

**DATE PRESENTING CLINICAL SIGNS**

8/20/21

History: 6+ weeks of vomiting/regurgitation. History of perforation of GI system - leaked barium into abd and had sx about 1 year ago (we have no notes about this). Significant weight loss. Appetite good but spontaneous regurgitation.

PATIENT

Aussie Samp

Current Medications: Was on Meloxicam up to 8/17/2021, now stopped. Given LRS SQ and Cerenia 8/17/2021.

SPECIES

Lab Results: Creat 1.9 (0.5-1.8). BUN 32 (7-27). CI- 103 (109-122). lymphocytes 0.82 (1.05 - 5.10). eosinophils 0.05 (0.06 - 1.23).

Canine

Radiographs: Mass effect ventral-mid abdomen - firm on palpation. Also specks of mineralization vs. barium?

BREED

Australian Shepherd

Date of Previous IntraPet Ultrasound: No previous

Sedation: IV sedation utilized for AUS

Stat Report: not requested / declined

SEX

Neutered Male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**AGE****Urinary System**

2008

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. 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. A trace amount of sand was noted in the bladder.

WEIGHT

49 Pounds

The **left kidney** revealed loss of corticomedullary definition and minor irregular contour. The left kidney measured 6.31 cm with slight pyelectasia (0.18 cm).

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS

Mild increased cortical echogenicity was noted in the **right kidney**. The right kidney measured 5.72 cm.

Adrenal Glands**HOSPITAL NAME**

Jacksonville VH

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 2.29 cm x 0.75 cm at the caudal pole and 0.83 cm at the cranial pole. The left adrenal gland measured 2.54 cm x 0.7 cm at the caudal pole and 0.67 cm at the cranial pole.

REFERRING VET

Dr. Larsson

Spleen

The **spleen** revealed an expansive mixed echogenic undifferentiated (3.7 cm) mass in the mid caudal body with a separate isoechoic nodule (1.34 cm x 1.11 cm).

INVOICE

12651

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder wall was slightly echogenic. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be

paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

The **stomach** was overdistended with fluid to nearly 10.0 cm. The pylorus appeared patent, however, regional lymphadenopathy was noted. Minor mural thickening was present. Some shadowing material was noted in the stomach, but does not appear obstructive, likely retained kibble or similar. Variable small intestinal thickening was noted with hypertrophied muscularis.

Pancreas

The **pancreas** was hypoechoic and irregular with undulating contour.

Heart

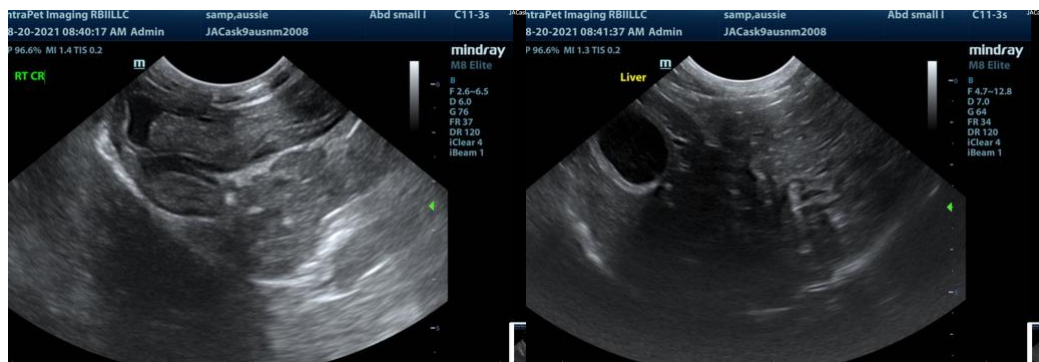
A rapid view of the **heart** revealed no evident pathology.

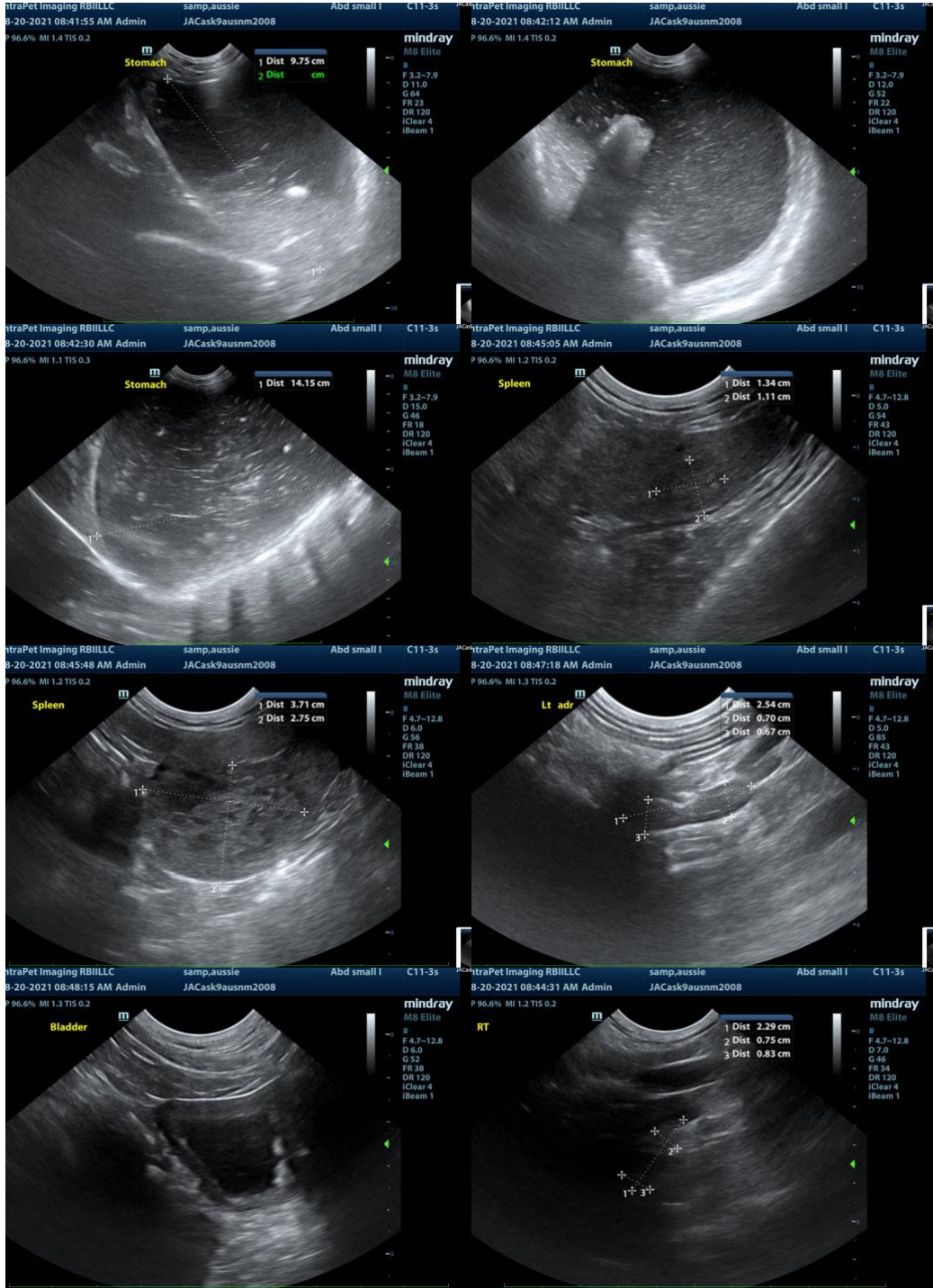
ULTRASONOGRAPHIC FINDINGS

- Chronic GI presentation with delayed outflow
- Chronic pancreatic changes with suspicion for underlying pancreatitis
- Concerning aggressive splenic mass with separate nodules
- Chronic renal changes with slight pyelectasia
- Age-related urinary bladder changes
- Age-related hepatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend exploratory surgery in this patient with evacuation of the stomach. GI, lymph node and pancreatic biopsies along with splenectomy warranted for further definition and long term management. Liver biopsy also warranted given the chronic changes. Guarded prognosis. Round cell neoplasia and hemangiosarcoma are primary differentials for the spleen, mild potential for benign hyperplasia. Chronic inflammatory bowel with pyloric dysfunction likely, possibility of emerging GI lymphoma or similar. Chronic hepatic changes likely owing to prior insult. Chronic pancreatic inflammation, hyperplasia likely with minor potential for neoplasia. 3 view chest radiographs warranted to ensure no evident pathology.







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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