

PATIENT PRESENTING CLINICAL SIGNS

Rocky Montes

SPECIES

Canine

BREED

Pit Bull

SEX

Intact Male

AGE

7 Years

WEIGHT

70.6 Pounds

Presented for decreased appetite and weight loss. 20 lb weight loss since August. 3/9 BCS. No palpable masses. Since exam on 12/7/21, Rocky has lost an additional 5 lbs and has started vomiting. Dehydrated on exam on 12/7/21. Drank water while here for radiographs on 12/14/21, no interest in food Current Medications Entyce Radiographic Findings Abdominal views- some gas in intestines, maybe abnormal outline to liver. Thoracic views- no obvious abnormalities. Unable to extend legs on left lateral thoracic view, soft tissue opacity likely overlaying muscle. Primary Question/Differential to Be Answered in This Exam Are there any masses or abnormalities to abdominal organ structure that look like a neoplastic process?

Abnormal PE/Chem/CBC/UA Results: CBC- mild neutrophilia (12.05), mild increase in platelets (504). Biochemistry- high normal creatinine, slightly decrease total protein (4.9), slightly decreased globulins (2.2).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Minor areas of dependent urinary bladder mineral were noted. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The area of the aortic trifurcation was free of pathology.

INTERPRETED BY

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(Canine and Feline)

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 6.6 cm. The right kidney measured 7.2 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.42 cm at the cranial pole and 0.66 cm at the caudal pole. The right adrenal gland measured 0.40 cm at the cranial pole and 0.39 cm at the caudal pole.

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.

Liver

The liver exhibited normal subjective size and contour. Potential for subtle generalized increased hepatic parenchyma echogenicity exhibiting mild to moderate coarse echotexture. No overt hepatic masses or nodules noted. The gallbladder was indistinctly visualized, yet appeared to be essentially isoechoic to surrounding hepatic parenchyma, likely owing to moderate non-organized luminal debris occupying the majority of the gallbladder lumen. The common bile duct was normal.

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PATIENT *Gastrointestinal*

Rocky Montes The stomach exhibited moderate distention with strongly shadowing luminal echo occupying the majority of the gastric lumen and measuring approximately 3.5-4.0 cm in diameter. The strongly shadowing echo extended into the area of the pylorus.

SPECIES

Canine The small intestine exhibited segmental obstructive pattern exhibited by moderate areas of segmental retained fluid. Concurrent, likely multiple shadowing echoes were present in the small intestine along with at least one area of intestinal plication with linear-like hyperechoic echo within the plicated intestinal lumen. Regional peri intestinal reactive mesentery.

BREED

Pit Bull Normal visible colon wall layers were present with shadowing fecal matter.

SEX

Pancreas

Intact Male 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.

AGE

7 Years *Free Abdomen*

WEIGHT

70.6 Pounds Small pockets of scant peritoneal free fluid were present. Overt evidence of significant lymphadenopathy was not present, yet likely mild jejunal lymphadenopathy suspected.

PRIMARY FINDINGS

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- Strongly shadowing gastric echo occupying the majority of the gastric lumen
- Segmental small intestinal obstructive pattern with at least one segmental area of plication containing linear-like hyperechoic echo – suspect multifocal concurrent small intestinal echoes.
- Peri intestinal reactive mesentery along with small pockets of scant peri intestinal to peritoneal free fluid – potential for peritonitis.

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IMAGING PERFORMED BY

Jenna Walsh, CVT

SECONDARY FINDINGS

- Mild urinary bladder mineral

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

As soon as the patient is stabilized, exploratory laparotomy with expectation toward gastrotomy and likely multiple enterotomies recommended. The small intestine exhibited inflammatory mural changes, likely owing to chronic foreign body given the patient's history. Minor potential for underlying neoplastic criteria cannot be definitively excluded, yet is thought less likely. However, potential resection and anastomosis is a strong possibility in this case. Gross examination of the liver and gallbladder recommended at the time of surgery. Perioperative antibiotic use suggested given the potential for peritonitis. Guarded prognosis is indicated.

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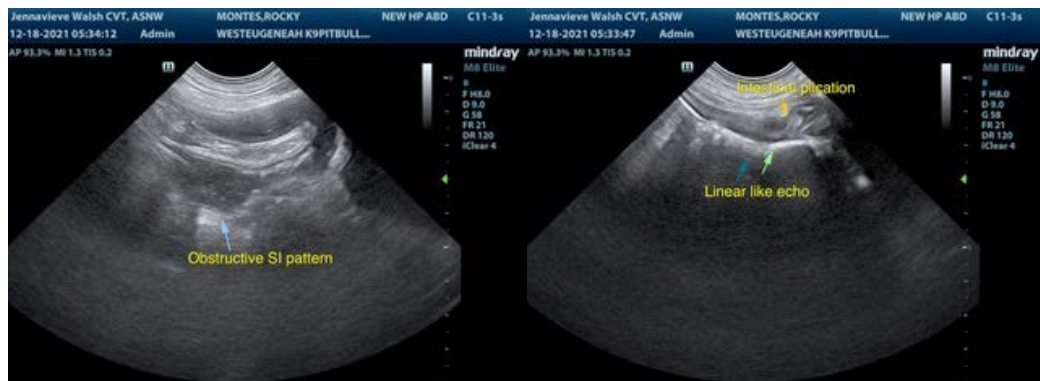
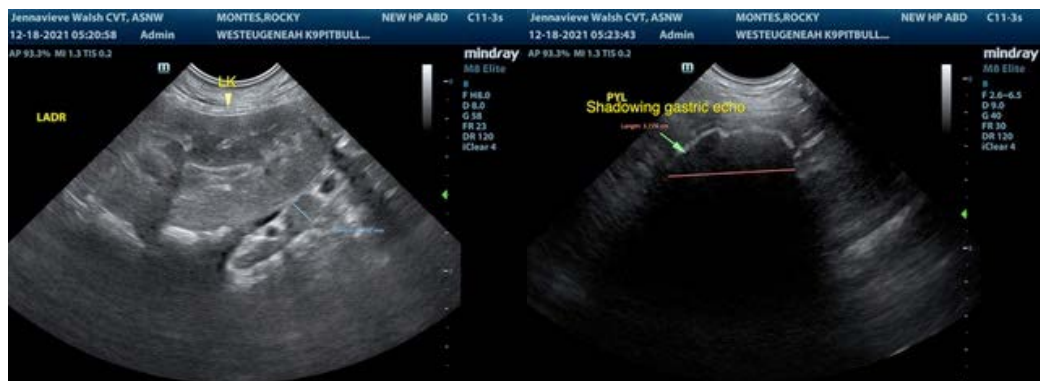
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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