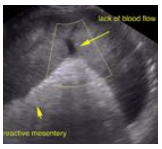

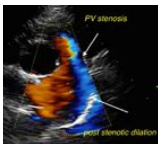

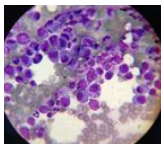
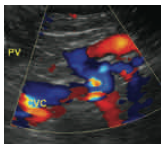

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PATIENT

Crash High

SPECIES

Canine

BREED

Bassett Hound

SEX

Neutered male

AGE

10 years

WEIGHT

21 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Lupole

INVOICE

91119

DATE

8/10/21

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for NE/ND since last Monday, V+++ several times a day, lethargic, lost a lot of wt recently, and D+ started on Saturday. Did see rDVM last Tuesday – thought possible food allergies. Previous Health Concerns: skin issues Appetite/When did they eat last: ate 2 small meatballs yesterday Diet: recently switched to natural balance lamb but was eating rice w/ sweet potato, peas, and/or burger
Abnormal PE/Chem/CBC/UA Results: Bloodwork: CBC: WBC 22.45 (H), NEU 19.62 (H), NEU% 87.4 (H), LYM% 7.4 (L), PLT 493 (H); EPOC: pO2 55.3 (H), cSO2 92.2 (H), Bicarbonate 33.7 (H), TCO2 33.4 (H), pH 7.560 (H), BE, ECF 11.5 (H), Potassium 2.5 (L), Chloride 96 (L), Calcium Ionized 1.11 (L), BUN 6 (L), Glucose 146 (H); Liver panel: Glucose 135 (H), GGT <10, Total Bilirubin <0.1 Radiographs: initial rads while vomiting showed an empty stomach, then repeat rads showed severe distention of the stomach, loss of detail.

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 was noted. Ureteral papillae were normal.

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 7.27 cm. The right kidney measured 7.03 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 left adrenal gland measured 3.0 x 0.72 cm at the cranial pole and 0.64 cm at the caudal pole.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

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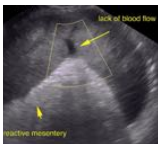
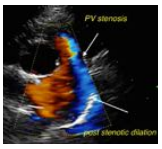
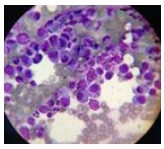
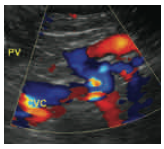

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Liver

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 over distended with fluid. The pyloric wall was thickened in this patient and extended for approximately 4-5 cm in length with a width of 3.0 cm. There were areas of loss of mural detail. Tapering wall thickening was noted in the caudal aspect of the pyloric antrum. This is strongly suggestive of a neoplastic process. This is causing delayed outflow. The small intestine and colon were empty. Reactive mesentery was noted throughout the upper gastrointestinal pathology. Regional lymphadenopathy was visualized.

Pancreas

The mesenteric inflammation extended into the **pancreas**. The pancreas itself revealed minor heterogenous changes, no primary pathology.

ULTRASONOGRAPHIC FINDINGS

Pyloric and gastric thickening with delayed outflow and significant gastric stasis.

Regional lymphadenopathy with mesenteric inflammation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pathology appears to be primarily intramural. Therefore, I do not feel that endoscopy would be the best option in this patient to obtain representative samples of the pyloric outflow. Full thickness gastric biopsies are strongly recommended from a surgical perspective. The tapering infiltrative pattern along the caudal aspect of the gastric wall does not render clean resection a possibility.

Differentials include gastric carcinoma, gastric lymphoma, severe gastritis with regional lymphadenitis. I recommend gastric tube placement to decompress the stomach followed by surgical intervention with the objective of obtaining pyloric and gastric wall biopsies as well as lymph node biopsy or removal. The prognosis is guarded.

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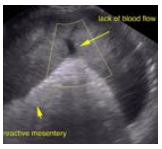
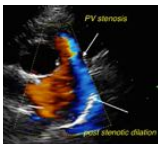
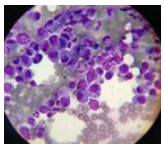
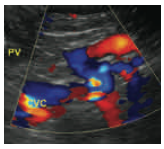

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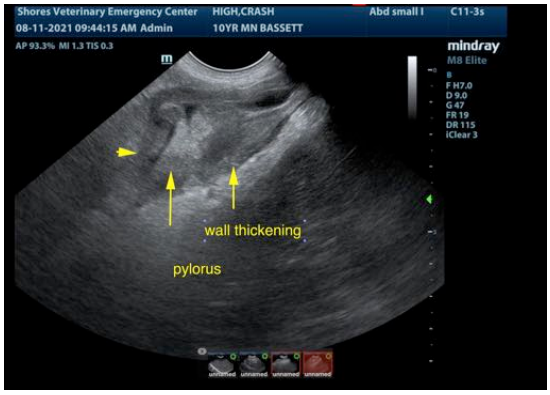

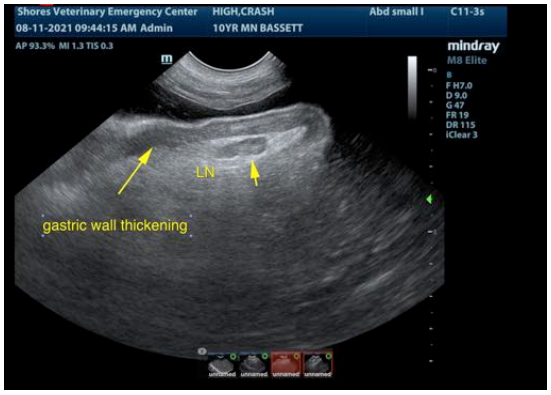

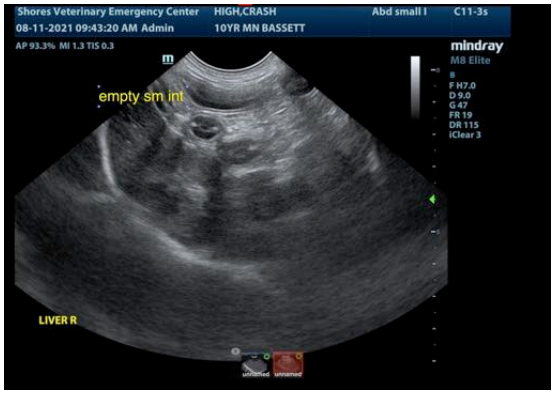

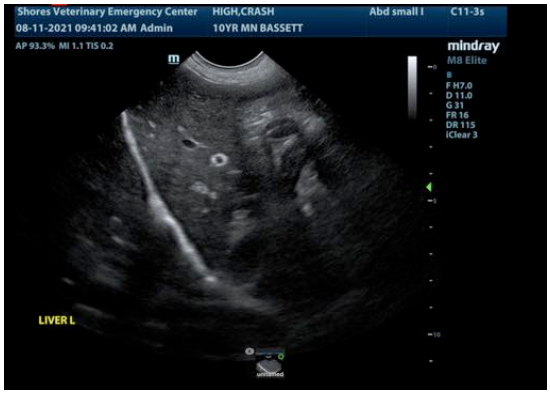

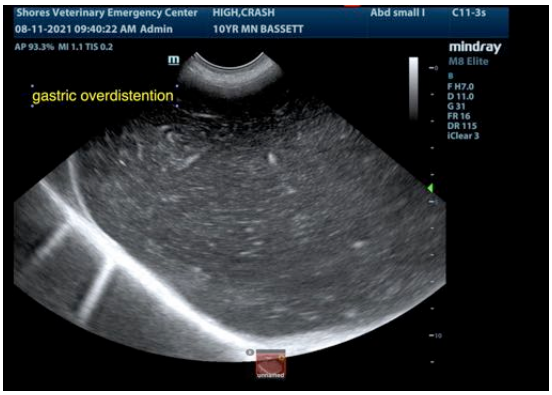

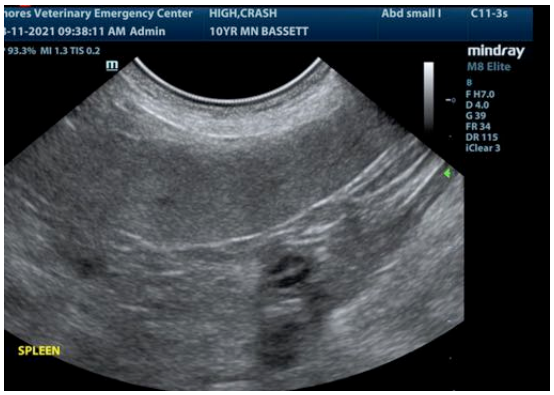

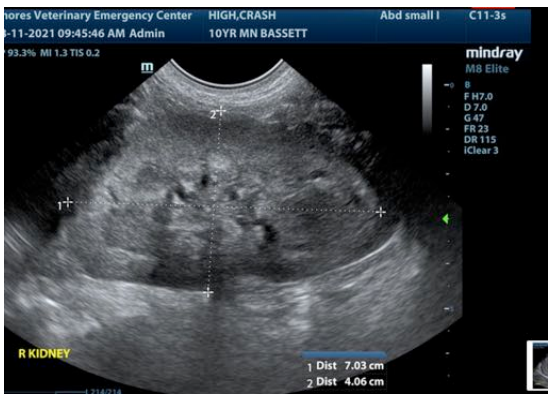

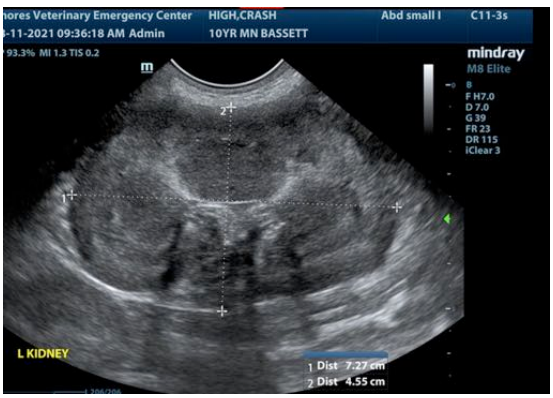

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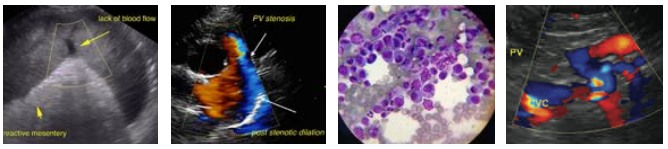

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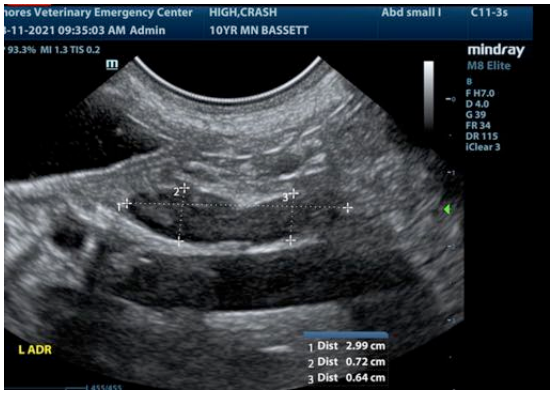

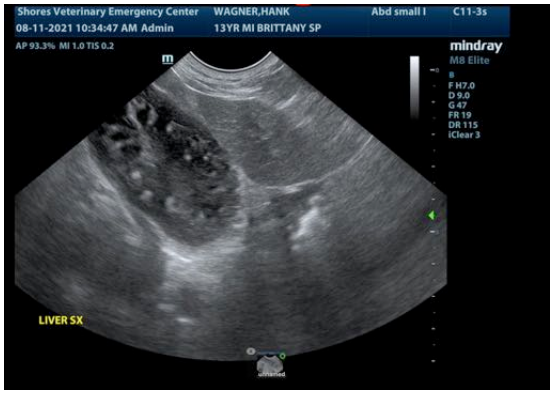

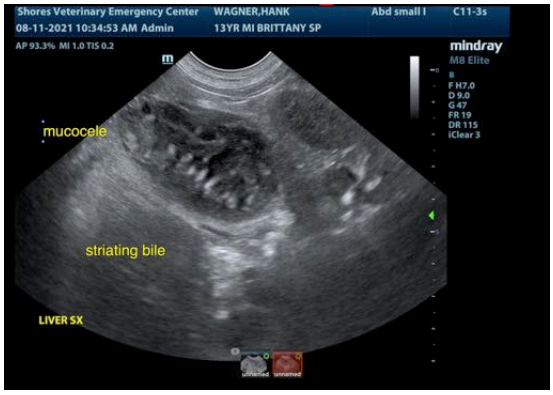

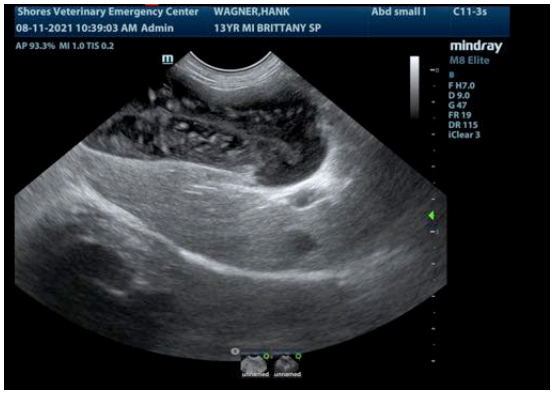

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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