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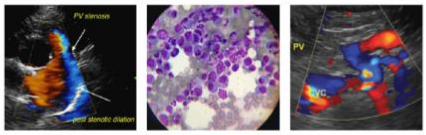
fredgromalak@gmail.com



SonoPath
Clinical Sonography & Telecytology
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PATIENT

Max Asmus 12131A

SPECIES

Canine

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

8 Years 4 Months

WEIGHT

44.4 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Madison VS- Dr. Patton

INVOICE

15827

DATE

5/31/22

PRESENTING CLINICAL SIGNS

History: Initially presented on 5/28 for acting anxious and vomiting. Max has had a history of intermittent vomiting for the past 2-3 months. He also has a history of GME and he is now showing symptoms that are consistent with his previous incident of this. Abdominal radiographs revealed a wire-like metallic gastric foreign object. Repeat radiographs on 5/29 revealed persistent gastric foreign object. Current medications: Prescribed yesterday -cyclosporine 100mg - not given yet Previcox, apoquel, omeprazole, gabapentin, amantidine, famotadine, thyroid medication, cerenia

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. 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.

The area of the residual prostate appeared normal and 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 7.9 cm in length. The right kidney measured 6.9 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 0.78 cm width at the caudal pole and 0.63 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 0.60 cm width at the caudal pole and 0.83 cm width at the cranial pole.

Spleen

The spleen was normal in size and contour. Generalized mild splenic parenchyma heterogeneity noted, exhibiting intermittent subtle hypoechoic nondisruptive nodules. An example of nodule size measured 0.38 cm in diameter. Splenic vascularity was normal. No evidence of splenic masses.

Liver

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 normal in appearance without signs of congestion.

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 mild wall thickening secondary to mild prominent mucosa. Intact wall layering was maintained and distinct. Mild retained hyperechoic ingesta/chyme noted.

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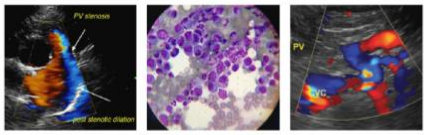

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The small intestine exhibited primarily intact wall layering and maintained 1:3 muscularis to mucosa ratio. Segments of subjective mid abdominal jejunum exhibited intact yet altered indistinct wall layering owing to propensity for mild to variably prominent muscularis layer. Normal appearing jejunum measured 0.49 cm. By comparison, segmentally thickened jejunum measured approximately 4-6 cm in length with wall width measuring up to 0.82 cm. Area of asymmetrical luminal surface contour and suspected luminal gas artifact, suggestive of areas of jejunal ulceration were present. Regional perijejunal peritonitis, indicated by hyperechoic mesentery and small pockets of scant periintestinal free fluid were present around the abnormal segments of jejunum. Suspect small pockets of periintestinal to free abdominal gas were noted.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No evidence of active pancreatic inflammation or neoplastic criteria.

Free Abdomen

Intermittent enlarged jejunal lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 2.4 cm x 1.25 cm.

ULTRASONOGRAPHIC FINDINGS

- Gastritis with mild retained nonspecific ingesta/chyme.
- Segmentally thickened mid abdominal jejunum, exhibiting intact yet altered to indistinct wall layering, suspect areas of jejunal ulceration - inflammatory disease, neoplasia, ulceration, perforation owing to previous penetrating FB given reported persistent wire like metallic gastric FB, other.
- Peri-jejunal peritonitis with suspect focal free peri-jejunal to abdominal gas.
- Associated mild mesenteric / jejunal lymphadenopathy - suspect reactive hyperplasia or lymphadenitis, early neoplastic lymphadenopathy thought less likely.
- Heterogeneous spleen - nonspecific, suspect patient variant, hematopoiesis, possible splenitis with neoplasia thought less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory laparotomy indicated for gross inspection of the gastrointestinal tract, given suspect areas of periintestinal to free abdominal gas, as well as peritonitis with intestinal biopsies considered essential despite exploratory findings. Screening splenic FNA, assuming normal clotting status, could be considered prior to surgery to ensure no signs of neoplasia (but if this is not possible, the splenic presentation would not subjectively preclude surgery). Guarded prognosis indicated, pending gross inspection of the gastrointestinal tract and histopathology.

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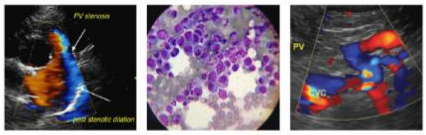

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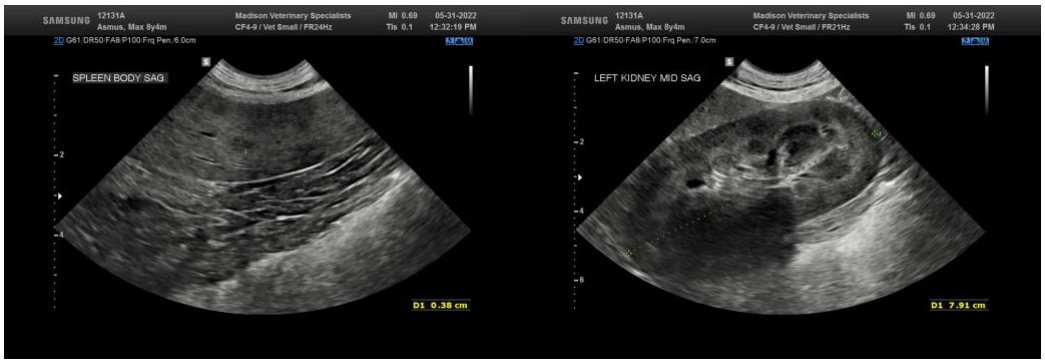

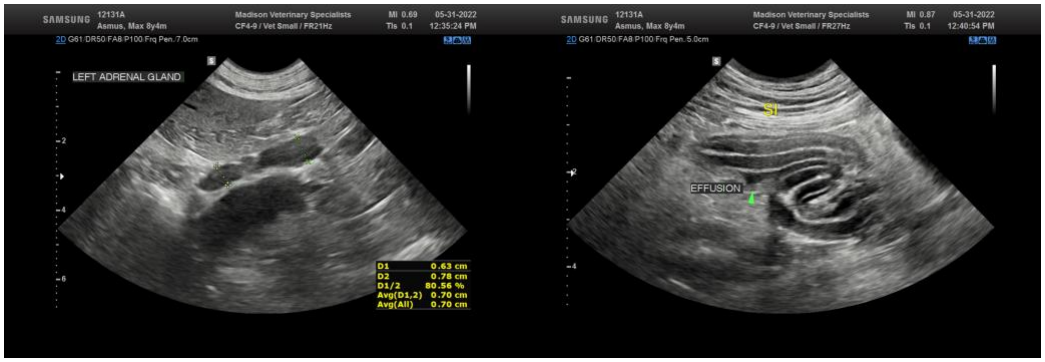

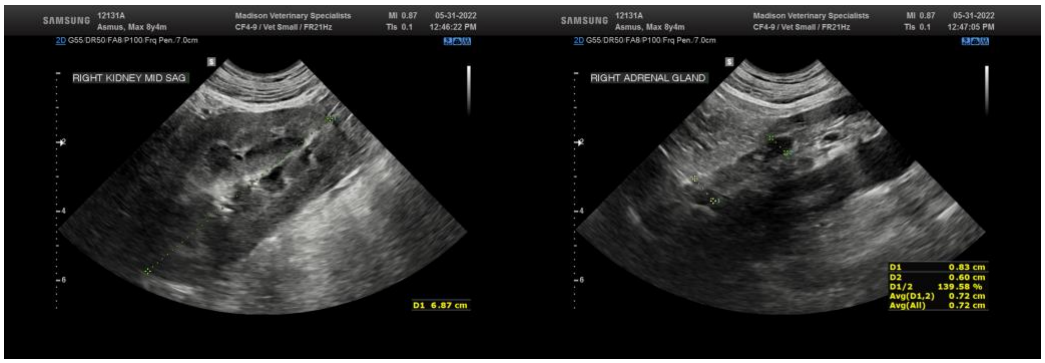

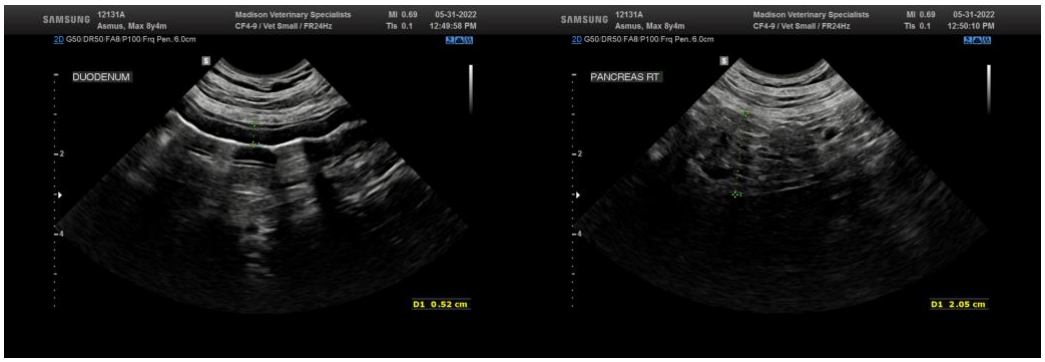

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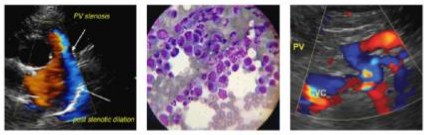

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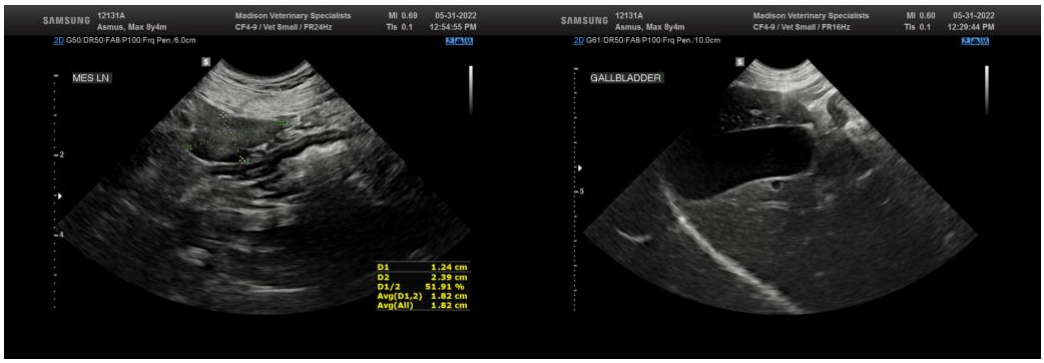

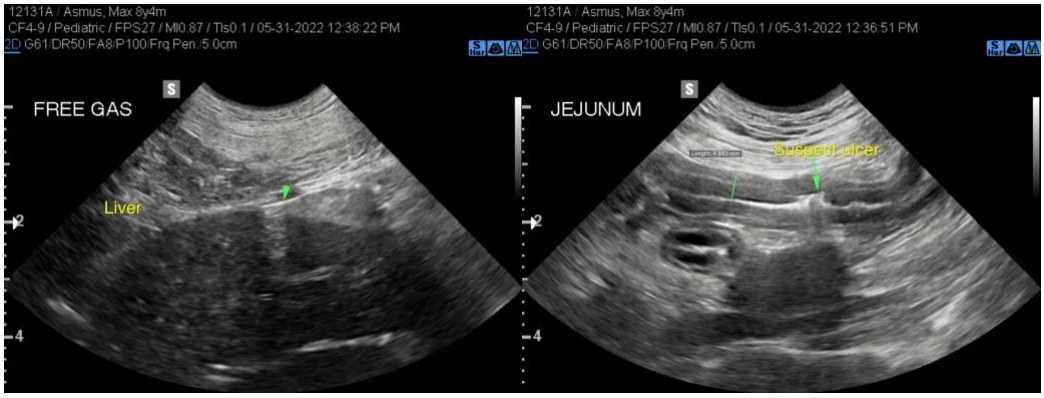

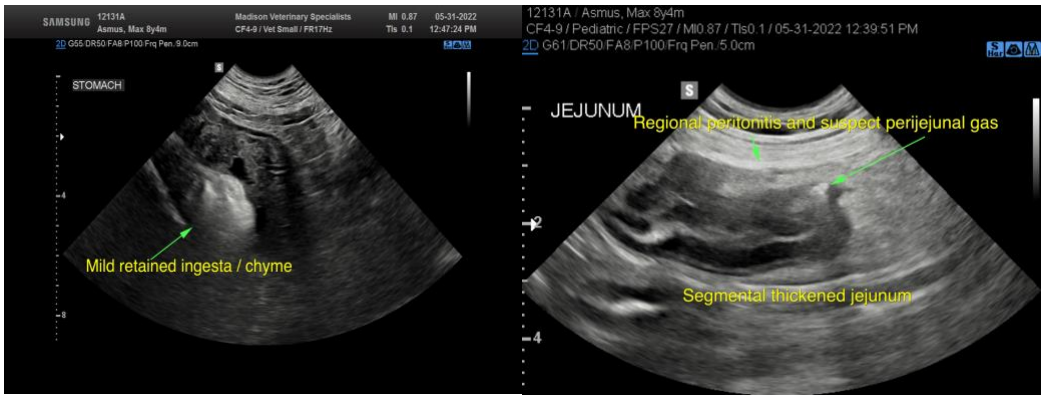

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
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