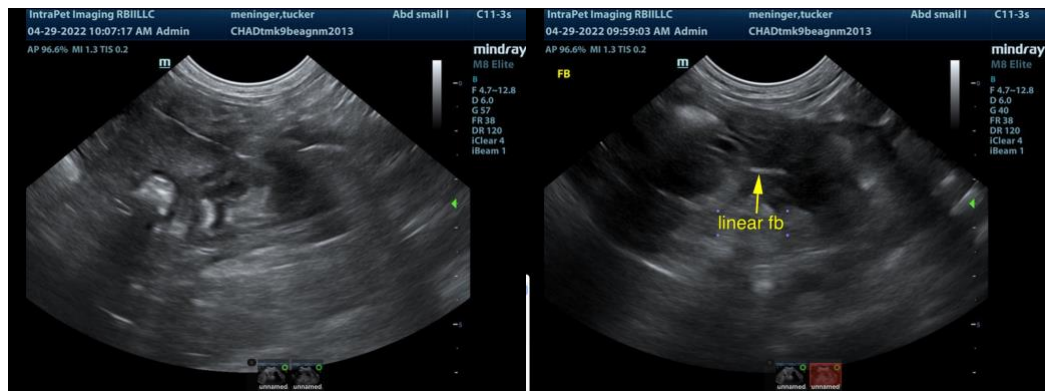
- GI foreign body
- Pancreatic or lymph node cysts, subjectively benign
- Moderate chronic degenerative renal changes
- Biliary mineralization
- Minor free fluid

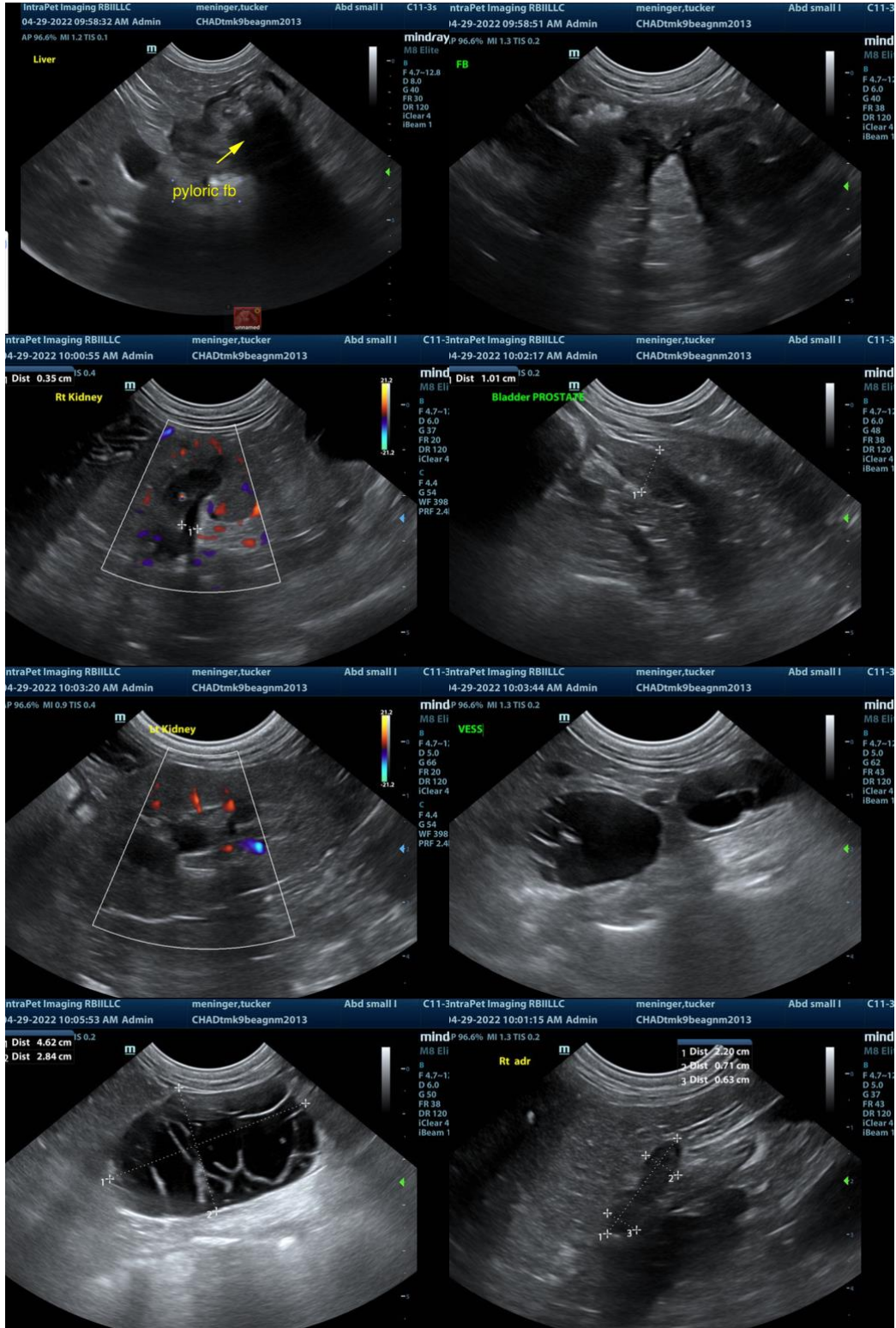
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

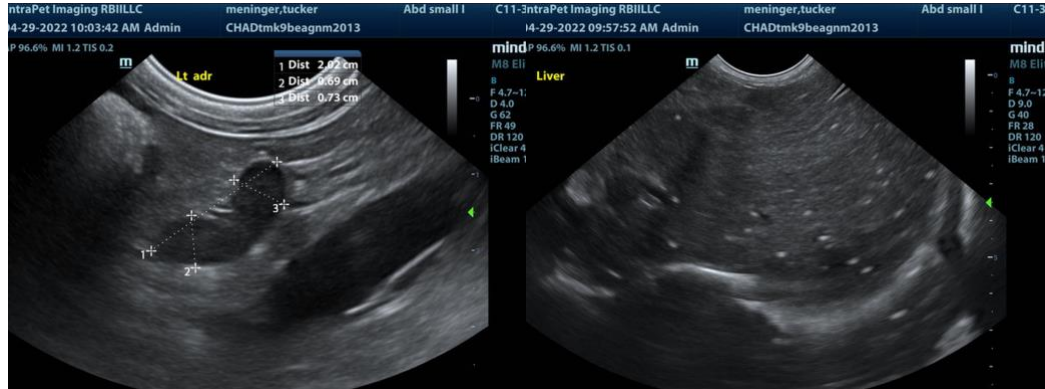
Gastrotomy or enterotomy is recommended with GI biopsies to rule out underlying disease. Drainage of the cystic structures would be ideal, as well, with culture and sensitivity.

GI Foreign Body Research

According to Sonopath research presented at ECVIM 2016 (Stockholm, Sweden), Advances in Small Animal Medicine and Surgery (May 2017), and EVDI 2017 (Verona, Italy), concurrent underlying chronic inflammatory neoplastic intestinal disease can often reside in PICA patients. Therefore, surgical biopsies are essential in this case regardless of the exploratory findings.







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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