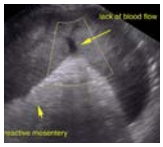
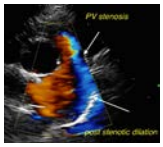
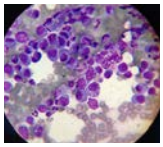
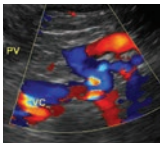
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Trout Kingston

SPECIES
Canine

BREED
English Setter

SEX
Neutered Male

AGE
10 Years

WEIGHT
Not Provided

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Shari Reffi, CVT

HOSPITAL NAME
Newton Vet Hospital

REFERRING VET
Dr. Kim

INVOICE
41661

DATE
9/26/22

PRESENTING CLINICAL SIGNS

Vomiting, lethargic-X-Rays showed possible gastric mass, mild splenomegaly, irregular LK. Current meds: Cerenia.

Abnormal PE/Chem/CBC/UA Results: BUN 99.8 (29 H); CR 2.2 (1.4 H); PHOS 6.6 (5.0 H); TP 8.5 (7.6 H); T. BILLI 0.9 (0.5 H). USG 1.048

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 **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 left kidney measured 7.5 cm with an anechoic cyst measuring 2.5 cm at the craniomedial cortex. Microcystic changes also noted in the left kidney. The right kidney measured 7.08 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 2.82 cm x 1.61 cm at the cranial pole and 0.76 cm at the caudal pole. The left adrenal gland measured 2.8 cm x 0.49 cm at the cranial pole and 0.66 cm at the caudal 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.

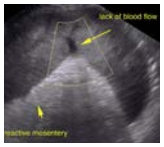
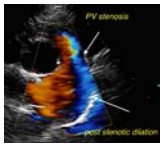
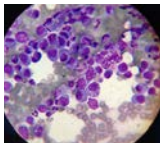
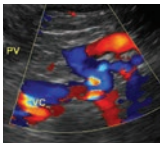
Liver

The **liver** 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 presented some dependent debris with essentially normal contour. 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 upper **gastrointestinal tract** was dilated and hyperperistaltic, followed by empty small intestine and empty colon. Some variable tissue thickening and reactive mesentery and a slight amount of free fluid noted.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Trout Kingston

SPECIES
Canine

BREED
English Setter

SEX
Neutered Male

AGE
10 Years

WEIGHT
Not Provided

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Shari Reffi, CVT

HOSPITAL NAME
Newton Vet Hospital

REFERRING VET
Dr. Kim

INVOICE
41661

DATE
9/26/22

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.

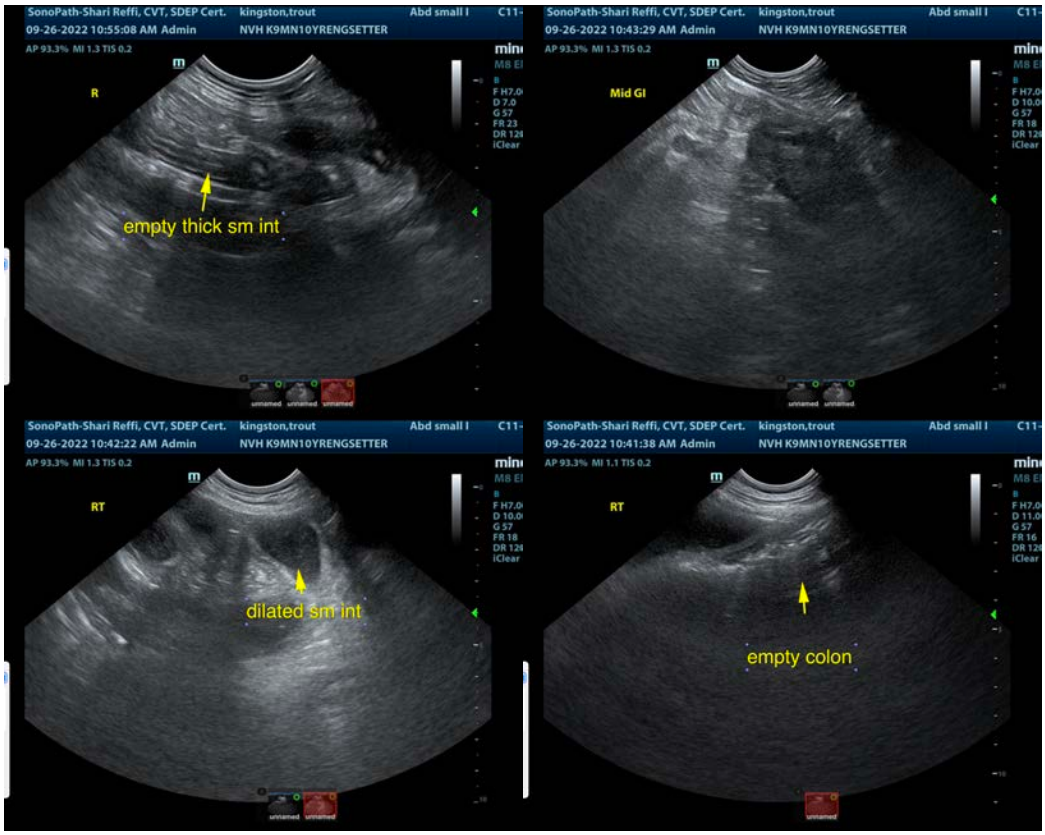
ULTRASONOGRAPHIC FINDINGS

- Obstructive GI pattern with minor free fluid and some reactive mesentery
- Age related renal and hepatic changes

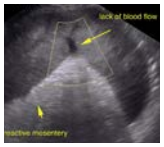
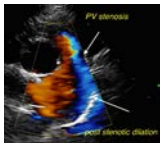
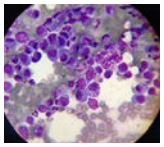
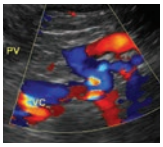
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend exploratory surgery in this patient. The cause of the obstructive pattern may be non-visible foreign body. Focal dysfunctional bowel or possible underlying neoplasia, yet not evident. The obstructive pattern is concerning, especially with reactive mesentery and slight free fluid. Intestinal torsion is also a potential. GI biopsies are essential in this patient.

Radiographs: Mild splenomegaly, excessive gastric gas.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Trout Kingston

SPECIES

Canine

BREED

English Setter

SEX

Neutered Male

AGE

10 Years

WEIGHT

Not Provided

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Newton Vet Hospital

REFERRING VET

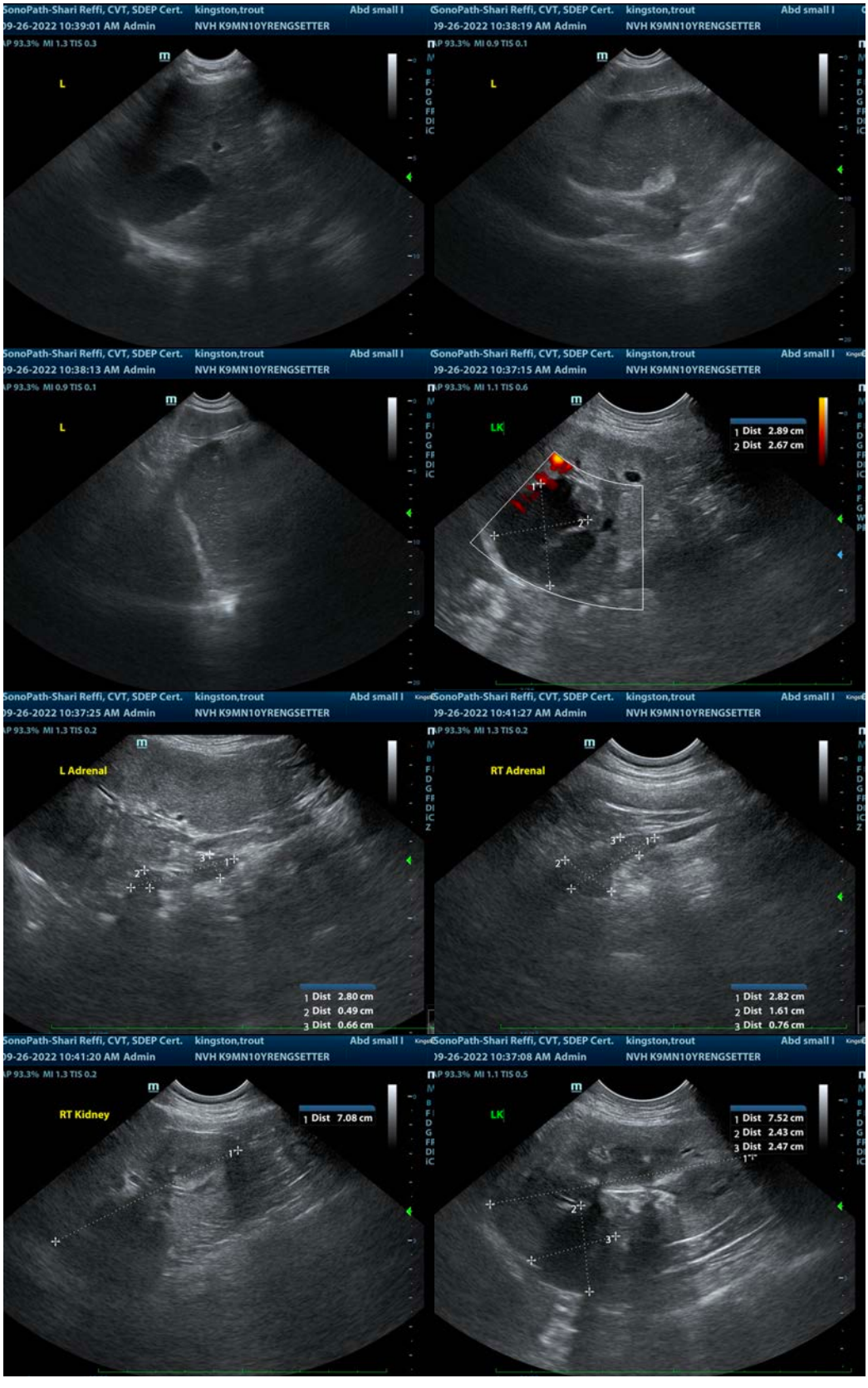
Dr. Kim

INVOICE

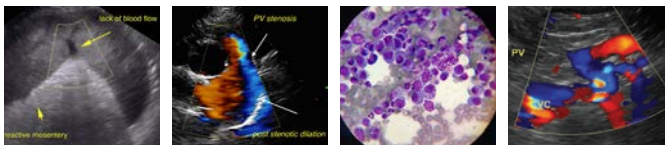
41661

DATE

9/26/22



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Trout Kingston

SPECIES

Canine

BREED

English Setter

SEX

Neutered Male

AGE

10 Years

WEIGHT

Not Provided

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Newton Vet Hospital

REFERRING VET

Dr. Kim

INVOICE

41661

DATE

9/26/22

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