


PATIENT PRESENTING CLINICAL SIGNS

Dabi Gerbrandt

P has been Pu/Pd and losing weight since October 2022. Has always had GI issues as per O, usually vomits 1-2 times per month. Recently vomiting more frequently, mostly just liquid bile. T = 39.3 HR = 120 RR = panting BCS = 4/9 Abdomen soft and non-painful on palpation Current Medications Cerenia 60mg SID, Sulcrate 5ml BID

SPECIES

Canine

BREED

German Shepherd X

Abnormal PE/Chem/CBC/UA Results: All BW performed has been normal, bacteriuria on urinalysis in October 2022. Snap cPLI- normal TLI 46.8UG/L UPC 0.1

SEX

Spayed Female

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.

AGE

3 Years

Kidneys are normal in size and contour. A relatively uniform hyperechogenicity is observed with mildly decreased corticomedullary distinction. There is no pyelectasia noted and no mineral is observed. No overt masses/nodules are observed. The right kidney measures 5.32 cm. The left kidney measures 5.23 cm.

WEIGHT

16.8 kg

Adrenal Glands

Adrenal glands are small (flattened contour). Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. The right adrenal gland measures 2.05 cm long x 1.43 cm at the cranial pole and 0.51 cm at the caudal pole. The left adrenal gland measures 1.96 cm long x 0.66 cm at the cranial pole and 0.49 cm at the caudal pole.

INTERPRETED BY

 Kathleen Sennello DVM,
 MS, Diplomate ACVIM
 (Small Animal Internal
 Medicine)

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.

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Burford Vet Hospital

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.

REFERRING VET

Dr. Clench

INVOICE

46420

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
DATE

4/5/23

The fundus and body of the stomach are normal in wall thickness and layering. The lumen of the stomach is mildly distended with echogenic debris and fluid, consistent with normal chyme. However, approaching the pylorus in one view, the gastric wall appears to thicken and develop hypoechoic, heterogeneous loss of layering. Thorough visualization is partly inhibited by gas and a very full colon in the area. The finding is not corroborated in all views, but there is some concern for focal gastric wall thickening.

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



PATIENT

Dabi Gerbrandt

per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

SPECIES

Canine

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

BREED

German Shepherd X

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.

SEX

Spayed Female

Free Abdomen

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

AGE

3 Years

There is no apparent lymphadenopathy noted in these images.

WEIGHT

16.8 kg

ULTRASONOGRAPHIC FINDINGS

- **Suspect focal gastric wall thickening** – Differentials include both benign and malignant inflammatory disease, including infectious, parasitic, inflammatory, as well as neoplastic.
- **Flat adrenal glands** – This can be a normal patient variant and/or a sign of exogenous cortisol administration. If exogenous steroids are not being administered, hypoadrenocorticism (either relative or absolute) should be considered.

INTERPRETED BY

Kathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If a gastrointestinal panel including TLI was normal, next recommendations, given the PU/PD combined with weight loss include recheck general metabolic health screen, since it has been several months, with close assessment of kidney values and blood glucose, including CBC/Chem panel, electrolytes, a urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Burford Vet Hospital

Additionally, a baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

REFERRING VET

Dr. Clench

Pending results, if possible, recheck of the stomach when the colon and stomach gas are less obtrusive could be considered, or alternatively, a fine needle aspirate of the gastric wall could be considered. Or, given this patient's progressive gastrointestinal signs, endoscopy as a next step is also a reasonable approach and could be pursued directly for further visual evaluation of the stomach and small bowel as well as biopsies of the stomach and small bowel.

INVOICE

46420

In the meantime, supportive/symptomatic medical management of gastritis is recommended in the form of antiemetics and gastroprotectants +/- an empirical course of therapy for helicobacter in addition to empirical deworming with a 5-day course of Panacur, and if tolerated, transition in diet based on trial-and-error response, beginning with a hydrolyzed protein diet. Some patients respond better to one brand or version of hydrolyzed protein diet over another, so several trials may be warranted.

DATE

4/5/23



PATIENT

Dabi Gerbrandt

SPECIES

Canine

BREED

German Shepherd X

SEX

Spayed Female

AGE

3 Years

WEIGHT

16.8 kg

INTERPRETED BY

Kathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)

**IMAGING
PERFORMED BY**

Kelly Reschny

HOSPITAL NAME

Burford Vet Hospital

REFERRING VET

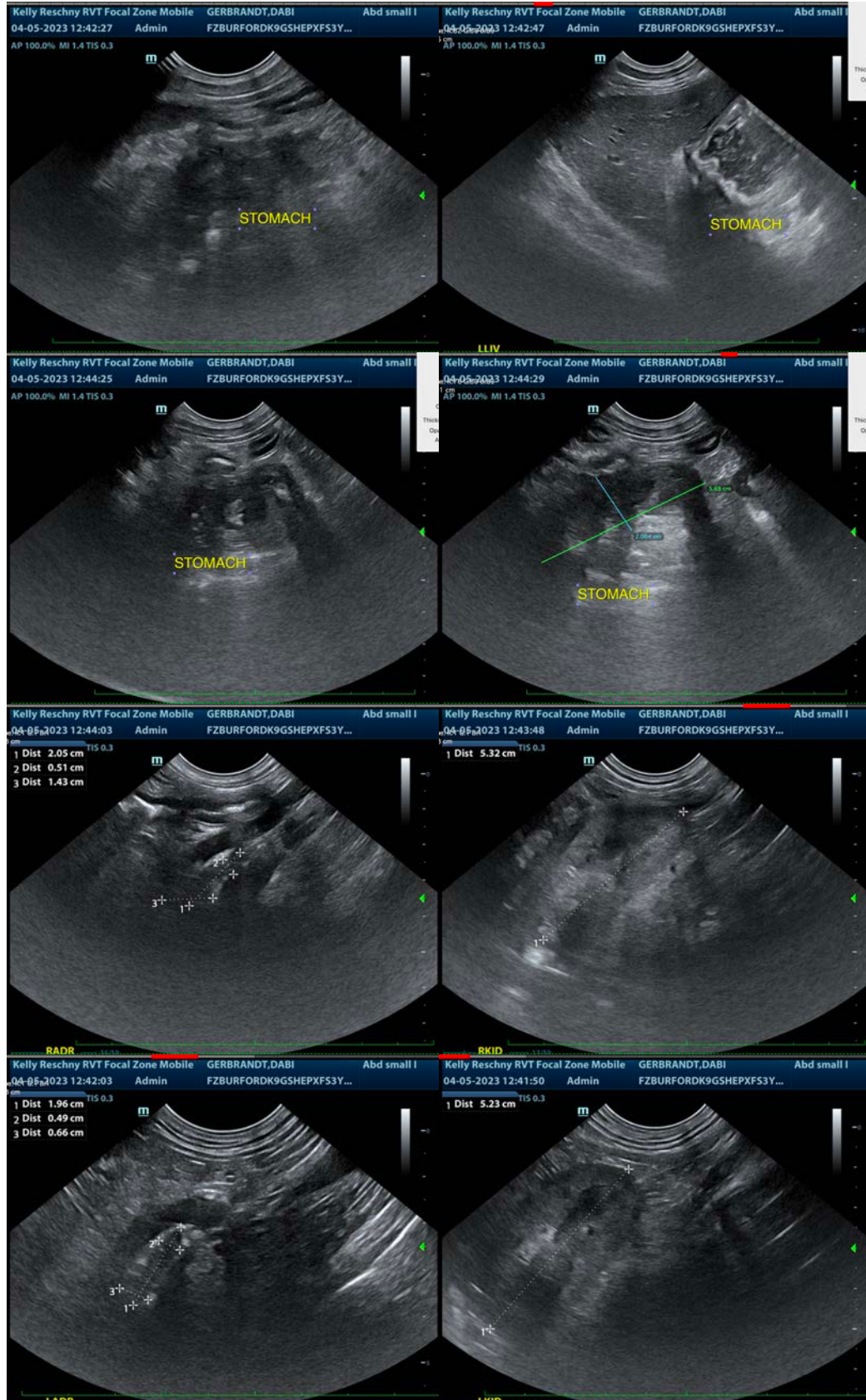
Dr. Clench

INVOICE

46420

DATE

4/5/23





PATIENT

Dabi Gerbrandt

SPECIES

Canine

BREED

German Shepherd X

SEX

Spayed Female

AGE

3 Years

WEIGHT

16.8 kg

INTERPRETED BY

Kathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)

**IMAGING
PERFORMED BY**

Kelly Reschny

HOSPITAL NAME

Burford Vet Hospital

REFERRING VET

Dr. Clench

INVOICE

46420

DATE

4/5/23

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