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**DATE PRESENTING CLINICAL SIGNS**

11/29/22 Chronic vomiting, hx of recurrent pancreatitis.

**PATIENT** Current Medications: Omeprazole.  
Lab Results: See attached.

Ziva Moon Date of Previous IntraPet Ultrasound: No previous.  
Sedation: Not required to complete full diagnostic ultrasound.  
Stat Report: Not requested.

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

Spayed Female

**AGE**

10/25/20

**WEIGHT**

63 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Rachel Brilhart RDMS

**HOSPITAL NAME**

Homeward Bound Vet

**REFERRING VET**

Dr. Vance

**INVOICE**

43026

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal in size (5.68 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal in size (6.06 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

**Adrenal Glands**

The right adrenal gland is normal in size (2.93 cm long x 0.70 cm at the cranial pole and 0.81 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (2.20 cm long x 0.56 cm at the cranial pole and 0.66 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**Spleen**

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

**Liver**

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

**Gastrointestinal**

The stomach wall appears to have normal layering, but in several views appears thick, measuring between 0.90-1.2 cm. This appearance is not confirmed in all views, so it may be a normal anatomic change based on rugal folds, etc. The stomach is mildly distended with fluid and chyme within the pylorus.

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

### ***Pancreas***

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

### ***Free Abdomen***

There is no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

## **ULTRASONOGRAPHIC FINDINGS**

- Mild gastric wall thickening with normal layering suspected in some views but not confirmed in all views – Differentials include normal anatomic variant based on rugal fold appearance versus infectious and/or inflammatory disease versus least likely infiltrative neoplasia.

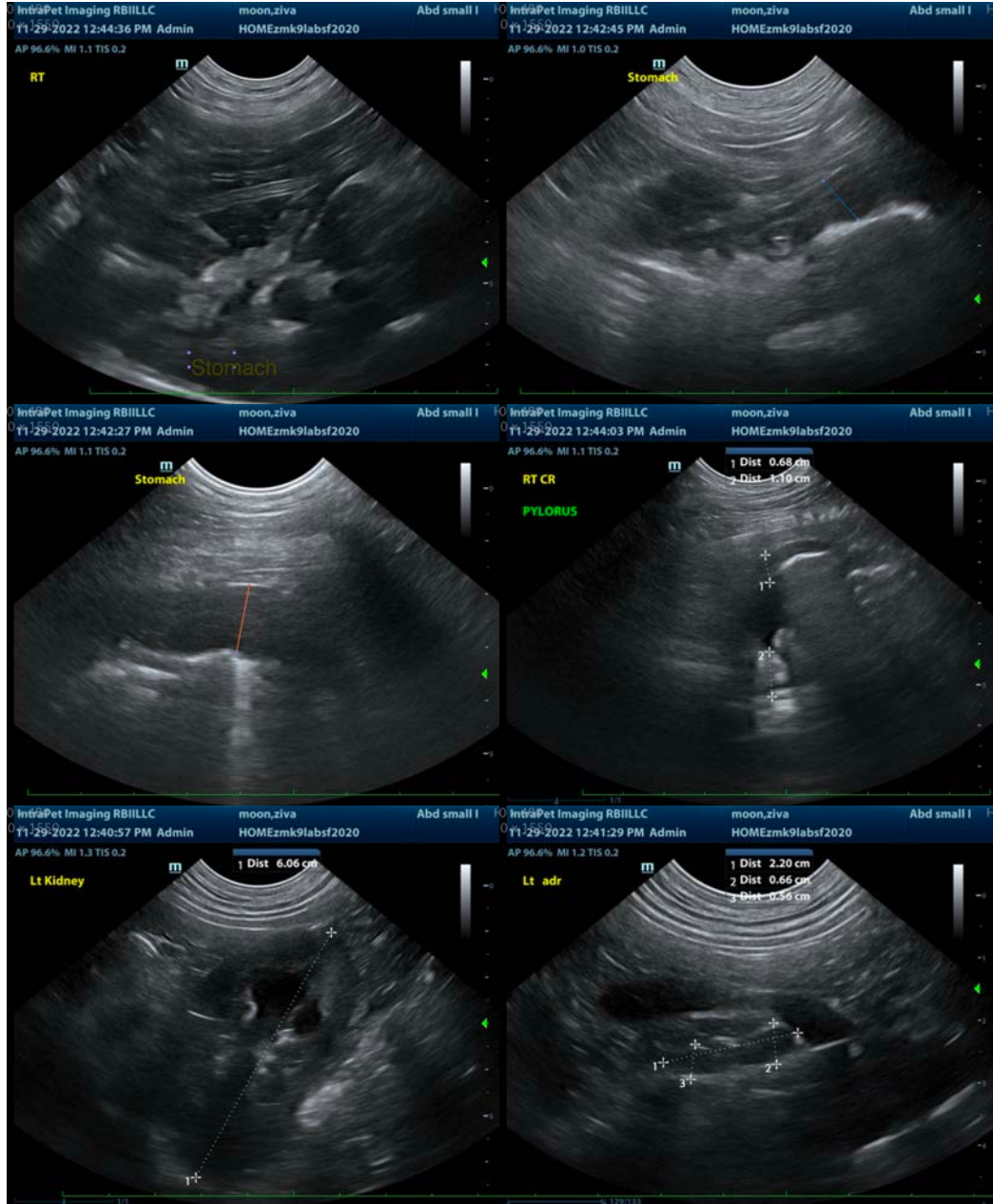
## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

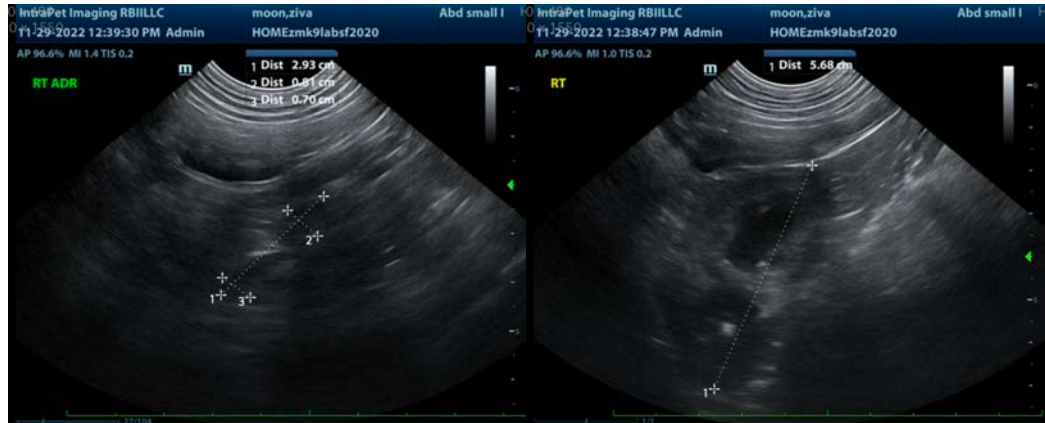
Given this patient's young age and chronic vomiting, a baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

In the meantime, empirical deworming with a 5-day course of Panacur is recommended. A helicobacter treatment course could be considered. Transition based on trial and error response to a different diet beginning with a hydrolyzed protein diet (knowing that different patients respond to different brands of hydrolyzed protein diets differently) is recommended.

If clinical signs persist, recheck imaging of the mild gastric wall thickening and/or potentially upper GI endoscopy for further evaluation and biopsies of the stomach and proximal small bowel may be necessary.





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.

**Beth Johnson, DVM, DACVIM**  
Beth.Johnson@sonopath.com