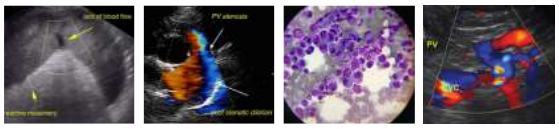




**PATIENT**

Kobe Burroughs

**SPECIES**

Canine

**BREED**

Rottweiler

**SEX**

Neutered Male

**AGE**

8 years

**WEIGHT**

87 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Heidi Putnam, SDEP Clinical Sonographer

**HOSPITAL NAME**

South Willamette VC

**REFERRING VET**

Dr. Willaman

**INVOICE**

12089

**DATE**

8/9/21

## PRESENTING CLINICAL SIGNS

Presented for lethargy, increased water drinking. Mid abdominal mass palpated but could not R/O splenic positioning (folding)
Abnormal PE/Chem/CBC/UA Results: Mild non-regenerative anemia, mild neutropenia and lymphopenia. Mild elevation of ALT,ALkPhos

## 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 residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 1.2 cm in diameter.

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

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.5 cm in length. The right kidney measured 7.5 cm in length.

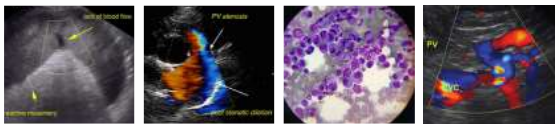
### *Adrenal Glands*

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.8 cm length x 0.53 cm width at the caudal pole.

The right adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 2.8 cm length x 0.83 cm width in the caudal pole. Overt evidence of adrenal hyperplasia or tumors was not present.

### *Spleen*

The spleen was mildly enlarged with caudomedial folding. The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease. The splenic folding is not overtly indicative of underlying splenic pathology and may be a normal patient variant.





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### *Liver/ Gallbladder*

The liver exhibited potential for mild generalized enlargement with normal 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. The gallbladder was non distended in size with mild, echogenic, nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

### *Gastrointestinal*

The stomach exhibited moderate generalized distention containing moderate retained anechoic fluid and nonspecific hyperechoic ingesta exhibiting distal acoustic shadowing noted in the gastric body extending into the area of the pylorus. The potential for possible mechanical pyloric outflow obstruction owing to shadowing nonspecific ingesta in the pylorus cannot be excluded.

The small intestine exhibited generalized intact wall layering and maintained a 1:3 muscularis/mucosa ratio with focal small intestinal likely jejunal mild mural hypertrophy, decreased mural echogenicity, and loss of distinct wall layering, measuring approximately 4.0 cm in length with 0.7 cm wall width present In the mid ventral abdomen.

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 signs of active inflammation or neoplasia.

### *Free Abdomen*

Focal to potential intermittent mesenteric 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 5.2 cm x 0.80 cm.

Associated regional peri intestinal reactive mesentery was present. No overt evidence of effusion was noted.

## ULTRASONOGRAPHIC FINDINGS

### *Primary Findings*

- Mild splenomegaly with generalized mild nonhomogeneous parenchyma and caudomedial folding - patient for age-related variant, hyperplasia, hematopoiesis, incidental splenitis, or emerging neoplasia possible
- Hepatopathy with mild gallbladder debris (non-mucocele) - subjectively benign

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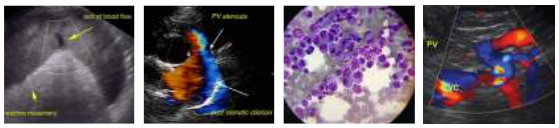

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MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

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- Moderate gastric distention with retained anechoic fluid and nonspecific hyperechoic to shadowing Ingesta
- Focally thickened small intestine (likely jejunum) with mild regional peri intestinal inflammation - inflammatory or emerging neoplastic etiologies possible
- Focal to intermittent mesenteric lymphadenopathy - lymphoid hyperplasia, reactive lymphadenitis, or early neoplastic lymphadenopathy possible
- Heterogenous pancreas - patient / age-related variant, parenchymal remodeling owing to previous inflammatory episode, or low-grade chronic inflammation

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hospitalization with either sonographic or radiographic monitoring of gastric emptying over the next 12-24 hours is recommended. Potential for possible gastric foreign material cannot be excluded.

Pending splenic cytology obtained during the ultrasound, screening hepatic and mesenteric, lymphatic cytology if accessible, may be considered.

If persistent retained gastric ingesta, or for further assessment of the focally thickened jejunum with potential for biopsies, as well as gross inspection of the liver +/- hepatic biopsies, given the hepatic enzyme elevations, laparotomy may be indicated.

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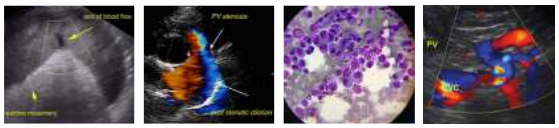

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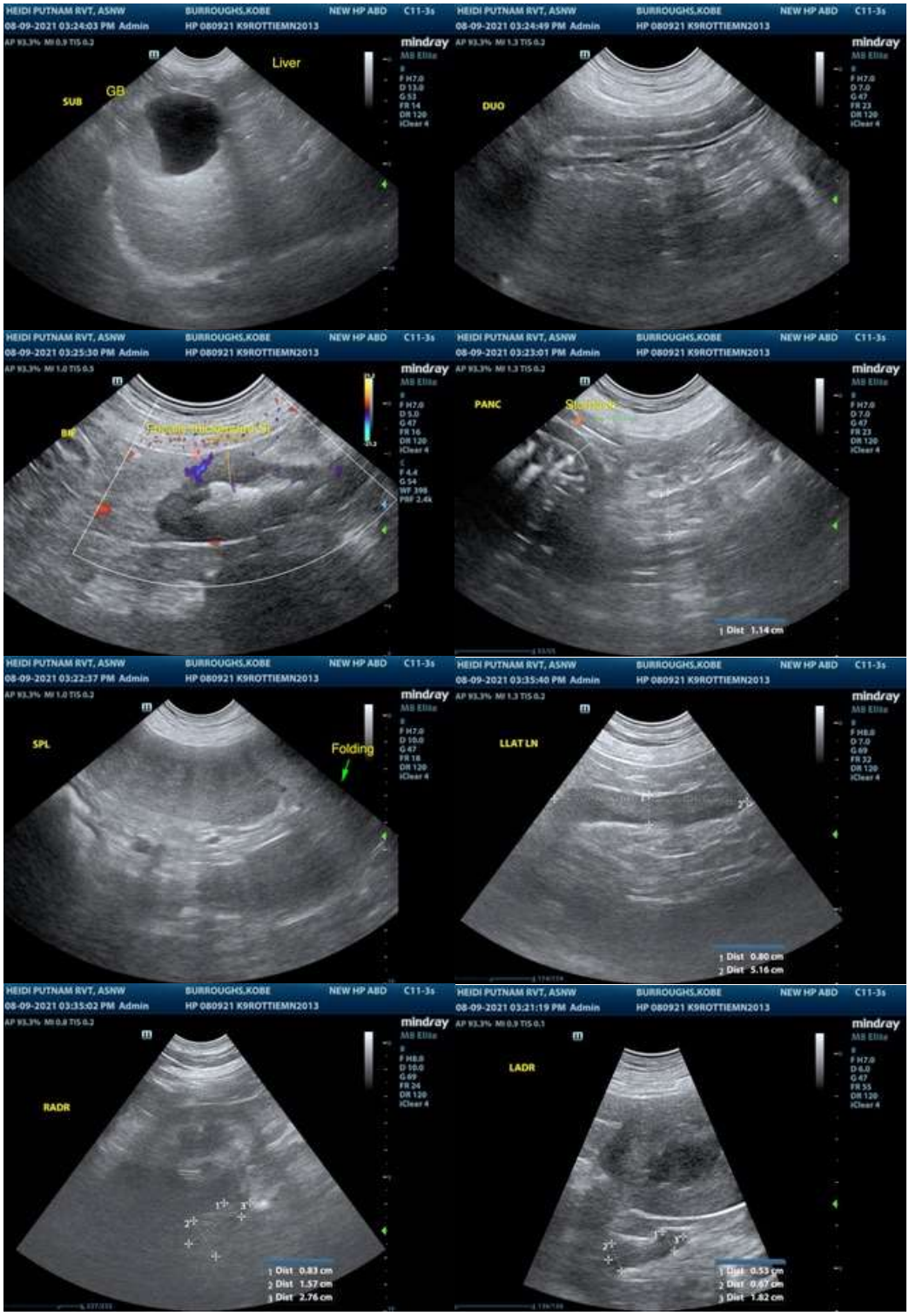
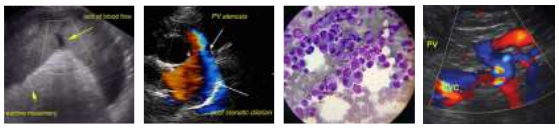



**The information and recommendations provided are based on the images presented by the**





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**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**