IMAGING PERFORMED BY

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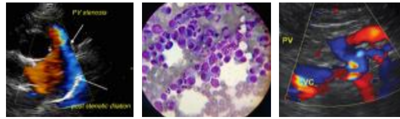

SonoPath

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DATE
6/10/22

PATIENT
Leon Scott

SPECIES
Canine

BREED
Pitbull

SEX
Neutered Male

AGE
5/1/2010

WEIGHT
63.8 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME
Animal Emergency Hospital

REFERRING VET
Dr. Kalwa

INVOICE
15997

PRESENTING CLINICAL SIGNS

History: Not eating today, has not had appetite since last Thursday but has eaten reluctantly. Vomiting pinkish bile and very weak. ATo- Starting last thursday hyporexia- to anorexia starting friday, saturday/sunday/ monday- ate but very reluctant, had cheese to entyce Vomiting started this am 4x, pink tinge No weight loss Normally drinks a lot- yesterday/ today not much No hx of DI- on special diet- gave spinach yesterday whining, drooling, burping Medical hx: - history of chronic intermittent GI upset- usually mild hx of vomiting, hyporexia, blood in stool- never lasts more than a day - IBD- diagnosed through chadwell- O states he had bloodwork, xrays, ultrasound, scoping and biopsies. - Hydrolyzed diet for 1 yr - Intermittently gets probiotic when needed - ~4 weeks ago at AEH for BDLD- ear wound and drain placed, did well on abx then

Current Medications: Trazodone, Acepromazine, Ampicillin, Buprenorphine, Vitamin B, Protonix, Cerenia.
Lab Results: See attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, 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 measured 1.7 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 6.72 cm. The left kidney measured 7.02 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 2.42 cm x 0.47 cm at the cranial pole and 0.55 cm at the caudal pole. The left adrenal gland measured 1.8 cm x 0.56 cm at the cranial pole and 0.52 cm at the caudal pole.

Spleen

The **spleen** was enlarged, irregular and nodular with slight free fluid noted adjacent to the spleen. A particular nodule was noted at the cranial pole of the spleen. Ultrasound guided FNA of the cranial nodule and regional free fluid recommended with cytospin. Benadryl injection just prior to sampling recommended, in case mast cell disease is an issue. Coagulation panel would be ideal.

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 minor muscularis hypertrophy with intact submucosal layering. Transit of chyme appeared to be delayed with delayed outflow gastric pattern. Some minor shadowing material was noted in the stomach yet does not appear obstructive. Gas artifact was noted in the stomach. However, normal stool consistency noted in the colon.

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.

Other

A rapid view of the **heart** revealed no obvious pathology. However, arrythmia did appear to be present. EKG indicated.

ULTRASONOGRAPHIC FINDINGS

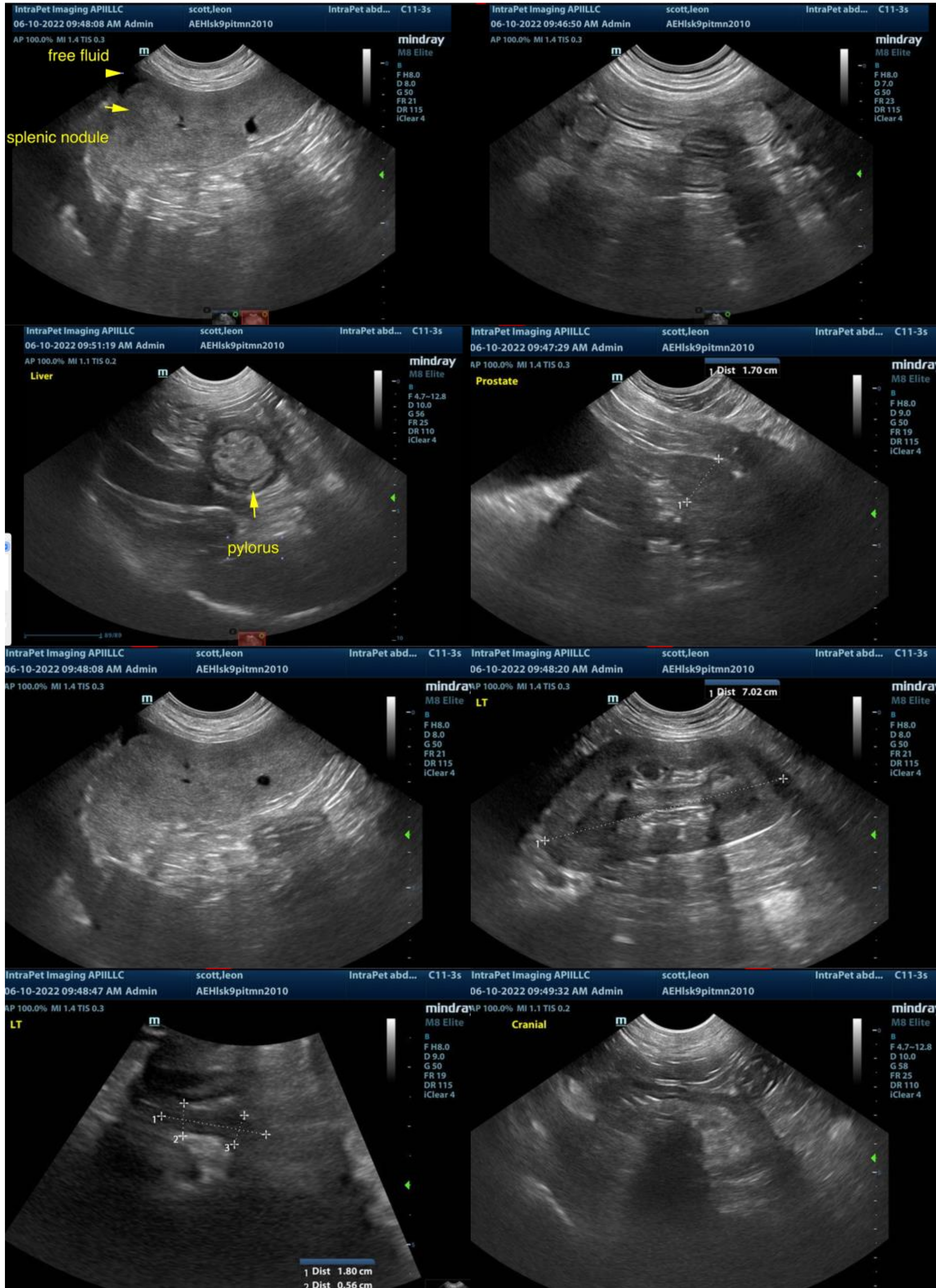
- Nodular splenic changes
- Diffuse intestinal thickening, consistent with inflammatory bowel. Minor delayed gastric outflow
- Arrythmia appeared to be present- EKG indicated

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Splenic differentials include emerging round cell neoplasia, such as mast cell disease, pronounced nodular hyperplasia with positional fold causing the minor free fluid. Hemangiosarcoma is less likely.

FNA of the spleen warranted, as well as sampling of the minor free fluid. Benadryl injection just prior to sampling recommended, in case mast cell disease is an issue. Coagulation panel would be ideal. Chest radiographs are also indicated.

Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison’s are all potentials. Likely inflammatory bowel, underlying parasitism is also a potential.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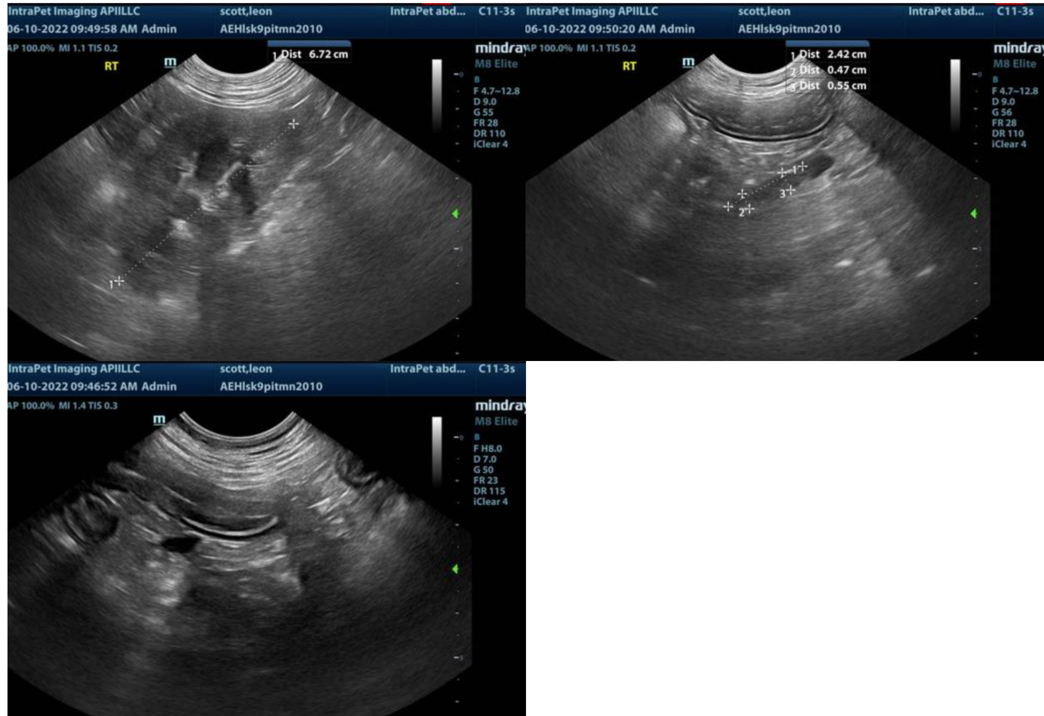
Cranial



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
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