SonoPath
Clinical Sonography & Telecytology
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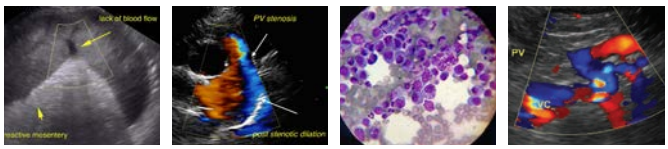


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Romeo C-Ross

SPECIES

Canine

BREED

Terrier X

SEX

Male

AGE

15 Years

WEIGHT

15 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Cara, CVT

HOSPITAL NAME

1st Pet Vet Chandler

REFERRING VET

Dr. Berko

INVOICE

33568

DATE

12/19/21

PRESENTING CLINICAL SIGNS

acute v/d since yesterday Physical Findings- laterally recumbent
Abnormal PE/Chem/CBC/UA Results: GLU 84 CREA 8.4 BUN 121 BUN/CREA 14 PHOS > 16.1 Dilution 1:3-16.2 CA 9.9 TP 9.3 ALB 4 GLOB 5.3 ALB/GLOB 0.7 ALT 97 ALKP 307 GGT 0 TBIL .6 CHOL 252 AMYL 2127 LIPA 357 PCV-55 TP-9.4 RBC-7.94 WBC-26.6 %NEU * 82.0 %LYM * 12.1 %MONO * 5.9 %EOS 0.0 %BASO 0.0 NEU 21.8 BAND * Suspected LYM 3.21 MONO 1.58 EOS .01 BASO 0 PLT 437 MPV 12.3 PDW 11.3 PCT .54 XRAY REPORT Ross Romeo Report Radiographic Findings 5 electronically transmitted images, including ventrodorsal, right and left lateral abdominal, and ventrodorsal and right lateral thoracic radiographs are provided for review, dated December 19, 2021. No definitive thoracic soft-tissue abnormalities are evident. The lung pattern and cardiovascular structures are subjectively normal. The stomach is moderately gas distended and contains minimal fluid and a very small amount of soft tissue opacity is present within the pylorus or less likely there is a mass arising from the stomach wall protruding from the pylorus into the lumen of the stomach in that area. The small bowel segments and colon are empty or contain minimal gas and fluid. The urinary bladder is small consistent with recent urination. The prostate is prominent consistent with intact male status. The serosal detail is normal. The liver is at the upper end of the normal size range and is normal in shape and opacity. The renal silhouettes are mildly reduced in size. The splenic silhouette is normal in size and shape. There are several narrowed intervertebral disc spaces and intervertebral foramina in the visible portions of the spine, consistent with degenerative intervertebral disc disease, and there are changes consistent with spondylosis deformans of variable severity at several of the caudal cervical sites and at T12-T13. Conclusion Soft tissue opacity foreign material within the lumen of the pyloric outflow tract obstructing the pyloric outflow tract, or a mass projecting from the mucosa of the pylorus into the lumen of the stomach consistent with neoplasia or less likely hyperplastic mucosa/ hypertrophic pyloric gastropathy, or a granuloma. Secondary gas distention of the stomach. Empty small bowel segments and: consistent with the history of concurrent diarrhea from a diffuse enteropathy secondary to infectious or inflammatory, or parasitic enteritis or diffuse intestinal neoplasia. Normal thoracic soft-tissue structures. No evidence of thoracic neoplasia. Chronic degenerative changes of the spine most notable in the mid-through caudal cervical and caudal thoracic regions. Note: if indicated by the clinical situation ultrasound of the pyloric region or abdominal exploratory should be used to determine if the soft tissue opacity in the pyloric region is a mass or foreign material. PF 1 stat Justin Goggin, DVM, DACVR - Eagle Eye Radiology

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was subnormal to contracted in appearance owing to lack of luminal urine.

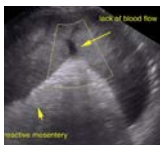
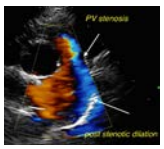
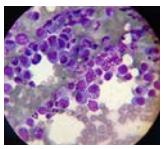
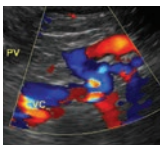
The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic. The prostate measured 5.0 cm x 4.0 cm. Small parenchymal cysts were present.

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.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.58 cm at the cranial pole and 0.73 cm at the caudal pole. The right adrenal gland measured 0.67 cm at the cranial pole and 0.68 cm at the caudal pole.

Spleen

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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 was mildly enlarged. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach exhibited moderate distention with retained anechoic fluid and subjective moderate luminal gas. The area of gastric antrum and pylorus exhibited mild to potential moderate mucosal hypertrophy, yet subjective intact to mildly indistinct wall layering. No overt evidence of mechanical pyloric outflow obstruction.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A generalized ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without overt evidence obstruction or foreign material.

The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Generalized mild dilation with liquid feces present, consistent with diarrhea.

Pancreas

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

Free Abdomen

No peritoneal effusion or significant lymphadenopathy.

PRIMARY FINDINGS

- Diffuse acute gastroenteropathy exhibiting subjective mild to moderate pyloric mucosal hypertrophy, gastric hypomotility and generalized small bowel ileus.
- Bilateral moderate to marked chronic renal changes with mild dystrophic medullary mineral and pyelectasia – possible end stage renal disease.
- Mild hepatomegaly – subjectively benign.
- Age related splenic changes, no overt neoplasia.

SECONDARY FINDINGS

- Benign prostatic hyperplasia, minor potential for prostatitis.
- Mild gallbladder debris (non-mucocele)
- Subnormal urinary bladder size – non-specific, potential for anuria given the azotemia.
- Heterogeneous pancreas – age related changes with potential for low-grade chronic pancreatitis possible.

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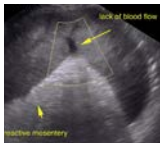
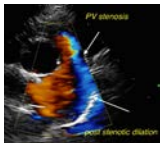
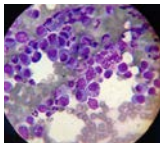
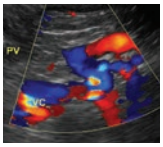

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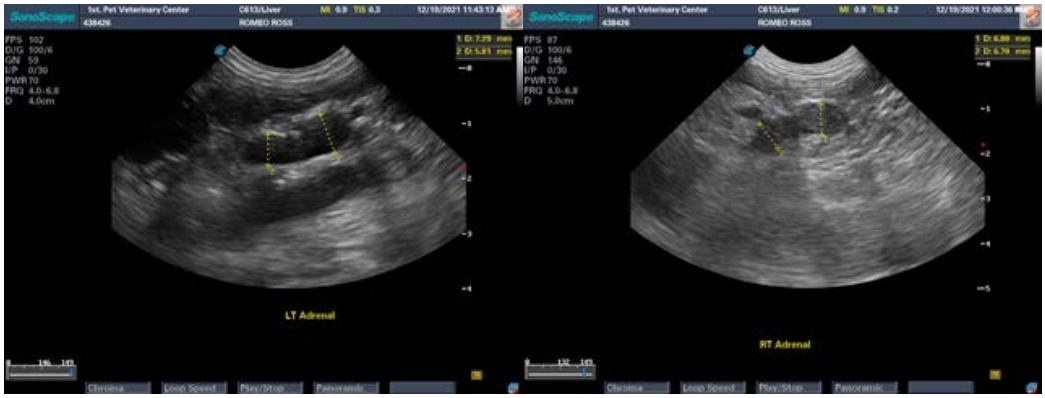
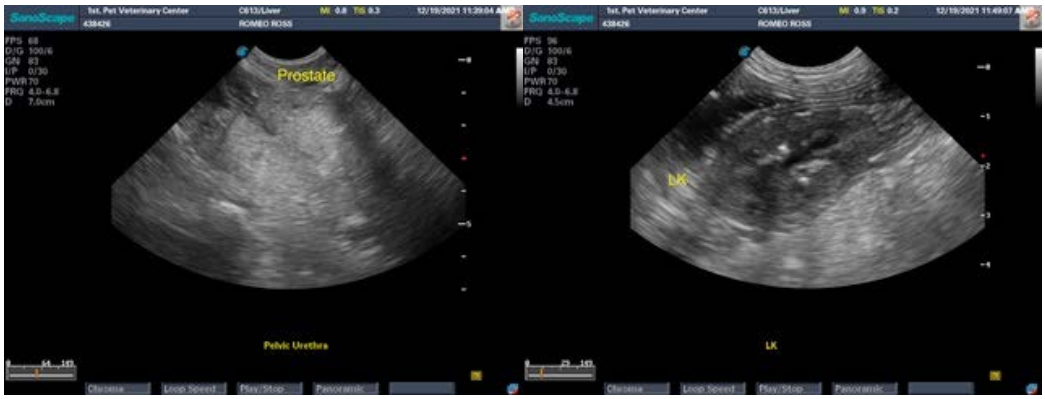
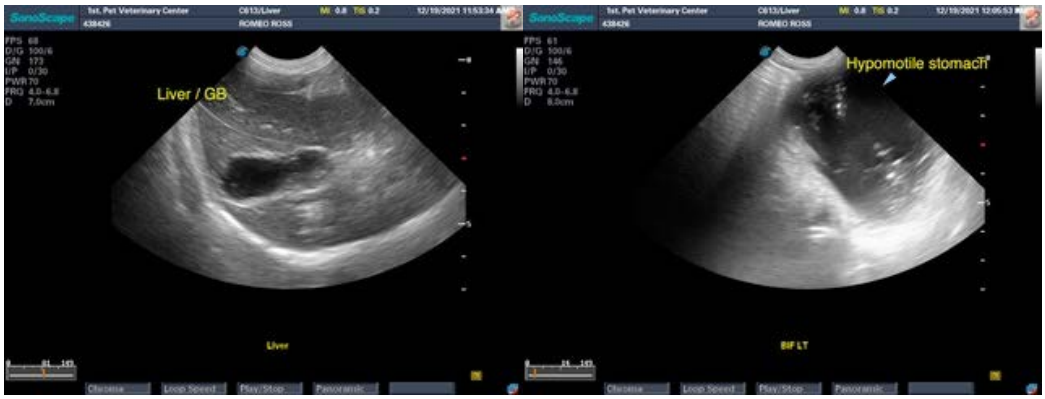
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of mechanical pyloric outflow obstruction either secondary to a definitive pyloric mass or overt foreign body. The gas within the stomach lumen somewhat prohibited full evaluation of the gastric interior. Therefore, technically a small moving foreign body is possible and non-visualized, yet thought less likely at this time. Acute inflammatory bowel episode, infectious disease, dietary indiscretion, generalized metabolic gastrointestinal ileus potentially secondary to kidney disease or occult infiltrative gastrointestinal neoplasia possible.

Hospitalization with IV fluids and gastrointestinal support with monitoring of body weight and urine output recommended. No indication for immediate surgical intervention, especially in the face of significant azotemia. However, sonographic or radiographic monitoring of the gastrointestinal tract for evidence of persistent retained gastric fluid over the next 24-48 hours is ideal. Guarded prognosis.







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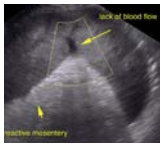
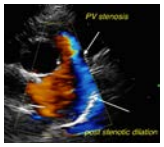
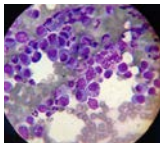
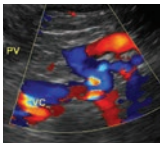

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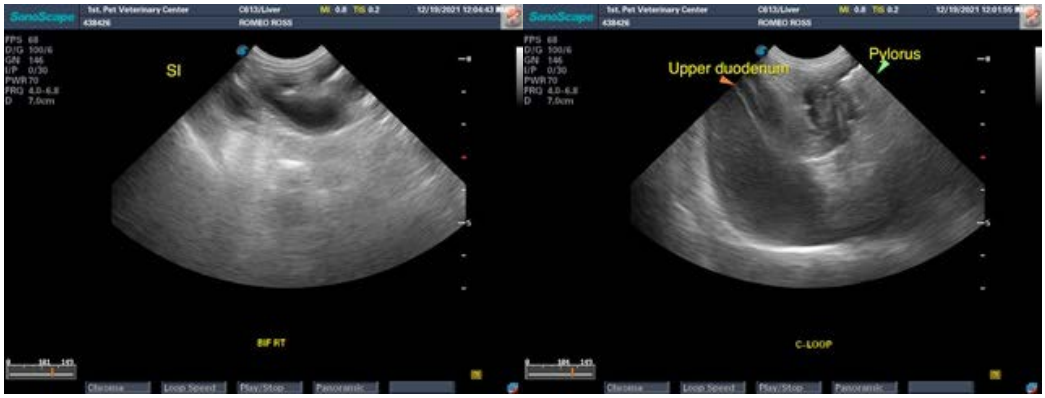

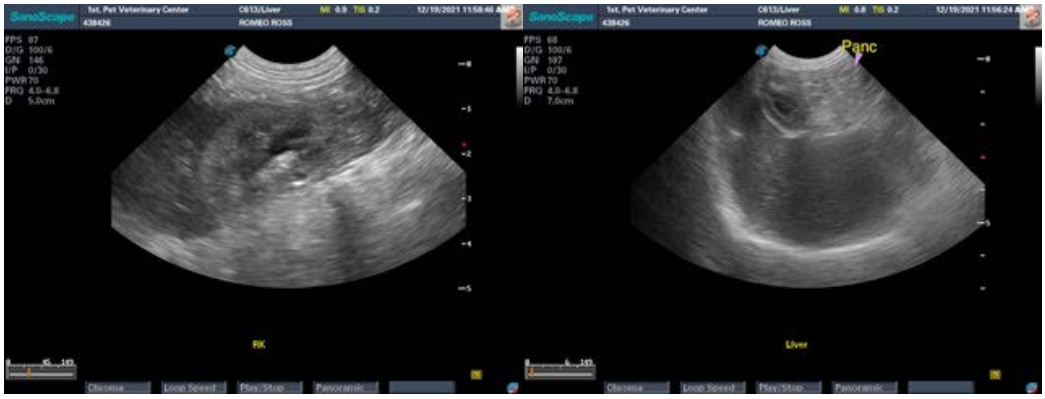

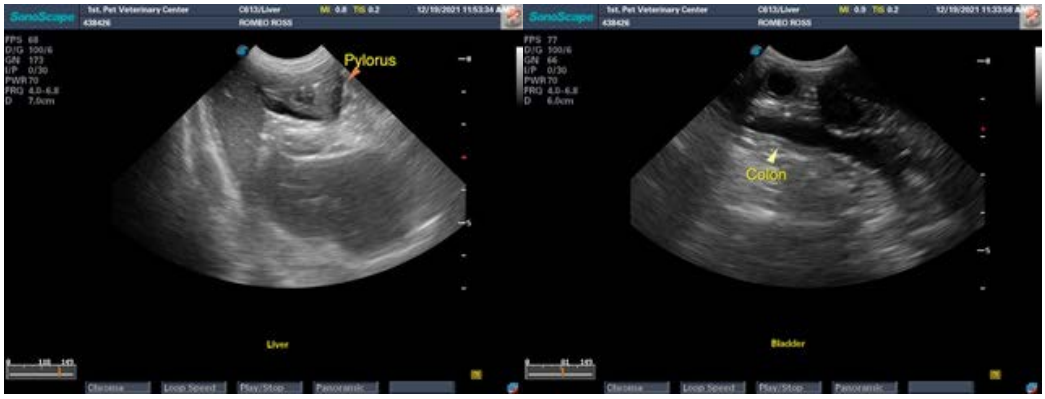

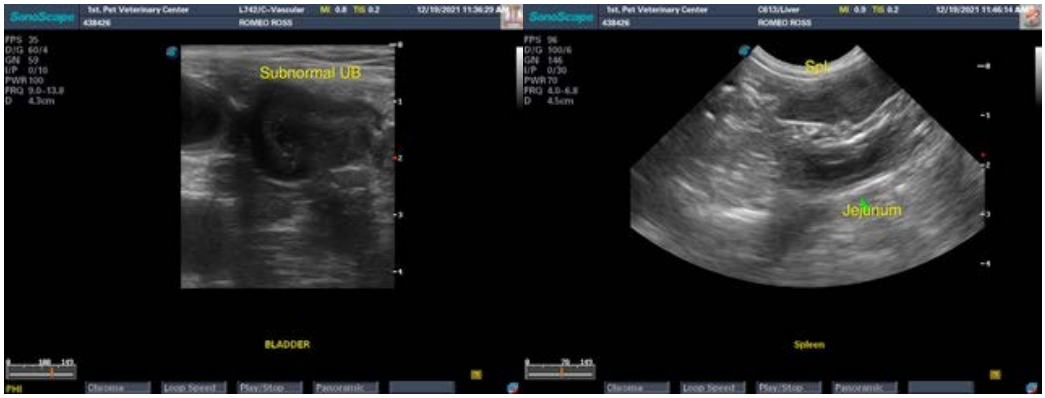

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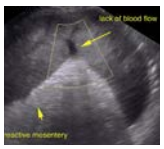
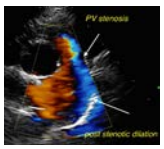
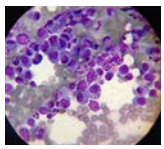
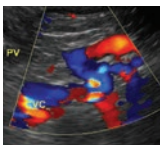

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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