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Clinical Sonography & Telecytology
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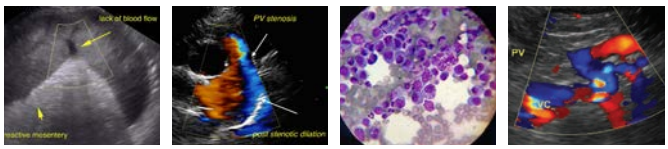

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1-800-838-4268 info@sonopath.com

PATIENT
Cletus Byrnes

SPECIES
Canine

BREED
Pit Bull X

SEX
Neutered Male

AGE
14

WEIGHT
59 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Kathleeyn Byrnes

HOSPITAL NAME
Byrnes Vet Relief Services

REFERRING VET
Dr. Kathleen Byrnes

INVOICE
43120

DATE
6/14/23

PRESENTING CLINICAL SIGNS

P boarding and developed tooth root abscess on Monday 6/5, Not eating well, Extraction of 108 on Tuesday 6/6. Routine No complications. Chem 10 Wednesday 6/7- wnl. Continued to be inappetant while boarding. P would eat if handfed. Went home Saturday 6/10- decreased appetite and has not eaten anything since Tuesday 6/13 a.m.. Treated with Cerenia. Famotidine, Convenia, Ondansetron, Metoclopramide, B12, with no improvement 6/13- abdominal ultrasound- brief scan- stomach wall thickened, ileus 6/14- 3 view chest x-rays- wnl, full abdominal US, FNA of stomach wall and Iliac Lymph node- pending, hospitalized started on Metoclopramide CRI, Famotidine, Cerenia, Ondansetron, Ampicillin, Sucralfate

Abnormal PE/Chem/CBC/UA Results: Monday 6/12- CBC/Chem17/Lytes High WBC, High Neutrophils

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal. The pelvic urethra was imaged 3.0 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 6.5 cm. The left kidney measured 6.43 cm.

Adrenal Glands

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins were noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The right adrenal gland measured 0.94 cm at the cranial pole and 0.79 cm at the caudal pole. The left adrenal gland was mildly heterogeneous and mildly enlarged measuring 1.0 cm at the cranial pole and 0.98 cm at the caudal pole.

Spleen

The **spleen** revealed an isoechoic 2.0 cm nodule/mass with mixed echogenic changes. Minor heterogeneous parenchymal changes noted elsewhere. Mild splenomegaly noted.

Liver

The **liver** was swollen with hypoechoic parenchyma. The gallbladder was unremarkable.

Gastrointestinal

The **gastric** wall revealed concentric mural thickening at 1.33 cm. Some shadowing material was noted in the stomach measuring up to 3.6 cm, consistent with foreign matter. The small intestine and colon were unremarkable.

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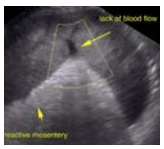
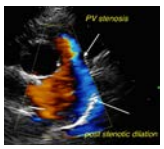
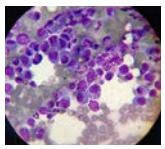
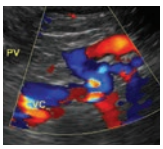

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Pancreas

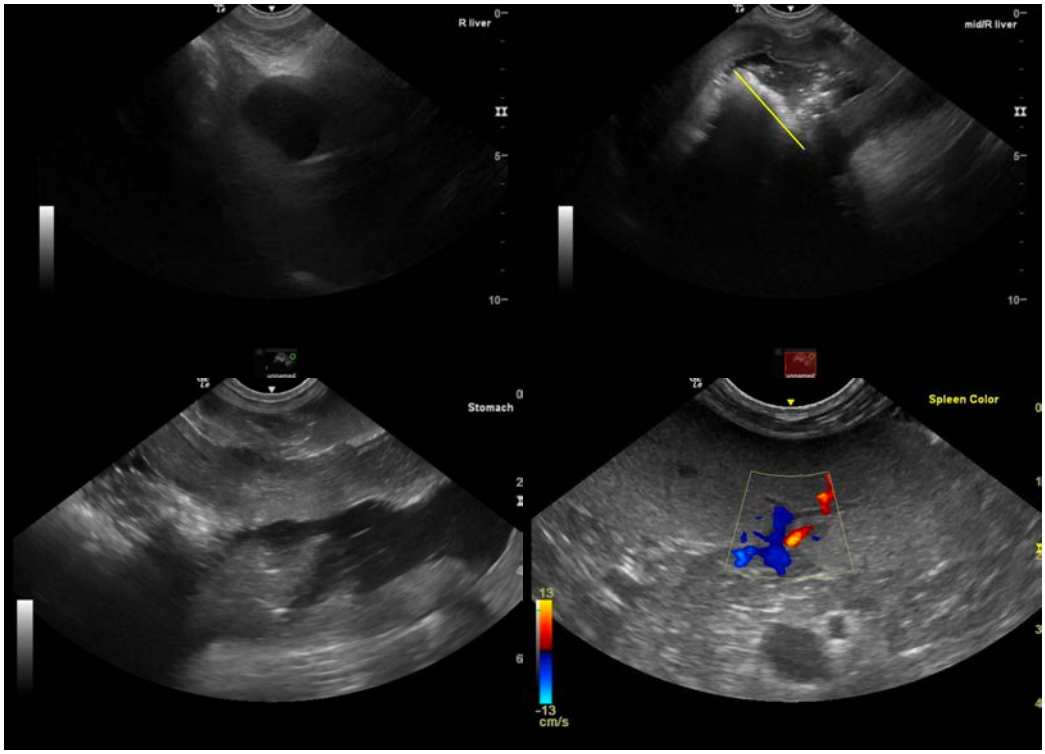
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

- Splenomegaly and splenic nodule/mass
- Gastric wall thickening with shadowing gastric foreign matter
- Mild benign hepatic swelling
- Bilateral adrenal hypertrophy – normal variant or possibly related to Cushing's/PDH.
- Age related bladder, kidney, and pancreatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Direct exploratory surgery with full thickness biopsies indicated as well as evacuation of the stomach +/- splenectomy, or evaluation of splenic and gastric FNA. Hepatic FNA also indicated. Secondary foreign matter owing to primary gastric mural disease suspected. However, chronic gastritis is possible. Endoscopy is also another option. Prognosis is guarded.



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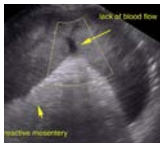
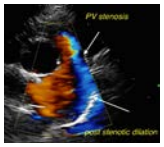
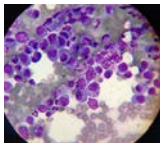
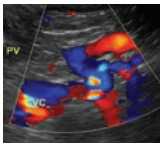

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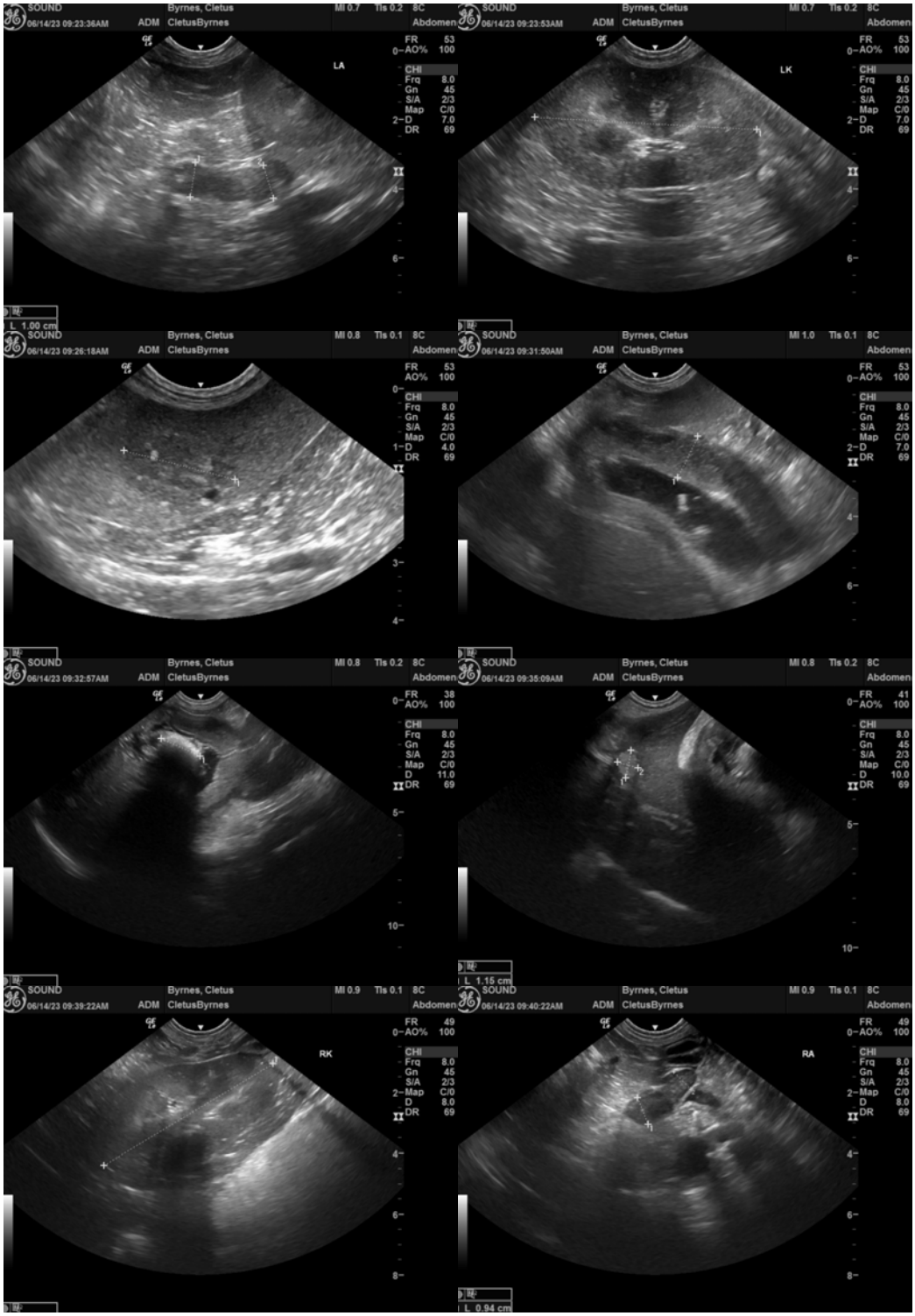

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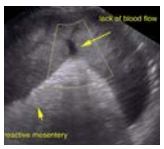
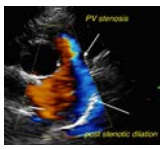
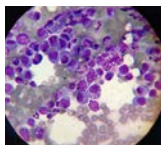
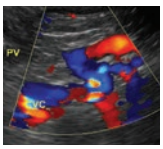

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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