

**DATE**

9/9/22

PRESENTING CLINICAL SIGNS

History: Diarrhea and loose stools for 36 hours. Vomiting started yesterday, now just vomiting bile. Straining into to have BM's nothing produced. No diet changes, No known Fb's. No PU/PD. Front stretching.

PATIENT

Aries Stuart

SPECIES

Canine

BREED

Pitbull Mix

SEX

Spayed Female

AGE

3/27/10

WEIGHT

44.8 Pounds

Current Medications: Ampicillin, Protonix.

Lab Results: See attached.

Radiographs: Suspicious gas pattern. Possible mass.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

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 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. Slight pyelectasia was noted, measuring 0.33 cm. The left kidney measured 5.72 cm. The right kidney measured 4.96 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 3.13 cm x 0.85 cm at the caudal pole and 0.63 cm at the cranial pole. The left adrenal gland measured 2.81 cm x 0.89 cm at the caudal pole and 0.63 cm at the cranial pole.

HOSPITAL NAME

Animal Emergency
Hospital

Spleen

The **spleen** revealed an expansive parenchymal mass, measuring 3.6 cm in the cranial body. Heterogeneous changes were noted elsewhere in the spleen.

REFERRING VET

Dr. Ruby

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. An anechoic cyst was noted in the right cranial liver, measuring 0.89 cm. The gallbladder was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.

INVOICE

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Gastrointestinal

The **gastric wall** presented hypertrophy and prominent mucosa with echogenic remodeling and hypertrophied muscularis.

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.

Free Abdomen

A sublumbar **lymph node** was enlarged, rounded and hypoechoic, measuring 2.89 cm.

Other

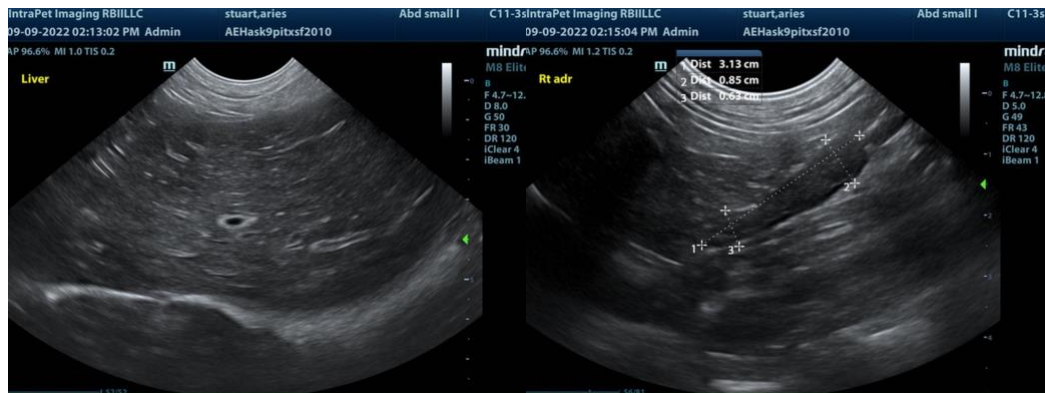
A rapid view of the **heart** revealed no evident pathology.

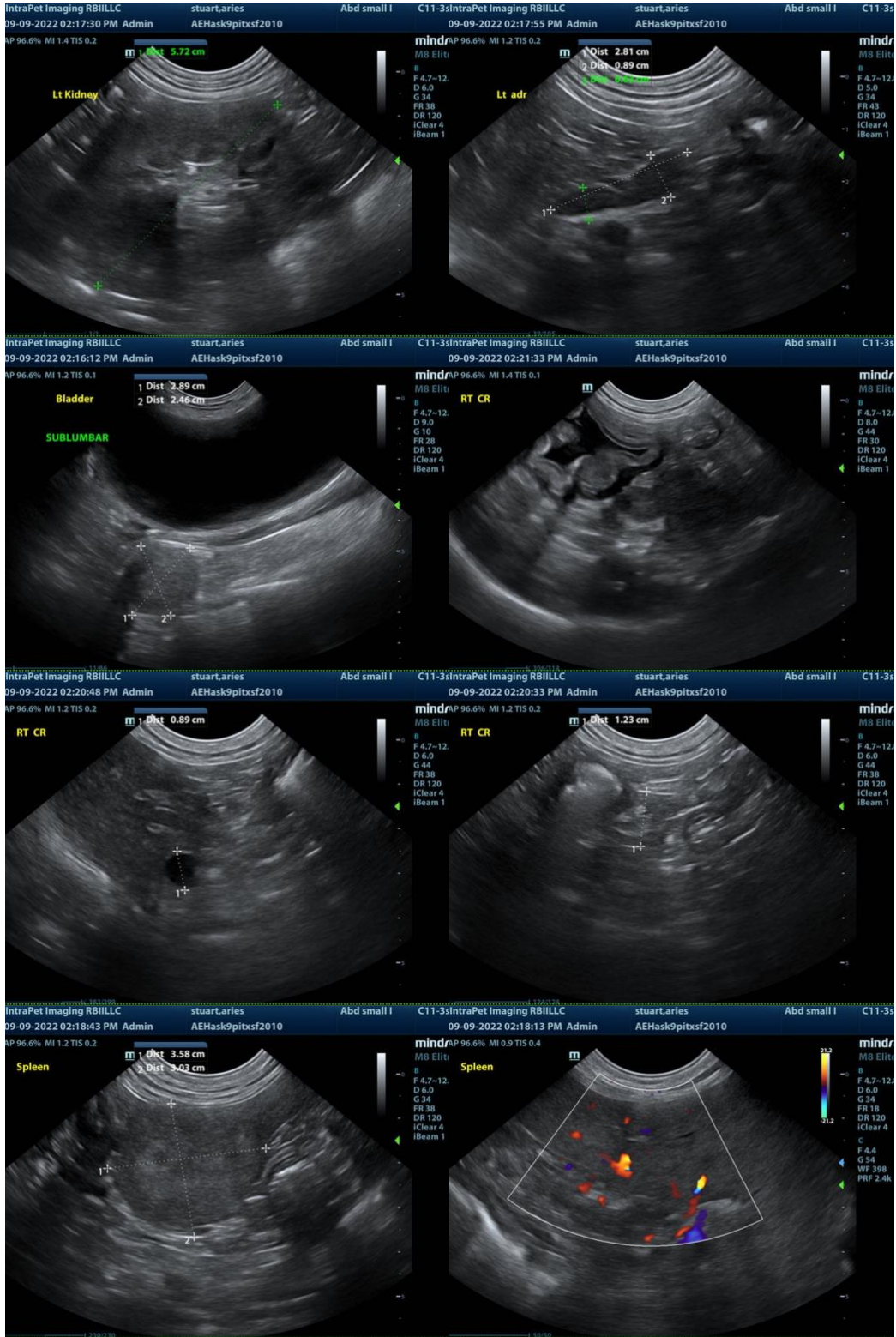
ULTRASONOGRAPHIC FINDINGS

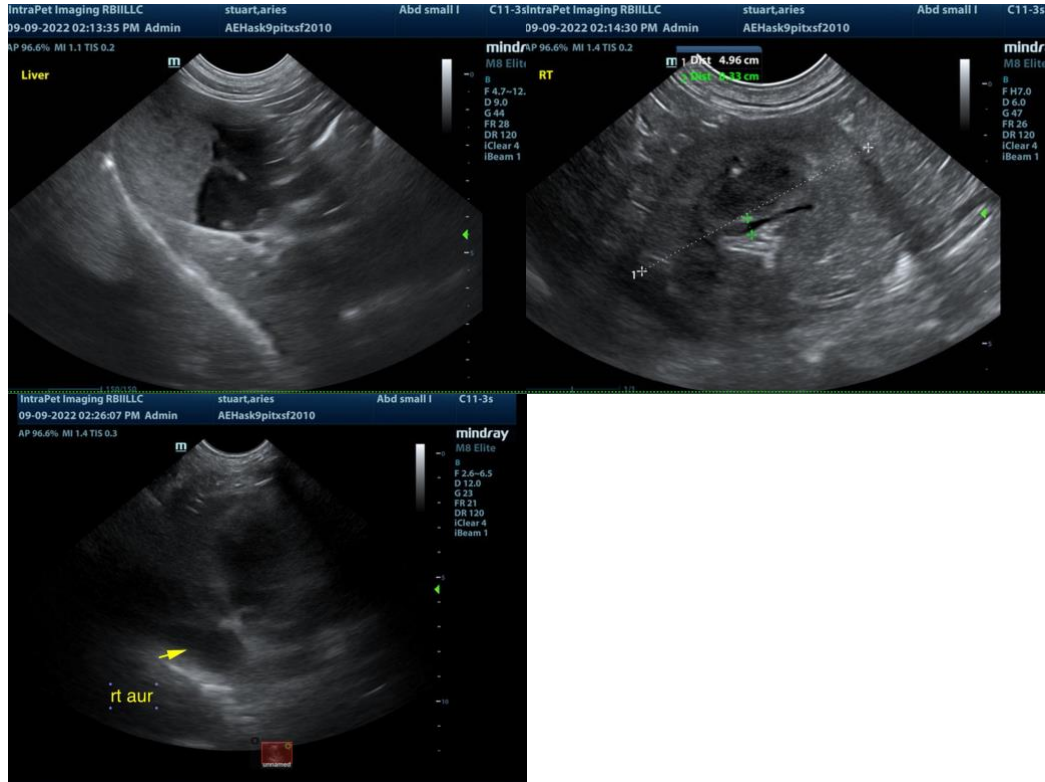
- Hepatic remodeling
- Minor excessive gallbladder debris
- Splenic mass
- Sublumbar lymph node enlargement, this may be unrelated
- Gastric hypertrophy
- Age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Splenic mass differentials include hemangiosarcoma, benign hyperplasia, round cell neoplasia (less likely). Chronic gastritis is likely. Screening FNA of the splenic mass, general spleen, sublumbar lymph node and liver could be considered as a screening purpose. Otherwise, direct splenectomy, sublumbar lymph node removal and liver and gastric biopsies would all be valid in this patient. Chest radiographs are warranted.







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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