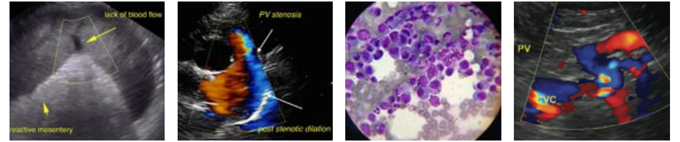

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1-800-838-4268 info@sonopath.com

PATIENT

Mowgli Stahl

SPECIES

Canine

BREED

Mix

SEX

Neutered male

AGE

12 years

WEIGHT

21 lbs

INTERPRETED BY

Karen Ebersole, DVM, DABVP (Canine and Feline practice)

IMAGING PERFORMED BY

Jessica Green

HOSPITAL NAME

Stanglein VC

REFERRING VET

Dr. DiNello-Schleicher

INVOICE

43366

DATE

3/20/23

PRESENTING CLINICAL SIGNS

History: Progressively worsening anorexia and intermittent vomiting over the past ~3 months. For about 1 week has been shaking and acting uncomfortable as well. has lost about 4 pounds in the last2 months (from 24.8 to 21 lb).. Soft non painful abdomen on palp with no obvious masses. Current meds: cerenia, metronidazole, famotidine
Abnormal PE/Chem/CBC/UA Results: NEUT 12950 (H), in Jan TP 5.0, and Albumin 2.5 (L), but on recheck BW 3/16 were normal (TP 5.5 and ALB 2.9).. No recent rads obtained but chest/cranial rads from 9/22 were unremarkable.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was normal in size and shape. The serosal and mucosal surfaces were smooth and curvilinear. The bladder wall was normal in thickness for the volume of urine present. The urine was anechoic with no sediment or uroliths. The ureters were not visible, which is normal. The bladder trigone were normal. The pelvic urethra was visualized to a depth of 2 cm and was normal in thickness and tone.

The residual **prostate** was visualized and found to be normal in size and echogenicity.

The **iliac trifurcation** was visualized and found to be free of pathology.

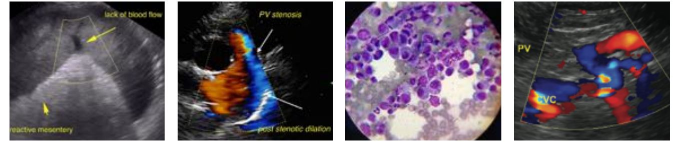
Both **kidneys** were subjectively normal in size and shape for breed and body weight. The capsule contour was smooth. Normal corticomedullary distinction was present with a normal 1:3 cortex to medulla ratio. The cortex was normal in echogenicity. There was no evidence of pyelectasia or renoliths. Perfusion and vascularity were normal on power doppler. The left kidney measured 5.73 cm in length. The right kidney measured 5.86 cm in length.

Adrenal Glands

Both **adrenal glands** were visualized and found to be normal in size and shape for breed. The capsule of each gland was smooth with no evidence of capsular expansion. The echogenicity and echotexture of each gland was normal. There was no evidence of vascular invasion or inflammation around either adrenal gland. The left adrenal gland measured 0.48 cm at the cranial pole and 0.57 cm at the caudal pole, and 2.3 cm in length. The right adrenal gland measured 1.1 cm at the cranial pole and 0.57 cm at the caudal pole, and 1.98 cm in length.

Spleen

The **spleen** was normal size and shape with a smooth capsule contour. The spleen was in a normal position. There was a single hypoechoic/cystic lesion in the head of the spleen, measuring 1.1 cm by 0.6 cm. It did not appear to cause capsular deviation. The remainder of the parenchyma displayed normal fine echotexture and no additional lesions.



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Liver

The **liver** was normal in size and shape with a smooth capsule contour. The liver lobe edges were appropriately sharp. The parenchyma had a normal coarse and homogenous echotexture. The hepatic and portal vasculature were normal in size and volume. There were no visible focal lesions, masses or inflammation present.

The **gallbladder** was normal in size and shape. The gallbladder wall was thin and echogenic, with no sign of luminal or surrounding inflammation. The gallbladder contents were anechoic. The cystic duct and common bile duct were visualized and found to be normal in size and shape.

Gastrointestinal

The **stomach** was a normal size, shape, and position, with a moderate amount of ingesta present. The stomach wall was normal in thickness and maintained appropriate layering. The pylorus and duodenum were visualized and found to be normal in size and thickness.

In **small intestine** there was an obstructive pattern. Dilated loops of bowel were present along with normal, empty small intestine. Between distended and empty bowel, there was a stricture caused by a thickened section of intestinal wall, with a loss of layering within that section. The affected wall measured 1 cm thick. There was also hyperechoic, reactive mesentery in that area.

The visible **colon** wall was normal in thickness and layering. There were no visible masses or focal lesions.

Pancreas

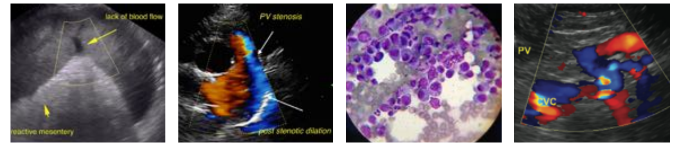
The left limb, body and right limb of the **pancreas** were visualized and found to be normal in size and shape. The pancreatic capsule was smooth, without deviation or expansion. The parenchyma was isoechoic to the surrounding mesentery. The pancreatic duct was normal in size and appearance. There was no evidence of discrete masses or inflammation.

Free Abdomen

Trace peritoneal effusion was present around the distended sections of small intestine. There was no visible mesenteric lymphadenopathy, but it may have been obscured by the distended loops of bowel.

ULTRASONOGRAPHIC FINDINGS

- Stricturing jejunal lesion causing a partial GI obstruction
- Single hypoechoic or cystic lesion in the spleen
- Post-prandial presentation or delayed gastric emptying.



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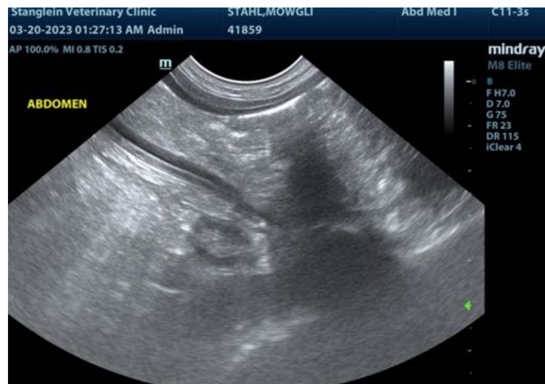
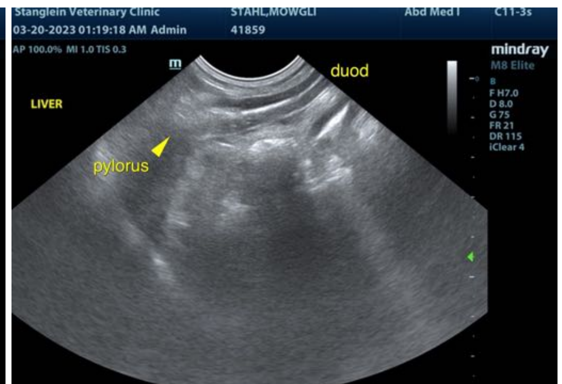
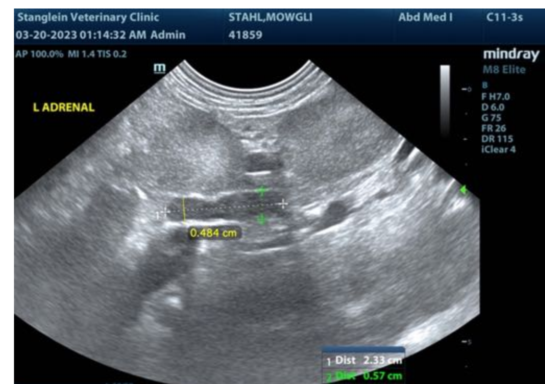
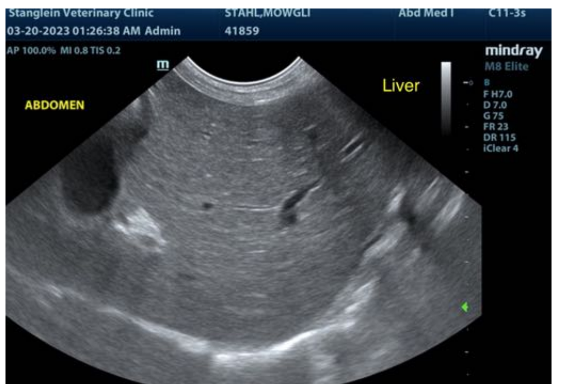
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

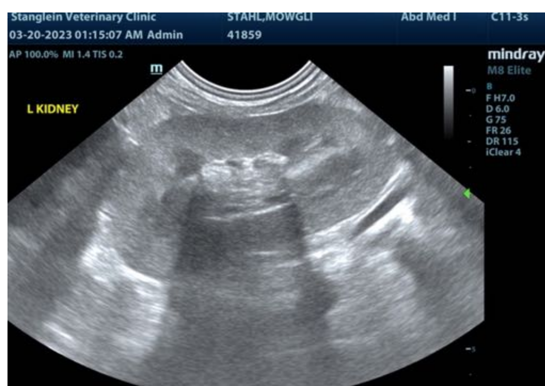
Three view chest radiographs are indicated. Exploratory surgery for a resection and anastomosis is indicated. The intestinal lesion, although it meets neoplastic criteria, could also be inflammatory in origin. Biopsy of nearby lymph nodes and inspection/FNA of splenic lesion should be considered.

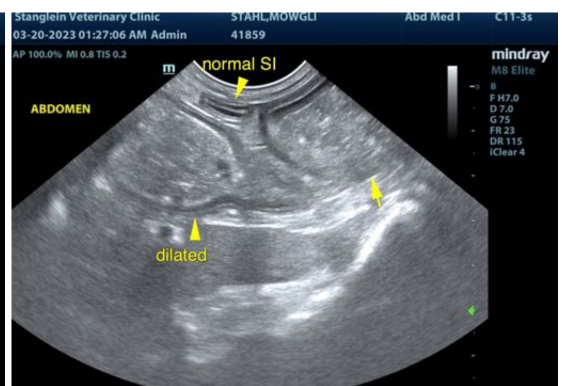












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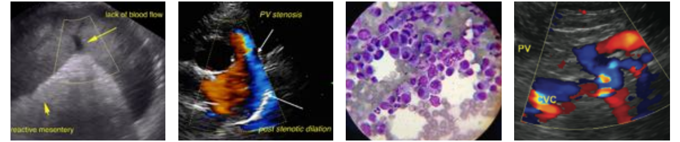

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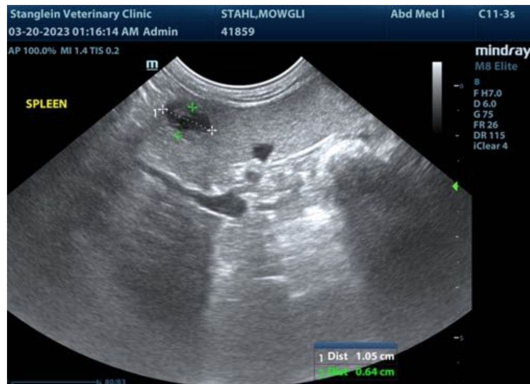

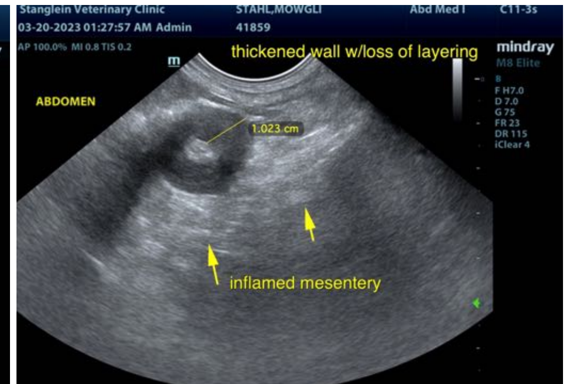

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Karen Ebersole, DVM, DABVP (Canine and Feline practice)
info@SonoPath.com