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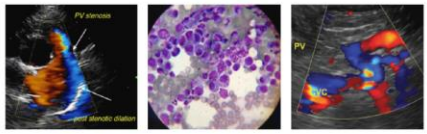
SVS Mobile Imaging CT 262 - 366 - 5970
fredgromalak@gmail.com



SonoPath
Clinical Sonography & Telecytology
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PATIENT
Rubin Dodge County Humane Society 281294

SPECIES
Canine

BREED
Labrador Retriever

SEX
MN

AGE
14y

WEIGHT
22kg

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

IMAGING PERFORMED BY
Tom McNeill

HOSPITAL NAME
SVS Imaging CT

REFERRING VET
WVRC Dr. Vuolo

INVOICE
15228

DATE
10/14/22

PRESENTING CLINICAL SIGNS

Rubin presented to WVRC's Emergency Service on 10/13/2022 for vomiting, weakness, unable to stand today. Rubin was hospitalized at Grafton WVRC 10/07/2022. He came in with shelter at that time and was recently found outside. He was found to have aspiration pneumonia on CXR. Hospitalized and discharged 10/09/2022. Was eating, breathing well at time of leaving. Karen (the contact for Rubin, and who has had him at her house) states he has been becoming stronger every day and eating more and more. She has been elevating his food, as she has had other dogs with esophagus issues/tie-back surgeries before and knows to raise food. Karen was caring for Rubin last night and reported that he drank water from the ground last night and then vomited. He was still eating food in small meals normally last night. Today, Rubin cannot stand, is very weak, will not eat, breathing heavily. Karen reports that he "seemed like a different dog" today, given that she felt yesterday was his "strongest day" since discharge.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 area of the residual prostate was free of pathology.

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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint to focal areas of medullary mineral were noted in both kidneys. The left kidney measured 5.9 cm in length. The right kidney measured 5.7 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 0.65 cm width at the caudal pole and 0.68 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.62 cm width at the caudal pole and 0.62 cm width at the cranial pole. No evidence of subnormal adrenal size, adrenomegaly, or adrenal tumors.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. No splenic masses, nodules, or evidence of neoplastic criteria.

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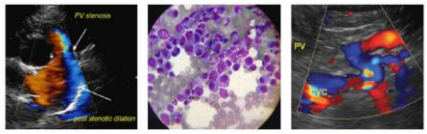

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Liver/ Gallbladder

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. A solitary spherical-appearing is nonhomogeneous to mildly mixed echogenic mass appearing to occupy the mid-ventral abdomen extending mildly caudally to the approximate level of the gastric axis, measuring approximately 8.0 cm in diameter.

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

Gastrointestinal

The stomach presented moderate to variable prominent to thickened gastric walls exhibiting primarily intact and discernable gastric wall layer detail. Possible focal to minor luminal surface crater in the mid-ventral gastric body was noted. The stomach contained a mild to moderate amount of retained anechoic fluid and suspect mild hyperechoic nonshadowing ingesta or mucus. No evidence of mechanical pyloric outflow obstruction was noted. The pylorus wall measured 0.53 cm width.

The duodenum exhibited intact and mildly prominent wall layering with minor duodenal ileus. The duodenum wall measured 0.58 cm width. The jejunum and ileum to the level of the colon were sonographically normal without evidence of additional mechanical / metabolic ileus. The jejunum wall measured 0.37 cm width.

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

Pancreas

The pancreas base and right pancreatic limb was normal in contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. The right pancreatic limb was mildly prominent in size. No signs of active inflammation or neoplasia.

Free Abdomen

Mild perigastric hyperechoic to reactive mesentery was present. No evidence of peritoneal free fluid or free intraabdominal gas was noted. No overt lymphadenopathy was noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Moderate hypomotile gastritis pattern with possible emerging ulceration - potential for infiltrative neoplastic gastric criteria cannot be definitively excluded
- Suspect concurrent mild duodenitis
- Heterogeneous to prominent right pancreas - age-related / patient variant, remodeling owing to previous inflammation, concurrent low-grade to chronic pancreatitis are all potentials
- Nonspecific liver mass - hyperplasia, hematopoiesis, hepatoma, neoplasia possible

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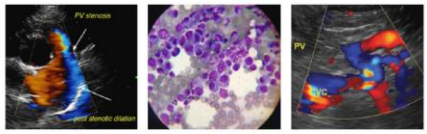

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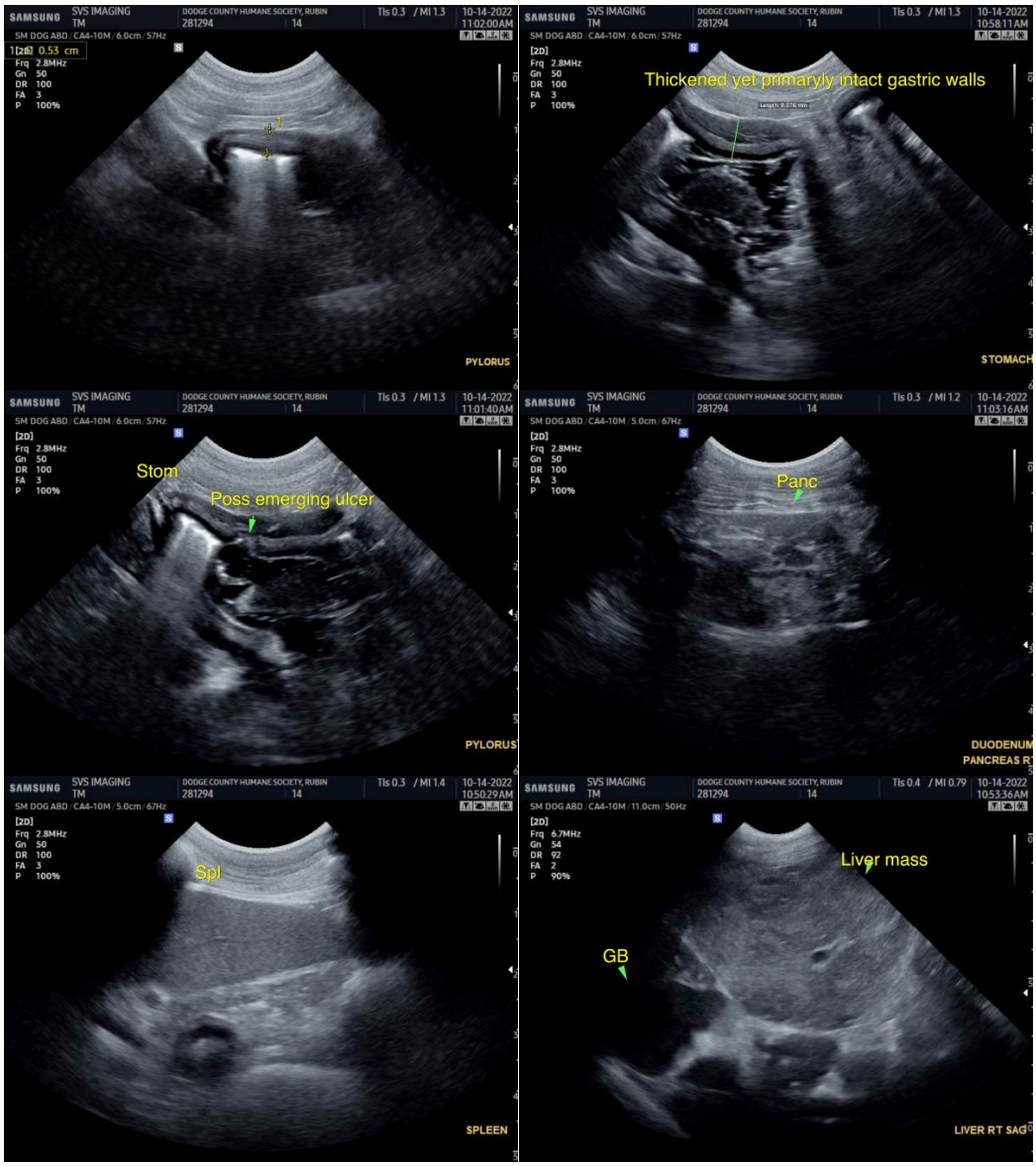
Secondary Findings

- Mild chronic renal changes with minor medullary mineral

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status FNA cytology of the liver mass is warranted for further assessment. If accessible, concurrent gastric wall FNA could be considered for screening cytology, yet ideally endoscopic gastric biopsies are recommended for definitive diagnosis. Spec cPL is warranted for further assessment of the pancreas.

Aggressive gastroprotectant protocol, which may include canned or slurried novel protein or hydrolyzed diet, and sonographic monitoring of the stomach would be a more conservative approach.



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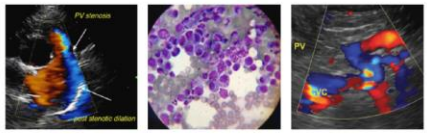

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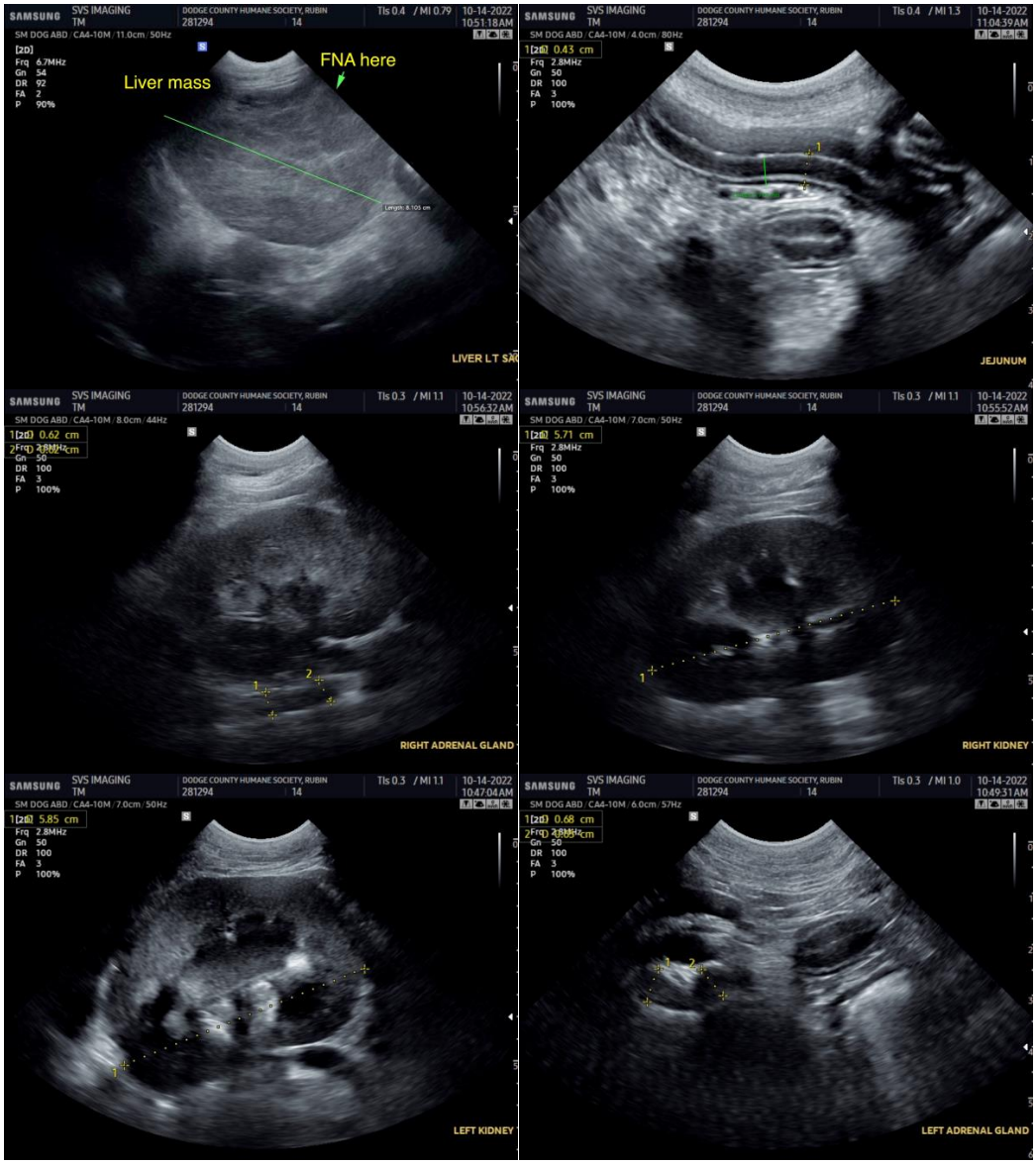

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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