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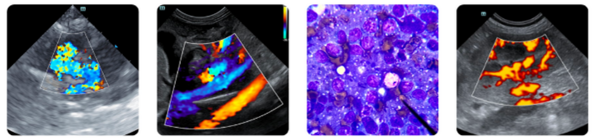


Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT
Bot Crouch

SPECIES
Canine

BREED
Rottweiler

SEX
Neutered male

AGE
2 years

WEIGHT
84.5 lbs

INTERPRETED BY
Kim Radway, DVM, DABVP (Canine/Feline)

IMAGING PERFORMED BY
Ryan Bergner LVT

HOSPITAL NAME
Waterville VC

REFERRING VET
Dr. Gilchrist

INVOICE
78070

DATE
5/28/26

PRESENTING CLINICAL SIGNS

History: P had surgery for a small gastric perforation 1 month ago. A large amount of exudative peritoneal fluid was present in abdomen. Unsure if perforation was from a GIFB not present at time of surgery vs ulcer vs other cause. P has had intermittent diarrhea since the procedure but is now presenting with weight loss and vomiting 1-2x daily for the past few days.
Abnormal PE/Chem/CBC/UA Results: Eosinophils elevated 1.75 K/uL (0.06-1.23) SDMA 17ug/dL (0-14) Fecal Dx done 4/22 - all negative

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone and pelvic urethra presented with normal wall thicknesses with anechoic urine and normal tone. No uroliths or masses were noted in the lumen of the bladder. No evidence of inflammatory or neoplastic changes were noted. The ureters were not visible and considered normal.

The **kidneys** revealed normal size, corticomedullary definition and ratio with the cortex being 1/3 of medulla. Medullary echogenicity differed distinctly from that of the cortex and no evidence or dilation could be seen. The renal pelvic diverticuli were distinct in character. The capsules were acceptably uniform without dramatic irregularities. The left kidney was 4.9 cm and the right kidney was 6.2 cm in length.

The prostate was identified and found to be homogenous in echogenicity with the width of 1.8 cm.

Adrenal Glands

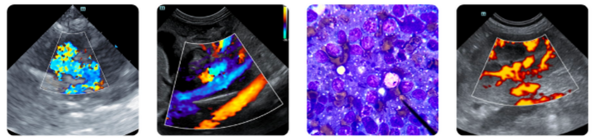
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were acceptable. The left adrenal gland was 2.62 cm by 0.44 cm by 0.48 cm and the right adrenal gland was 1.58 cm by 0.62 cm by 0.48 cm in size.

Spleen

The **spleen** presented with a smooth homogeneous parenchyma hyperechoic to liver and kidney. The capsule was smooth and linear in its contour. The splenic vasculature demonstrated normal volume without signs of congestion, significant contraction, or thrombosis.

Liver

The **liver** revealed normal size, contour, and structure. Parenchymal echogenicity was smooth and homogenous in appearance. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented with anechoic contents and a thin hyperechoic wall. The cystic and common bile ducts were normal. No periportal lymphadenopathy was evident.



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Gastrointestinal

The **stomach** revealed a moderate to large amount of hyperechoic contents within the lumen of the stomach. The stomach wall thickness and curvilinear mural detail was normal. The intestines were free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. There were several images provided that showed hypoechoic and mildly enlarged mesenteric lymph node measuring 4.11 x 0.92 cm. Several images within that region showed an ill-defined, hypoechoic, solid structure that may represent a mesenteric lymph node, inflammatory lesion or less likely midabdominal mass. There was no evidence of free abdominal effusion.

Pancreas

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

ULTRASONOGRAPHIC FINDINGS

Moderate amount of hyperechoic contents within the lumen of the stomach.

Hypoechoic, mildly enlarged, midabdominal mesenteric lymph node with associated hypoechoic solid structures which may also represent mesenteric lymph node or localized inflammatory lesion

No free abdominal effusion, obstructive pattern or changes in the appearance of the stomach wall.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient has a normal appearing stomach with no evidence of a current active perforation or peritonitis pattern. There was no obstructive pattern as a sign of a current foreign body. There was evidence of a mildly enlarged mesenteric lymph node which is likely reactive or inflammatory in nature. A FNA of the mesenteric lymph node can be considered in order to obtain cytologic information. Since this patient has had diarrhea, vomiting and weight loss, a second exploratory surgery may be required in order to obtain biopsy samples from the stomach, intestines and mesenteric lymph nodes and to ensure that there is no evidence of a current lesion present although there was no discrete evidence that there is current active peritonitis. If this patient is considered stable clinically, then prior to electing an exploratory treatment for what is likely an abnormal microbiome can be initiated. That can include feeding a Hill's biome diet, giving daily probiotics and considering a fecal transplant. If this patient continues to have daily vomiting and weight loss, then an exploratory procedure with multiple biopsies would be strongly recommended.

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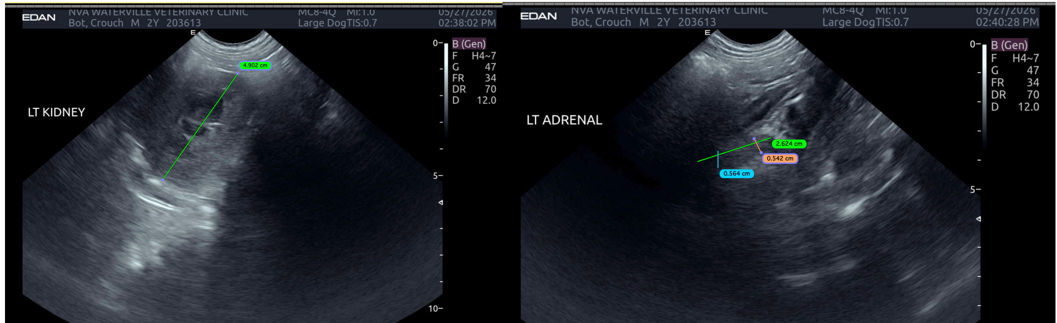

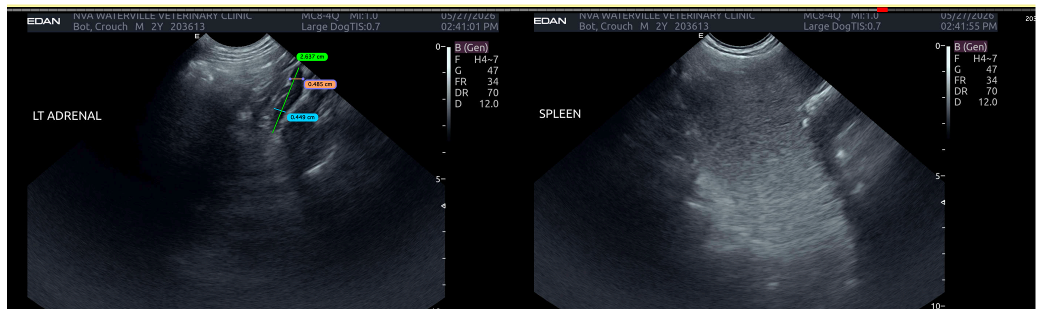

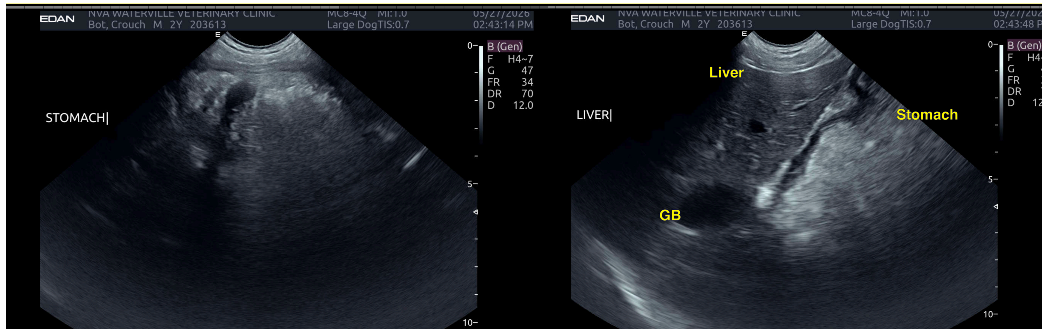

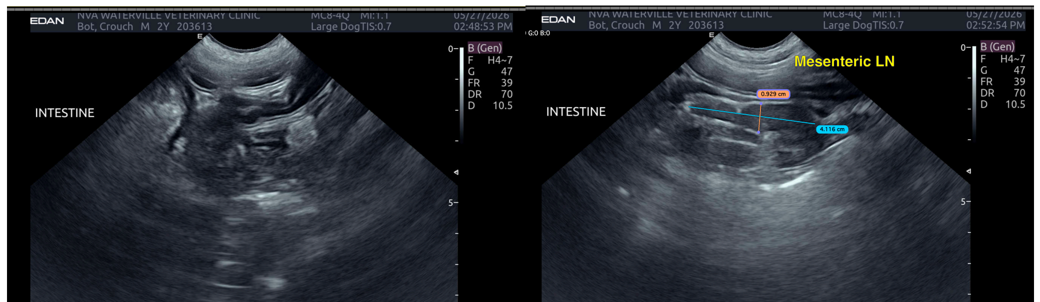

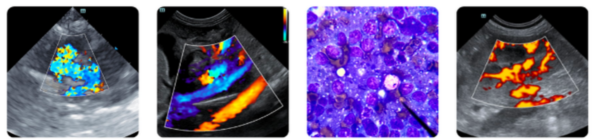

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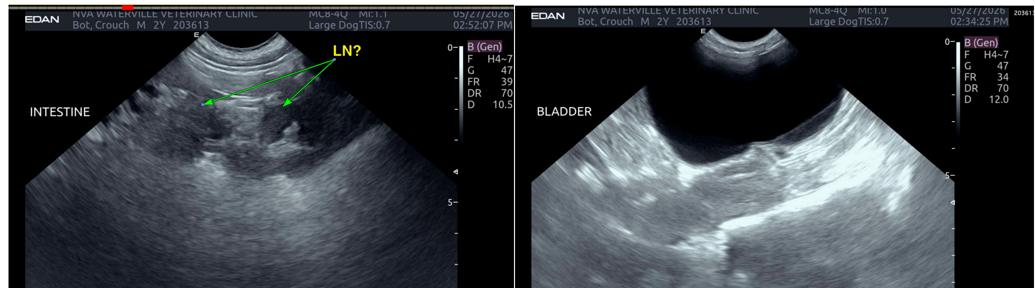

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kim Radway, DVM, DABVP (Canine/ Feline)

info@SonoPath.com