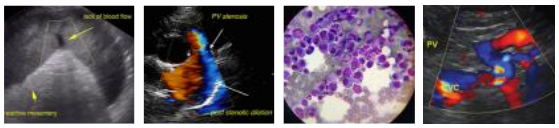


PATIENT

Brutus Puls

SPECIES

Canine

BREED

Rottweiler

SEX

MN

AGE

3 years

WEIGHT

117 lbs.

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Q Street AH

REFERRING VET

Dr. Hoerauf

INVOICE

15841

DATE

1/13/23

PRESENTING CLINICAL SIGNS

Acute onset vomiting and restlessness. Not eating for about a day. Has been pacing and drooling, staring into corners. Has vomited once last night and again this afternoon. No known toxin ingestions or other dietary indiscretions. Current Medications Butorphanol Radiographic Findings Spleen appears enlarged, gastric mucosa irregular. Primary Question/Differential to Be Answered in This Exam Does patient have any evidence of foreign body, other abnormalities that would case symptoms.

Abnormal PE/Chem/CBC/UA Results: Slight hyperglycemia (118) and hyperalbuminemia (4.6). HCT 56.7% Neut 12.0

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 2.4 cm in diameter.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 8.5 cm in length. The right kidney measured 7.7 cm in length.

Adrenal Glands

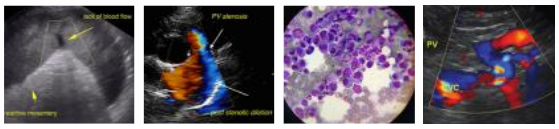
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.7 cm length x 0.43 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.9 cm length x 0.59 cm width at the caudal pole.

Spleen

The spleen exhibited subjective mild enlargement yet maintained a symmetrical capsule contour with mild generalized parenchyma heterogeneity and normal vascularity. No masses or nodules were noted.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were



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normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild gallbladder debris, likely secondary to recent fasting/anorexia. No evidence of gallbladder inflammation or post-hepatic obstructive criteria was noted. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented mild to moderate wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The stomach contained a mild amount of retained anechoic fluid with no evidence of gastric foreign material or mechanical pyloric outflow obstruction. The ventral gastric body wall width measured 1.0 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

The colon walls presented intact yet mildly prominent wall layering with mild thickened to echogenic submucosa. Nonformed to liquid fecal matter was present in the colon lumen with lumen dilation.

Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Gastroenterocolitis pattern with mild gastric hypomotility - no evidence of a gastrointestinal obstructive pattern or foreign material
- Mild splenomegaly exhibiting mild parenchyma heterogeneity - nonspecific, suspect benign etiology i.e., incidental hyperplasia, hematopoiesis, possible splenitis, neoplastic splenic criteria considered unlikely

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unknown dietary indiscretion or enterotoxic insult, acute nonspecific inflammatory bowel, emerging IBD, low-grade pancreatitis which may present as sonographically normal, and less likely occult infiltrative neoplasia are all potentials. Spec cPl may be considered to assess for low-grade pancreatitis as a contributing factor. A resting cortisol level to rule out occult Addison's Disease is warranted.

Empirical therapy for acute inflammatory bowel episode with as-needed gastrointestinal support should prove beneficial. Assuming normal clotting status and using a 25-gauge needle, splenic FNA cytology could be considered primarily to ensure only benign changes are present yet no overt suspicion of infiltrative splenic neoplasia.

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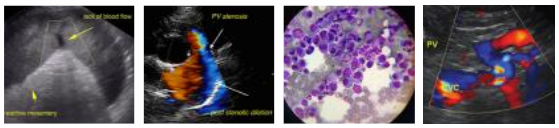

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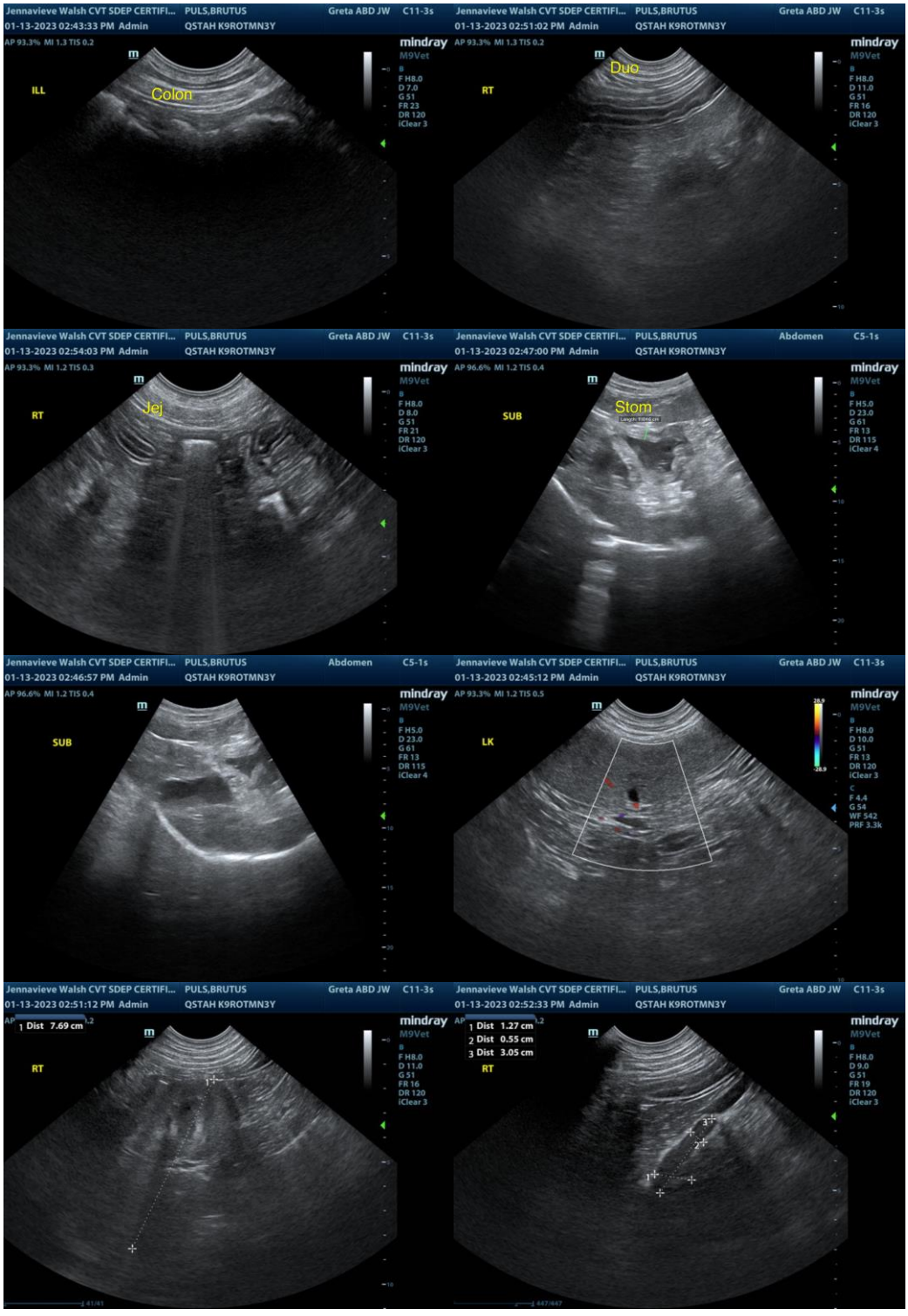

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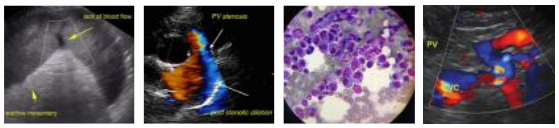

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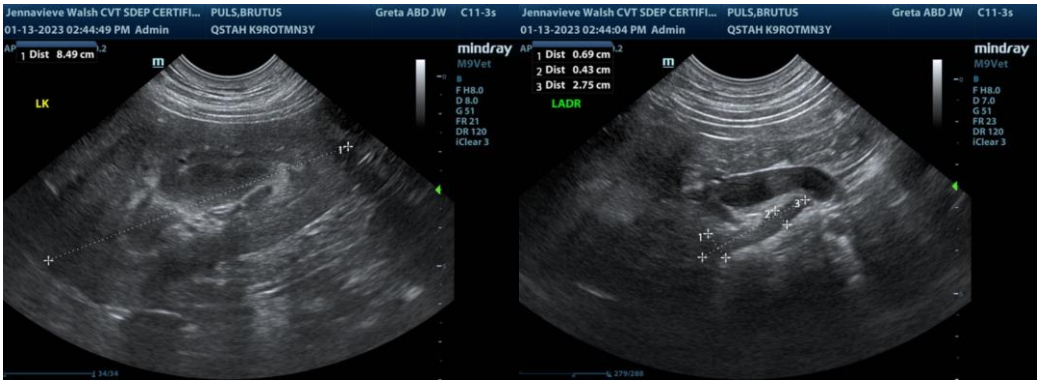

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com