

**DATE PRESENTING CLINICAL SIGNS**

8/20/21

**PATIENT**

Kasper Fowler

**SPECIES**

Canine

**BREED**

Keeshond

**SEX**

Neutered Male

**AGE**

2009

**WEIGHT**

45.2 Pounds

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**HOSPITAL NAME**

Abbey AH

**REFERRING VET**

Dr. Kluttz

**INVOICE**

12654

History: Recurring vomiting and diarrhea. Episodes with associated lethargy. Slow, chronic weight loss. Radiographs show organomegaly in left cranial abdomen. Current Medications: Metronidazole 500mg BID for 14 days. Lab Results & Radiographs: Images and lab results to follow. Date of Previous IntraPet Ultrasound: No previous Sedation: Not needed. Stat Report: Not requested.

**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. Bladder calculi were noted. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The residual prostate was uniform, measuring 0.98 cm.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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. Mineralization was present in the kidneys. Occasional cortical cysts were noted in the left kidney. The left kidney measured 5.76 cm. The right kidney measured 5.4 cm.

**Adrenal Glands**

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The left adrenal gland measured 2.08 cm x 0.82 cm at the caudal pole and 0.78 cm at the cranial pole. The right adrenal gland measured 2.28 cm x 0.82 cm at the caudal pole and 0.96 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 uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with moderate vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia. The left liver revealed an anechoic cyst, measuring 1.12 cm, benign.

### ***Gastrointestinal***

The **stomach** and upper small intestine were unremarkable- no evidence of pathology. Reactive mesentery was noted around the ileocecal junction with thickened cecum and some stasis. Soft stool was noted in the colon.

### ***Pancreas***

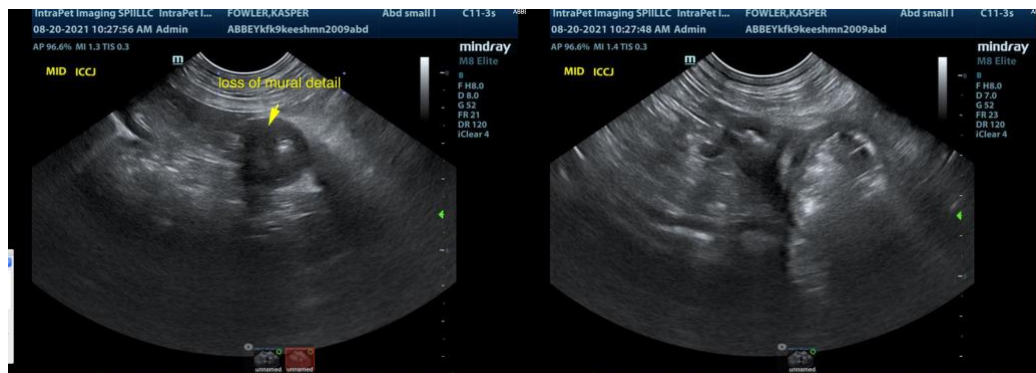
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

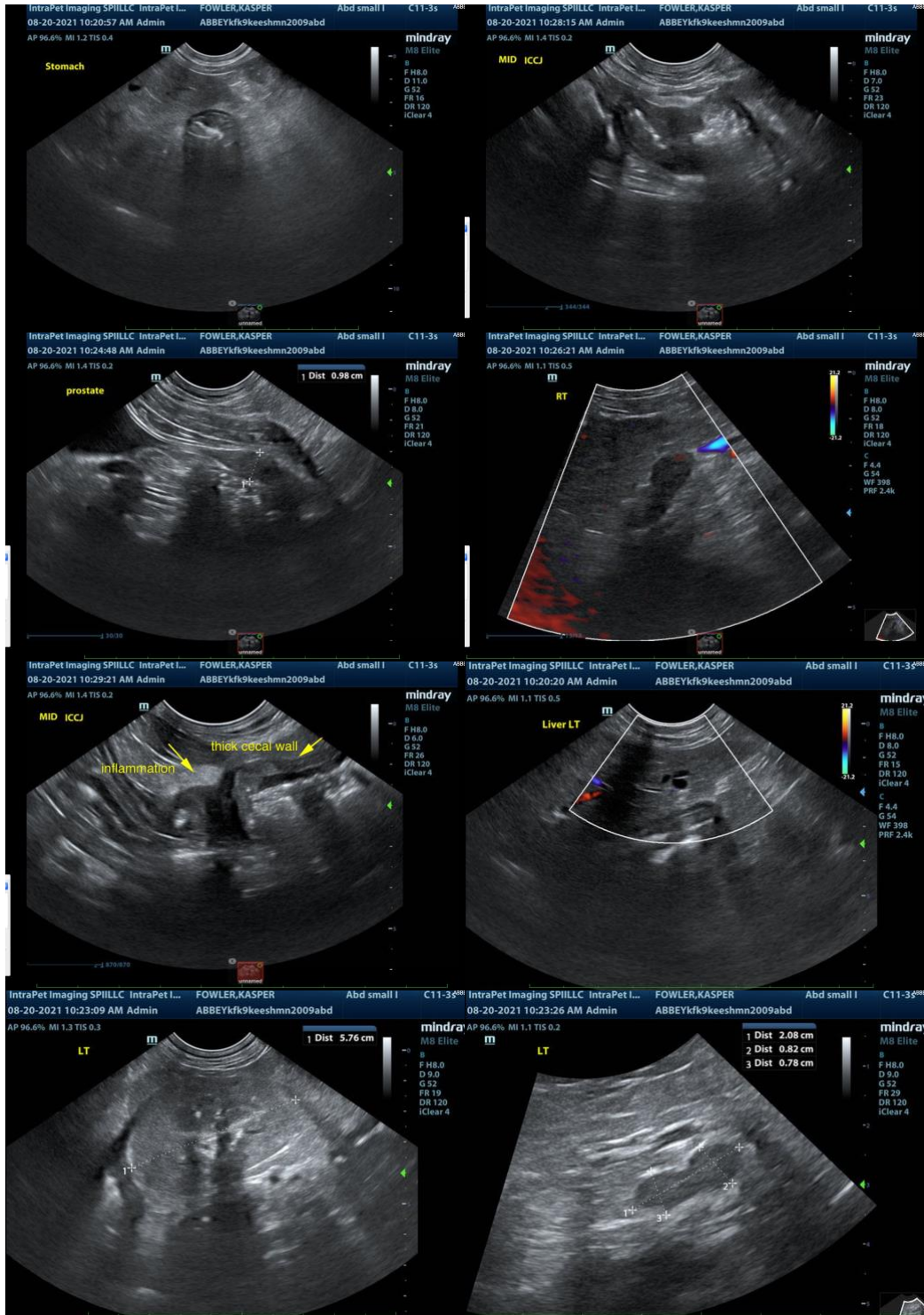
### **ULTRASONOGRAPHIC FINDINGS**

- Geriatric abdomen
- Hepatic remodeling
- Thickened ileocecal junction with thickened cecal wall and regional inflammation- typhlitis/enteritis probable. Emerging carcinoma or lymphoma or similar neoplasia possible, this should be monitored carefully

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A clinical trial of enrofloxacin, metronidazole and bland diet all recommended. Mid abdominal palpation recommended to assess for discomfort at the ileocecal region. Recheck sonogram warranted in 5-7 days, however, regardless of the underlying pathology, proactive ileocecolic resection anastomosis may be in the best interest of this patient starting from the distal ileum, approximately 8.0 cm prior to the ileocecal junction, as loss of mural detail is noted in one portion of the ileum which is neoplastic criteria. Empirical therapy could be considered yet may not be effective and surgery may be necessary regardless. 3 view chest radiographs warranted to assess for metastatic disease.







**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](mailto:info@SonoPath.com)