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Clinical Sonography & Telecytology
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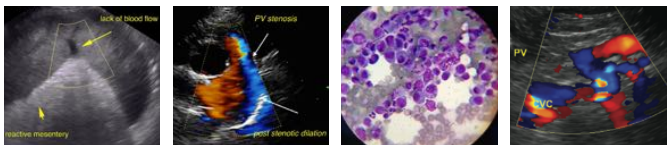

PATIENT

Watson Wacht

SPECIES

Canine

BREED

Beagle Mix

SEX

Neutered male

AGE

12 years

WEIGHT

33.7 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Newton VH

REFERRING VET

Dr. Kim

INVOICE

42506

DATE

2/2/23

PRESENTING CLINICAL SIGNS

History: Inappetence since 1/29/23, vomited yesterday, weight loss.
Abnormal PE/Chem/CBC/UA Results: 1/29/23- HCT 59.5 (56 H); BUN 30.2 (29 H); Alb 4.3 (4H); glucose 166 (125 H); Chol 399 (310 H); Alp 765 (140H); Na 137; K+ 2.7 (3.8L); Cl 85 (102L)

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 residual prostate measured 1.0 cm.

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 5.6 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 1.95 x 1.26 cm at the cranial pole and 0.78 cm at the caudal pole. The left adrenal gland measured 1.86 x 0.6 cm at the cranial pole and 0.71 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. Spontaneous contrast was noted in the splenic vein with slight, early sludging of blood. Potential for thrombosis.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Areas of heterogenous parenchyma was noted and slight free fluid. 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.

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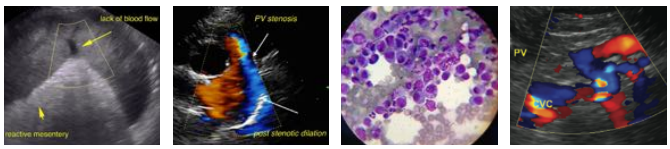

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Gastrointestinal

The stomach was empty with mild mucosal thickening and remodeling. The small intestine revealed thickening. Various areas of jejunum and cecum were thickened in this patient with an area of shadowing material. This does not appear obstructive, yet may be irritative. There are some areas of loss of mural detail in portions of the jejunum with the free fluid, this is consistent with peritonitis or carcinomatosis, lymphomatosis or similar. iReactive mesentery was noted throughout the midabdomen.

Pancreas

The **pancreas** revealed mild, heterogenous parenchymal changes in the cranial abdomen.

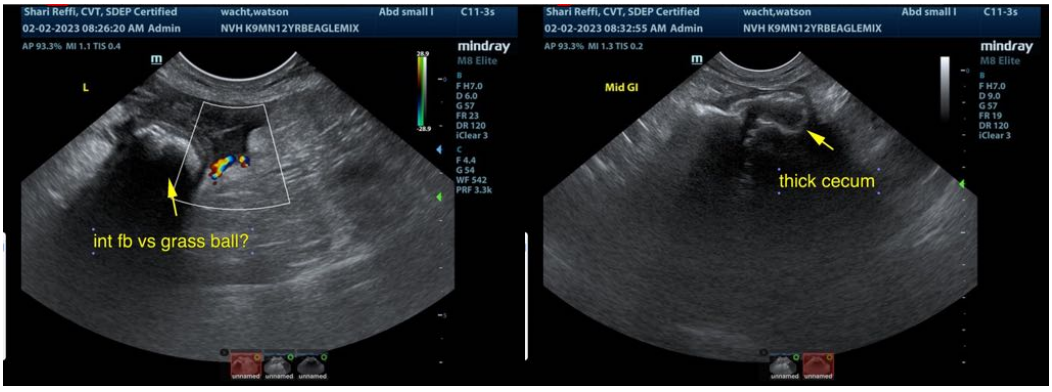
Free Abdomen

Free fluid was noted in the caudal abdomen adjacent to portions of small intestinal thickening.

ULTRASONOGRAPHIC FINDINGS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend exploratory surgery with inspection of the intestinal tract in the midabdomen to assess for causes of perforation or neoplasia as well as intestinal foreign matter. There is a portion of embedded material that measured approximately 2.0 cm in the jejunum that appears to be consistent with foreign matter, grass accumulation or similar without transit. The small intestine is completely static in the midabdomen. I strongly recommend an exploratory surgery. Underlying lymphomatosis and carcinomatosis is possible; however, spontaneous intestinal necrosis owing to chronic inflammatory bowel, regional peritonitis and possibility of embedded foreign matter are all potentials. The prognosis is guarded.



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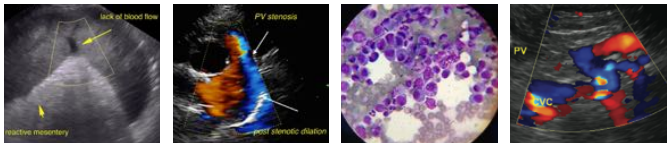

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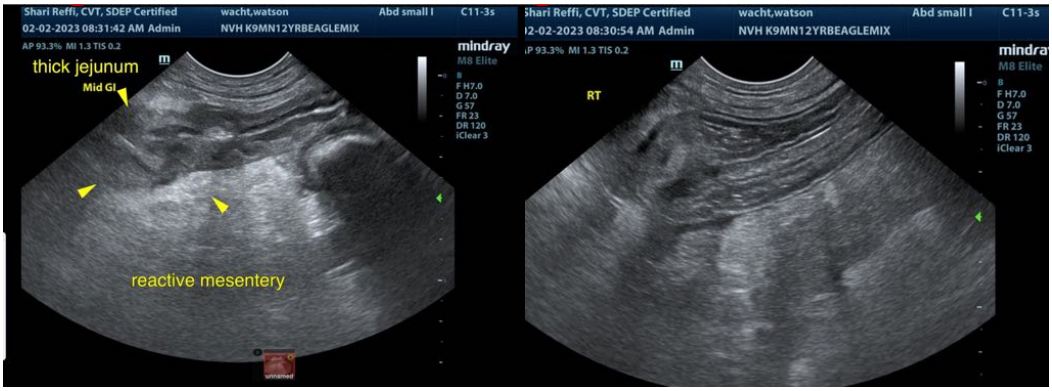

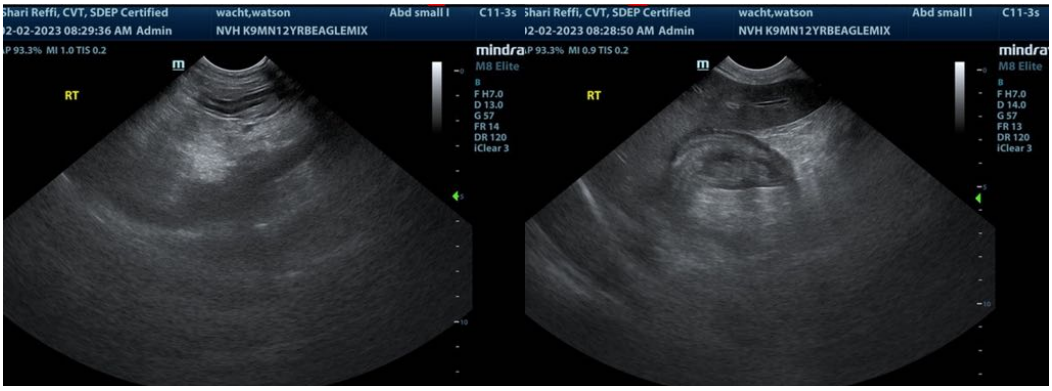

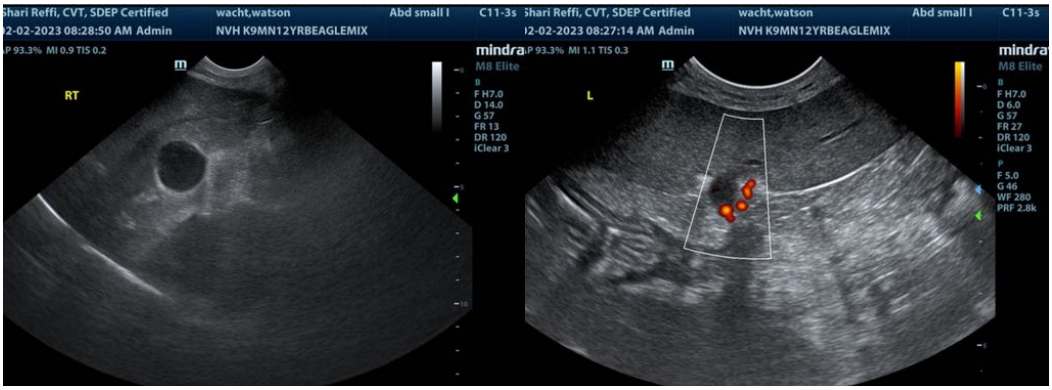

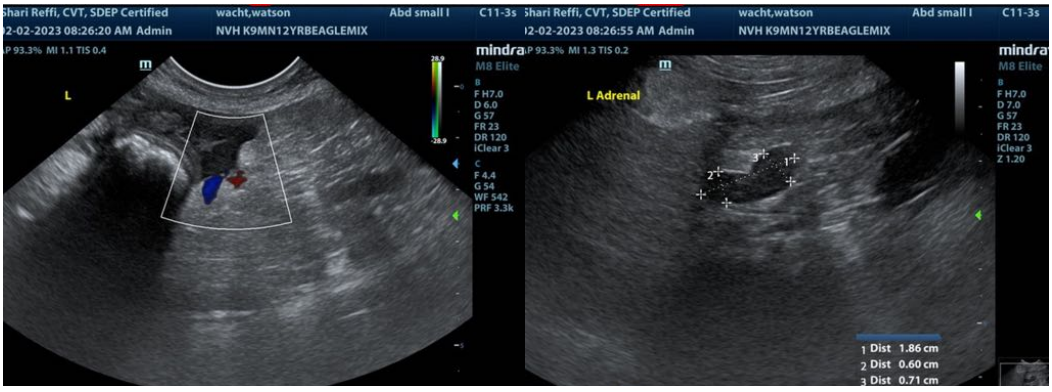

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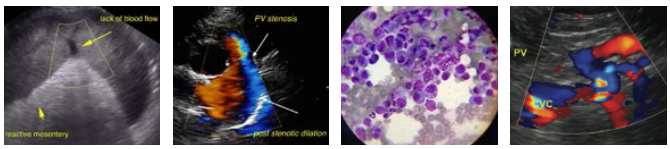

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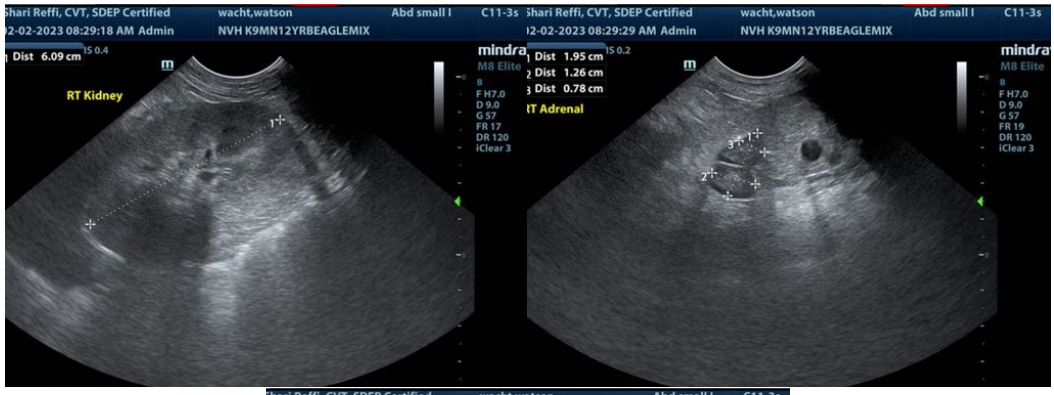

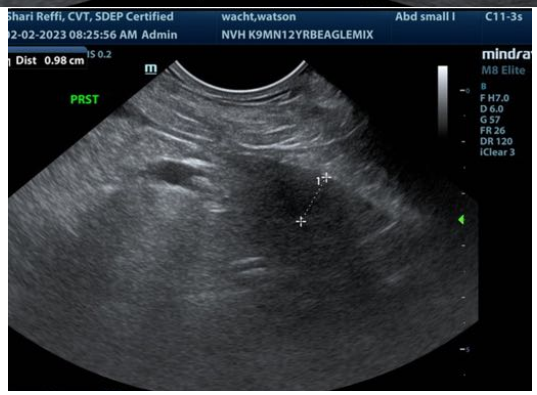

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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