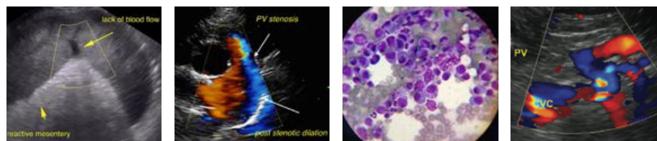


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Stuart FH APS

SPECIES

Canine

BREED

Rat Terrier

SEX

Neutered male

AGE

13 years

WEIGHT

17 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Baugh

HOSPITAL NAME

True North VS

REFERRING VET

Dr. Baugh

INVOICE

42348

DATE

1/26/23

PRESENTING CLINICAL SIGNS

History: P has had frank and dark blood mixed throughout his feces for approximately 6 months. He also has a 3 cm soft mass in the left inguinal area for 6 months. Highly suspect of inguinal herniation. He is fully vaccinated, current on parasite prevention. He had a history of giardia which has been resolved. No vomiting, feces are solid, appetite is normal.
Abnormal PE/Chem/CBC/UA Results: CBC- Neutrophilia Chem- NSF UA- none performed PE- QAR, MM: Pink/moist, CRT: <2 sec, HR: 106 bpm, RR: 28 brpm, BCS: 6/9 Rectum and prostate- palpated normal- blood and feces on glove Abdomen- soft and doughy

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present.

Adrenal Glands

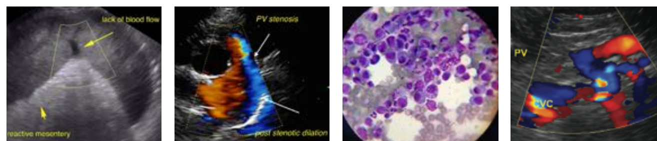
The right **adrenal gland** was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 0.6 cm. The region of the left adrenal gland was imaged with no evidence of pathology.

Spleen

The **spleen** revealed multi-focal, hypoechoic nodular changes. Disruption of parenchymal architecture was noted; however, there was no capsular disruption noted.

Liver

Exam of the cranial abdomen demonstrated excessive **liver** size and swollen contour. Mild, coarse architecture was noted with increased portal markings and minor parenchymal remodeling is suggestive of an inflammatory component. Minor excessive GB debris was noted with the presence gall bladder dilation and precipitate without the overt formation of mucocele but this may be an issue in the future. This type of liver presentation typically is associated with slow and gradual SAP elevations with low-grade ALT rise. USG-FNA sampling is encouraged if more aggressive LE profiles are present such as ALT > 200 or rapid rise in SAP. These presentations are usually reactive hepatopathies owing to other disease processes either endocrine (Diabetes, Hypothyroidism, Cushing's disease), "antigen surveillance" from the gut/pancreas, or idiopathic breed predisposed progressions.



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Gastrointestinal

The gastroesophageal inlet was unremarkable. The stomach was empty and unremarkable. The pylorus was patent. Mucosal speckling was noted. The colon was unremarkable.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

Free Abdomen

The area labeled herniation is consistent with lipoma and measured 5.0 x 4.0 cm.

ULTRASONOGRAPHIC FINDINGS

Splenic nodules. Nodular hyperplasia versus splenitis. Round cell neoplasia is possible.

Non-specific gastrointestinal changes with minor mucosal speckling. No evidence of neoplasia. Microulcerative disease cannot be ruled out given the history.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen is indicated. Diet change to hydrolyzed diet and a clinical trial of the following may prove effective. Fecal exam is recommended along with Enrofloxacin and Metronidazole combination for 10 days to treat for enterotoxins can also be considered.

Helicobacter/Gastritis protocol
A clinical trial of **Zithromax (*Dogs:*** 5-10 mg/kg p.o. q24h. May increase dosing interval to q48h after 3-5 days of treatment)**, Metronidazole** (10-20 mg/kg p.o. b.i.d.), **Pepcid** (0.5-1 mg/kg s.i.d.) and **Sucralfate** (0.5-2 g/dog PO) or **Omeprazole** (1 mg/kg p.o. s.i.d.) over the next 3 weeks along with a **novel-protein or hydrolyzed diet** with slurry feeding b.i.d./t.i.d. over the next 2-4 days and then increase to canned diet bid. Dry food should be avoided over the next 4 weeks. A recheck sonogram to assess GI improvement or progression would be ideal in 4 weeks.

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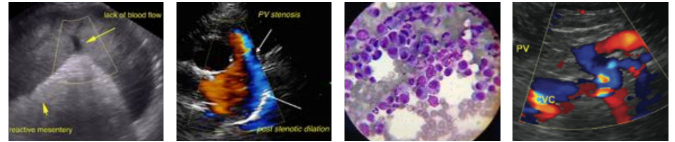

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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