

**PATIENT PRESENTING CLINICAL SIGNS**

Oppy Fritzingler History: Bloating – gas distention of SI noted at ER, 1 week duration hyporexia, lethargy  
 Unremarkable Chemistry and cpl

**SPECIES** 4DX neg, mild anemia, panleukopenia, and thrombocytopenia

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** *Urinary System*

Pitbull

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 were noted.

**SEX**

Neutered Male

The area of the residual prostate appeared normal and free of pathology.

No evidence of pathology in the area of the aortic trifurcation.

**AGE**

11 years

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. A small cranial cortical cyst was present in the right kidney. The left kidney measured 7.4 cm in length. The right kidney measured 7.1 cm in length.

**WEIGHT**

88 Pounds

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 3.5 cm length x 0.86 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 3.1 cm length x 0.65 cm width at the caudal pole.

**INTERPRETED BY**

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

**Spleen**

The spleen exhibited generalized mild enlargement with primarily maintained symmetrical contour. A solitary mildly expansive to nonhomogeneous nodular mass lesion present in the caudal spleen with associated mild capsule distortion yet without evidence of parenchymal escape measuring 3.3 x 2.6 cm. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
 ARDMS/RVT

**Liver / Gallbladder**

**HOSPITAL NAME**

Stanglein VC

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**INVOICE**

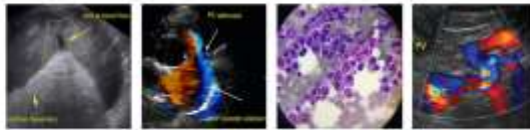
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**Gastrointestinal**

The visible gastric walls exhibited intact wall layering without mural pathology or hypertrophy. The stomach contained mild retained ingesta exhibiting subtle progressive distal acoustic shadowing. Overt evidence of mechanical pyloric outflow obstruction was not evident. No overt evidence of gastric foreign material.

**DATE**

1.21.2022



**PATIENT**  
 Oppy Fritzingler

The upper duodenum exhibited intact yet subjective mild prominent wall layering measuring 0.45 cm width. No evidence of duodenal mechanical/metabolic ileus. The jejunum and ileum to the level of the colon were sonographically normal.

**SPECIES**  
 Canine

Normal visible colon wall layers were present with apparent formed feces in lumen.

**BREED**  
 Pitbull

*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 was evident.

**SEX**  
 Neutered Male

*Free Abdomen*

A prominent to homogeneous solitary medial iliac lymph node was present measuring 3.3 x 2.6 cm. Concurrent mildly prominent pancreaticoduodenal lymph node present in the right cranial abdomen.

**AGE**  
 11 years

No overt peritoneal effusion was present.

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

**ULTRASONOGRAPHIC FINDINGS**

- Mild splenomegaly with caudal mildly expansive nonhomogeneous nodular mass lesion.
- Mild chronic renal changes with right kidney cortical cyst.
- Mild hepatic parenchymal remodeling - subjectively benign.
- Mild retained gastric ingesta.
- Nonspecific focal medial iliac and pancreaticoduodenal lymphadenopathy.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Assuming normal clotting status, ultrasound guided FNA of the splenic parenchyma, caudal nodular mass lesion, and if accessible, medial iliac lymph node for screening cytology warranted. Splenic nodular hyperplasia, extramedullary hematopoiesis, hematoma, infection, previous infarct, granuloma, or neoplasia possible and likewise, the lymphadenopathy may indicate benign hyperplasia or minor reactive lymphadenitis. Although potential for emerging medial iliac neoplastic lymphadenopathy cannot be excluded.

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Although nonspecific, potential for mild gastritis or gastroduodenitis may be possible. Gastric protectant protocol, smaller more frequent feedings of bland to hydrolyzed diet, +/- intestinal prokinetic agents, if persistent retained ingesta, could be considered.

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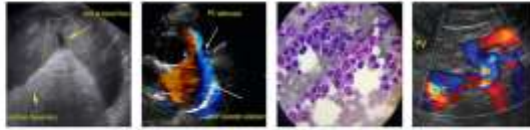
CBC pathology review and/or babesia testing may be indicated in this patient given the CBC abnormalities and breed. Pending additional diagnostics or if persistent anorexia or signs of persistent retained ingesta, laparotomy with splenectomy and gross inspection of the pyloric outflow and upper gastrointestinal tract would be a more aggressive approach.

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**WEIGHT**

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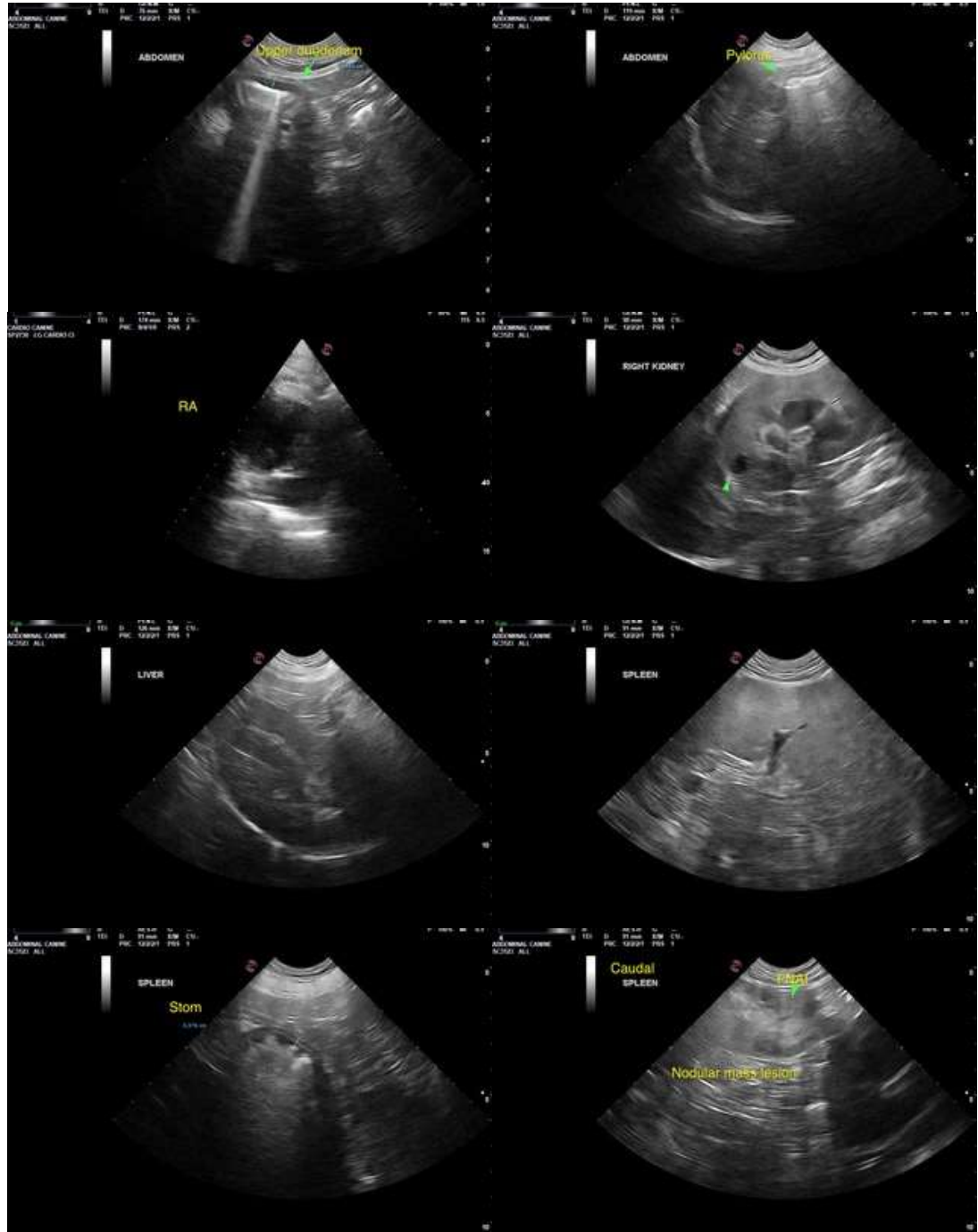
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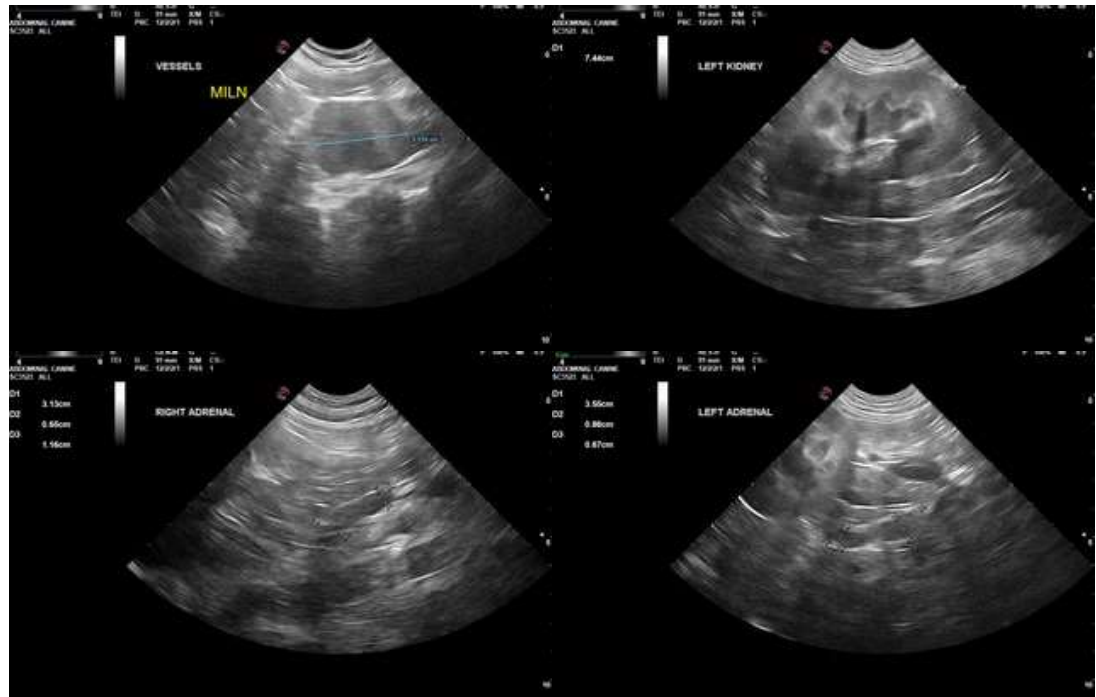
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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